

**HEALTH SERVICES AND DEVELOPMENT AGENCY MEETING
DECEMBER 15, 2021
APPLICATION REVIEW**

NAME OF PROJECT: Vanderbilt Rutherford Hospital

PROJECT NUMBER: CN2109-026

ADDRESS: Unaddressed site on Veterans Parkway at the southeast intersection of Veterans Parkway and S.R. 840 Murfreesboro (Rutherford County), TN 37218

LEGAL OWNER: Vanderbilt University Medical Center
1121 Medical Center Drive
Nashville (Davidson County), TN 37232

OPERATING ENTITY: N/A

CONTACT PERSON: Ginna Felts
(615) 936-6005

DATE FILED: October 1, 2021

PROJECT COST: \$144,276,600

PURPOSE FOR FILING: Establishment of a 42-bed community hospital facility including the initiation of diagnostic and therapeutic cardiac catheterization services.

PROJECT DESCRIPTION:

This application is for the establishment of a 42-bed community hospital facility including the initiation of diagnostic and therapeutic cardiac catheterization services to be located at an unaddressed site on Veterans Parkway at the southeast intersection of Veterans Parkway and S.R. 840, Murfreesboro (Rutherford County), TN 37218. The proposed service area consists of Rutherford County.

Executive Summary

- Please see application Item 1E. on Page 5 for the applicant's executive summary overview that includes project description, ownership, service area, existing similar service providers, project cost, and staffing.

**VANDERBILT RUTHERFORD HOSPITAL
CN2109-026 (REVISED 12/8/2021)
DECEMBER 15, 2021**

Consent Calendar: ☐ Yes ☒ No

- Executive Director's Consent Memo Attached: ☐ Yes ☒ Not applicable

Facility Information

- The proposed hospital will be licensed separately from Vanderbilt University Medical Center's other hospital facilities and will be located at an unaddressed site on Veterans Parkway at the southeast intersection of Veterans Parkway and S.R. 840, Murfreesboro (Rutherford County), TN 37218. The proposed facility will include (26) adult medical/surgical beds, (4) intensive care unit beds, (6) pediatric beds, (6) obstetrical beds, (8) observation beds, an emergency department, a surgical suite with (2) major operating rooms, (4) general purpose operating rooms, (2) endoscopy procedure rooms, a cardiac catheterization lab, a physical and respiratory therapy room, a reception and waiting area, imaging services including MRI, CT, ultrasound and mammography, laboratory and pharmacy services, and space for ancillary services. The facility will also have a helipad which can be accessed by VUMC LifeFlight aeromedical transport service.
- The project site is owned by Project Holding Company, LLC which is 100% owned by Vanderbilt University Medical Center. The facility will be located on an 82.01-acre site of which 33.6 acres will be developed for this two-story facility. See Attachments 10.A. Floor Plan and 12.A. Plot Plan for reference.

Ownership

- The applicant will be owned by Vanderbilt University Medical Center which is a not-for-profit corporation based in Nashville, Tennessee.

Project Cost Chart

- The total project cost is \$144,276,600. Of this amount, the highest line item costs of the project are Construction Costs (\$83,652,000), Fixed Equipment (\$19,062,773), and Moveable Equipment (\$15,699,227).
- Please see the Project Cost Chart on Page 10 of the application.

NEED

The applicant provided the following supporting the need for the proposed project:

- The service area's acute care beds per 1,000 population are low relative to other large counties in Tennessee. The applicant provides a table supporting this statement on Page 7 of the application. The applicant cites community Physicians statements in attached affidavits (Attachment 2.E.) to demonstrate the capacity challenges in the service area.
- The proposed hospital will improve access for patients who are currently out-migrating from the service area (Rutherford County) to the Vanderbilt University Medical Center campus in Nashville. The applicant projects that 62% of the patients receiving services at the new facility would otherwise have travelled to the main VUMC campus.

- The project will add pediatric acute care services to the service area. Current pediatric unit utilization and capacity concerns are addressed by the applicant in Supplemental #1, Page 16, Question #16.

(For applicant discussion, see the Original Application, Item 2.E., Pages 6 & 7)

SERVICE SPECIFIC CRITERIA AND STANDARD REVIEW

Acute Care Bed Standards

All applicable criteria and standards were met except for the following related to **Acute Care Beds**:

- Did not meet the standard of #1. **Determination of Need:** *“the need for hospital beds should be projected four years into the future from the current year. Using the latest utilization and patient origin data from the Joint Annual Report of Hospitals and the most current population projection series from the Department of Health, both by county.”* The bed need formula applied to the service area (Rutherford County) results in a surplus of 145 licensed acute care beds and 37 staffed acute care beds. Existing service area acute care hospitals did not exceed 80% staffed occupancy for the past two consecutive years. See Attachment 1.N.a. Acute Care Bed Need Standards and Criteria, Pages 1-5.

Note to Agency members: Trustpoint Hospital is one of three acute care hospitals included in the acute care bed need calculation for Rutherford County. The applicant highlights the fact that this hospital’s inclusion in the bed need calculation for the service area distorts the need for medical/surgical beds as the majority of the (160) staffed beds are psychiatric beds (125). There were (15) medical surgical beds at Trustpoint Hospital according to the 2020 Joint Annual Report.

The applicant cites multiple concerns with the current acute care bed need formula from Pages 1 – 6 of Attachment 1.N.a. including the failure of the formula to account for historical outmigration patterns of Rutherford County residents, low bed to population ratios for non-psychiatric and long-term rehabilitation beds relative to the 9 largest counties in Tennessee, and the exclusion of observation patient utilization of licensed acute care beds from the calculation of occupancy rates. The applicant provides tables on Page 2R of Attachment 1.N.a. re-calculating the bed-need formula for Rutherford County by excluding the psychiatric inpatient bed days. Statements of concern from area physicians and regarding existing capacity are also provided in response to criterion #1.

Saint Thomas Rutherford Hospital expanded its acute care bed capacity by (72) beds with an approved Certificate of Need in 2017 (CN1701-021A). These beds are not included in the historical utilization provided by the applicant as the beds were not reported in the 2020 Joint Annual Report for Hospitals. Saint Thomas Rutherford Hospital has also recently publicly announced plans for further expansion of inpatient capacity in the service area which does not require CON approval due to

statutory changes resulting from the passage of Public Chapter 557 effective October 1, 2021.

Cardiac Catheterization Standards - HSDA Staff Summary (Revised 12/8/2021)

All applicable criteria and standards were met except for the following related to **Cardiac Catheterization**:

It is unclear whether the applicant meets standard #8 **Definition of Need for New Services**: **"A need likely exists for new or additional cardiac catheterization services in a proposed service area if the average current utilization for all existing and approved providers is equal to or greater than 70% of capacity (i.e., 70% of 2000 cases) for the proposed service area."** *The applicant's response to standard #8 presents Cardiac Catheterization laboratory utilization data at the two facilities, Saint Thomas Rutherford Hospital, and Stonecrest Medical Center, which operate labs in the service area. The data is based on 2019 and 2020 Joint Annual Reports for Hospitals, and it was confirmed by HSDA staff in the review of the application.*

Joint Annual Report data resulted in the following utilization rates for all existing providers in the area, which exceeds the (70%) capacity requirement for the average of all providers in the service area.

2019	Number of Cath Labs	Total Weighted Cases	Capacity
Total	5*	8,743.5	87%

Source: CN2109-026, Attachment 1.N.b. Cardiac Catheterization Criteria and Standards, Page 2

* Source CN2109-026, Supplemental #1 Page 17, Question 19, The applicant includes a footnote in response to the cardiac catheterization criteria and standards #8 on page 2 of Attachment 1Nb stating the following: *"as of its 2020 JAR report, Saint Thomas Rutherford now reports that it has two additional previously undisclosed cardiac catheterization labs. These were included in the 2019 catheterization numbers for evaluation purposes even though they were not reported by Saint Thomas Rutherford in its 2019 JAR."*

2020	Number of Cath Labs	Total Weighted Cases	Capacity
Total	5	8,608	86%

Source: CN2109-026, Attachment 1.N.b. Cardiac Catheterization Criteria and Standards, Page 2.

However, when Hospital Discharge Data System (HDDS) utilization data is applied to the analysis of the criteria for the most current period which data is available through the Tennessee Department of Health (2017-2019), the utilization does not exceed the 70% (1,400 weighted cases per lab) standard for the service area.

The HDDS data is based on cardiac catheterization ICD-9 and ICD-10 CPT codes and service categories provided by the Bureau of TennCare and the Tennessee Hospital Association (THA).

The Joint Annual Report is based on data that is self-reported by each facility and is based on each facility's respective fiscal year. As a result, there may be discrepancies between the JAR and HDDS data.

See the Table below for HDDS data provided by the Tennessee Department of Health:

See the Table below for ICD-9 and ICD-10 codes provided by the Tennessee Department of Health.

Cardiac Cath - Rutherford County Hospitals				
Highest Weighted* Cardiac Cath Services Provided - Hospital Discharge Recorded Data - 2017-2019				
Diagnostic Cardiac Caths				
Age Group	Diagnostic Total	Service Categories		
		CC	PV	EP
ALL	2723.7	2587.7	0.0	136.0
0 - 17	0.0	0.0	0.0	0.0
18 - 29	12.3	11.0	0.0	1.3
30 - 39	87.0	83.0	0.0	4.0
40 - 44	125.3	119.3	0.0	6.0
45 - 49	210.3	202.3	0.0	8.0
50 - 54	300.3	287.7	0.0	12.7
55 - 59	391.7	370.3	0.0	21.3
60 - 64	419.0	397.7	0.0	21.3
65 - 69	407.7	387.7	0.0	20.0
70 - 74	327.7	312.3	0.0	15.3
75 - 79	245.0	233.7	0.0	11.3
80 - 84	134.7	126.7	0.0	8.0
85 +	62.7	56.0	0.0	6.7

Therapeutic Cardiac Caths				
Age Group	Therapeutic Total	Service Categories		
		CC	PV	EP
ALL	951.3	683.3	68.0	200.0
0 - 17	5.3	2.7	0.0	2.7
18 - 29	14.7	6.0	2.0	6.7
30 - 39	35.3	23.3	4.0	8.0
40 - 44	40.7	24.0	2.0	14.7
45 - 49	49.3	27.3	2.0	20.0
50 - 54	85.7	58.0	5.0	22.7
55 - 59	105.7	72.0	11.0	22.7
60 - 64	117.0	90.0	7.0	20.0
65 - 69	152.7	120.7	12.0	20.0
70 - 74	125.3	94.7	8.0	22.7
75 - 79	112.3	89.3	11.0	12.0
80 - 84	70.7	47.3	2.0	21.3
85 +	36.7	28.0	2.0	6.7

CC - Cardiac Catheterization

PV - Peripheral Vascular Catheterization

EP - Electrophysiological Studies

* Cardiac Cath ICD-9, ICD-10, CPT codes and service categories provided by the Bureau of TennCare and the Tennessee Hospital Association.

Source: Tennessee Department of Health, Division of Population Health Assessment.

Hospital Discharge Data System, 2017-2019. Nashville, TN.

There were three cardiac catheterization laboratories operating during 2017-2019 according to the Joint Annual Reports for Saint Thomas Rutherford Hospital and Stonecrest Medical Center. The average current utilization for the service area is reported to be 3,675 weighted cases (2,723.7 diagnostic + 951.3 therapeutic) which results in an average utilization of (1,225) cases per lab, or (61.2%) of the 2,000 case standard. This is below the (70%) requirement for the service area. If the average number of cases is applied to 5 total labs instead of the three reported officially in the JAR, then the utilization falls to 735 cases per lab in 2019, which is (36.7%) of the 2,000 case standard. Due to the difference in data sources (Joint Annual Reports and Hospital Discharge Data System) reporting cardiac catheterization laboratory utilization, and a lack of explicit data source requirements included in this criteria applied to the analysis of this standard, it is unclear whether this criterion has been met.

Note to Agency members: The initial Staff Summary for CN2109-026 Vanderbilt Rutherford Hospital included analysis regarding the Cardiac Catheterization criteria and standards which did not include data reported by the Department of Health through the Hospital Discharge Data System (HDDS). The applicant presented data from the Joint Annual Reports (Schedule D – Services) and applied the weighting standards to the number of cases reported. This revised staff summary includes the relevant HDDS data to agency member consideration.

Please see attached for a full listing of the criteria and standards and the applicant's responses.

Service Area Demographics

- The proposed primary service area consists of Rutherford County (*see Attachment 2N for a county level map*).
- The target population is the entire population. (*See Page 12 in the original application for more demographic detail.*)

	2021 Population	2025 Population	% Change	TennCare %
Service Area	357,199	389,816	9%	18%
Tennessee Total	6,997,493	7,203,404	3%	23%

Source: The University of Tennessee Center for Business and Economic Research Population Projection Data Files, Reassembled by the Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics.

Note to Agency members: *The applicant provides additional detail regarding its service area selection in response to Supplemental #1, Page 4, Question #5.*

- Please see Item 4N., Page 12 in the application for special needs of the service area population including health disparities.

Service Area- Historical Utilization (Hospitals)

Facility	Licensed Beds	Patient Days				Licensed Occupancy %		
		2018	2019	2020	% Change 18-20	2018	2019	2020
Saint Thomas Rutherford Hospital	286	19,298	18,644	20,158	4%	74%	71%	81%
TriStar Stonecrest Medical Center	119	6,193	6,388	6,564	6%	46%	49%	51%
TrustPoint Hospital	217	3,028	4,059	4,708	55%	87%	51%	62%

Source: CN2109-026, Supplemental #1, Page 14R

Facility	Staffed Beds	Patient Days				Staffed Occupancy %		
		2018	2019	2020	% Change 18-20	2018	2019	2020
Saint Thomas Rutherford Hospital	286	19,298	18,644	20,158	4%	74%	71%	81%
TriStar Stonecrest Medical Center	115	6,193	6,388	6,564	6%	50%	53%	53%
TrustPoint Hospital	160	3,028	4,059	4,708	55%	88%	72%	84%

Source: CN2109-026, Supplemental #1, Page 14R

- Please refer to Item 5N in the application Need Section for a complete listing of each provider's specific three-year utilization in the proposed service area.
- The applicant provides historical emergency department and surgical suite utilization for the two existing Rutherford County hospitals – Saint Thomas Rutherford Hospital and TriStar Stonecrest Medical Center in Supplemental Responses #2, Pages 1 & 2, Question #2.

Service Area- Historical Utilization (Cardiac Catheterization)

- Utilization trends for providers in the primary service area (Rutherford County) are shown below:

2019	Number of Cath Labs	Total Weighted Cases	Capacity
Total	5	8,743.5	87%

Source: CN2109-026, Attachment 1.N.b. Cardiac Catheterization Criteria and Standards, Page 2

2020	Number of Cath Labs	Total Weighted Cases	Capacity
Total	5	8,608	86%

Source: CN2109-026, Attachment 1.N.b. Cardiac Catheterization Criteria and Standards, Page 2.

Note: 2020 Cardiac Catheterization cases may reflect reduced volume as a result of COVID-19

- Please refer to Item 8 of the Cardiac Catheterization Criteria and Standards Attachment 1.N.b. for a complete listing of each provider's 2019 and 2020 cardiac catheterization lab utilization in the proposed service area.

Applicant's Historical and Projected Utilization

There is no historical utilization for the applicant as the new hospital will be licensed separately from other VUMC facilities. The following table indicates the applicant's projected hospital utilization.

Projected Utilization - Vanderbilt Rutherford Hospital

Service Area County	Projected Utilization Year 1 (2026)	Total Discharges
Rutherford	1,772	82%
Other	389	18%
Total	2,160	100%

Source: CN2109-026, Original Application, Page 11

- The applicant provides historical utilization data for Vanderbilt University Medical Center (VUMC) in Nashville in a response to Supplemental #1, Question #14, Page 13. Licensed occupancy for all three components of VUMC's main campus, Vanderbilt Adult Hospital, Vanderbilt Psychiatric Hospital, and Monroe Carell Jr. Children's Hospital (without observation patients) is reported as (85%) in 2018, (88%) in 2019, and (80%) in 2020. The licensed occupancy for Vanderbilt Adult Hospital only is reported as (88%) in 2018, (92%) in 2019, and (90%) in 2020, and (96%) in 2021.
- The applicant provides historical cardiac catheterization volumes for cardiologists with Vanderbilt Heart Murfreesboro from 2019-2021 in response to the cardiac catheterization criteria and standards Question #11, Page 4. The applicant states in Supplemental #1 Question #17 that approximately (59%) of cardiac catheterizations performed by Vanderbilt Heart Murfreesboro cardiologist took place at VUMC in Nashville while the remaining (41%) were performed at Saint Thomas Rutherford in 2021.

- The following table indicates the applicant's projected cardiac catheterization lab utilization for the first three years of operation.

Projected Utilization – Cardiac Catheterization Lab

	Year 1 (2026)	Year 2 (2027)	Year 3 (2028)
Diagnostic Cardiac Catheterizations	569	584	600
Therapeutic Cardiac Catheterizations	142	146	150
Total Cardiac Catheterizations	711	730	750

Source: CN2109-026, Attachment 1.N.b. Cardiac Catheterization Criteria and Standards, Page 5

- Please refer to Item 11 of application Cardiac Catheterization Criteria and Standards Attachment for a complete listing of the applicant's projected cardiac catheterization lab utilization for Year 1 (2026) through Year 3 (2028) in the proposed service area.

CONSUMER ADVANTAGE ATTRIBUTED TO COMPETITION

Charges

- The applicant's proposed charges are listed on Page 21. A sample comparison of average CPT charges for the proposed facility compared to Saint Thomas Rutherford Hospital and Stonecrest Medical Center is provided on Page 22 of the application. The applicant's unit of measure for calculating charge information is Adjusted Discharges which it defines as Total Gross Revenue divided by Inpatient Gross Revenue times Discharges.

	Historical Data Chart			Projected Data Chart	
	Previous Yr. 1	Previous Yr. 2	Previous Yr. 3	Year 1	Year 2
Gross Charges	N/A	N/A	N/A	\$57,448	\$59,746
Deduction from Revenue	N/A	N/A	N/A	\$49,118	\$51,254
Average Net Charges	N/A	N/A	N/A	\$8,330	\$8,492

Source: CN2109-026, Original Application, Page 21.

Project Payor Mix

	Percentage of Gross Operating Revenue					
	Medicare	Medicaid	Commercial	Self-Pay	Other	Charity Care
Year 1	34%	27%	21%	12%	6%	5%

Source: CN2109-026, Original Application, Page 22.

- Please refer to Item 10C. in the Consumer Advantage section of the application for specific Payor Mix information.

- The applicant details the differences between itself, Saint Thomas Rutherford Hospital, and TriStar Stonecrest Medical Center on Supplemental #1, Page 9, Question #8 in payer sources accepted.
- A full list of in-network payors is included as Attachment 2.C.

Agreements

- The applicant states that it will maintain a formalized written emergency transfer protocol with Vanderbilt University Medical Center and also plans to pursue a transfer agreement with Saint Thomas Rutherford Hospital once its open heart surgery program is established pursuant to ACC guidelines.

Staffing

- The applicant's Year One proposed direct patient care staffing includes the following:

	Year One
Direct Patient Care Positions	284.8
Non-Patient Care Positions	87.1
Contractual Staff	0.0
Total	371.9

Source: CN2109-026, Original Application, Page 24.

- Please refer to Item 8Q. on Page 24 in the Quality Section of the application for specific staffing information.
- The applicant states that it will leverage its relationship with Vanderbilt University School of Nursing to support staffing at the new facility. Approximately 1,600 clinical and non-clinical staff who are current Vanderbilt employees reside in Rutherford County and will be offered the opportunity to relocate to the new facility if approved. See Item 4C. on Page 18 in the Consumer Advantage section of the application for additional detail.

Other:

- Throughout the application, the applicant states its belief that the inclusion of Consumer Advantage in the statutory changes the Certificate of Need process weigh heavily in support of its proposal.
- The applicant provides (64) affidavits in support of the project from a range of medical professionals, patients, citizens and public officials in Attachment 2.E.
- The applicant cites provider preference and experience survey data for Rutherford County residents developed by NRC Health to demonstrate its favorable standing relative to other area providers in Supplemental #1, Page 8, Question #8.

QUALITY STANDARDS

The applicant commits to obtaining and/or maintaining the following:

Licensure	Medicare/TennCare	Certification	Accreditation
X	X	X	The Joint Commission

Source: CN2109-026, Supplemental #1, Page 23R.

- The applicant will apply for Licensure through the Tennessee Department of Health, Certification through Medicare and TennCare, and Accreditation through the Joint Commission.
- The applicant addresses a settlement agreement which occurred in the past 5 years in response to Supplemental #1, Page 10, Question #11.

LICENSING AGENCY COMMENTS

Licensing Agency: ☒ Department of Health

- ☐ Department of Mental Health and Substance Abuse Services
☐ Intellectual and Developmental Disabilities

Licensing Agency Comments Attached: ☒ Yes ☐ No

CERTIFICATE OF NEED INFORMATION FOR THE APPLICANT:

The following Letters of Intent, denied applications, pending applications, or outstanding Certificates of Need are on file for this applicant.

Pending Applications

Project Name	Tennova Healthcare Clarksville, CN2109-027
Project Cost	\$57,745,000
Agency Meeting Date	12/15/2021
Description	The establishment of a 12-bed satellite hospital with an emergency department to be located at an unaddressed tract located at 2275 Trenton Road, Clarksville (Montgomery County) Tennessee 37040. The proposed service area consists of Montgomery County. The applicant, Tennova Healthcare Clarksville is owned by the Clarksville Health Systems, G.P.

Denied Applications

Project Name	Vanderbilt Rutherford Hospital, CN2004-012D
Project Cost	\$134,344,227
Denial Date	8/26/2020
Description	Project was denied at the August 26, 2020 Agency meeting for the establishment of a 48-bed full service acute care hospital, the initiation of diagnostic and therapeutic cardiac catheterization, and the initiation of neonatal intensive care services at an unaddressed site on Veterans Parkway located southeast of the intersection of Veterans Parkway and S.R. 840 in Murfreesboro, (Rutherford County), TN.
Reason for Denial	The project did not meet the following statutory criteria: 1) Need – There was minimal evidence of need with the existing hospital beds in the service area reporting approximately 50%, and 2) If approved, the project would have an impact on other facilities in the four-county service area.

CERTIFICATE OF NEED INFORMATION FOR OTHER SERVICE AREA FACILITIES:

The following Letters of Intent, denied applications, pending applications, or outstanding Certificates of Need are on file for other entities proposing this type of service.

Outstanding Certificates of Need

Project Name	St. Thomas Rutherford Hospital, CN2004-007A
Project Cost	\$24,631,165
Approval Date	8/26/2020
Description	The establishment of a satellite hospital under the single license of Saint Thomas Rutherford Hospital at the southwest intersection of Veterans Parkway, Murfreesboro (Rutherford County). The satellite hospital will have eight private inpatient medical beds, eight emergency treatment rooms, imaging (CT, x-ray, and ultrasound), as well as laboratory services and medical office space. The eight medical beds will be relocated from the main campus to the proposed satellite hospital campus. The applicant is owned by Ascension. The proposed service area is Rutherford County and will serve primarily the following four ZIP Codes: 37128 (Murfreesboro), 37219 (Murfreesboro), 37153 (Murfreesboro), and 37167 (Smyrna).
Project Status	Annual Progress Report was filed on September 27, 2021 and states that assuming the planned permit from the City of Murfreesboro is granted by the end of October 2021, construction will commence immediately. From the start date, the applicant expects occupancy of the building by November 2022.
Expiration	10/1/2023

Project Name	Saint Thomas West Hospital - CN1909-039A
Project Cost	\$1,640,673
Approval Date	1/23/2020
Description	The initiation of Cardiac PET/CT services at, Saint Thomas West Hospital, 4220 Harding Pike, Nashville (Davidson County), TN 37205. The proposed primary service area consists of the following counties: Cheatham, Davidson Dickson, Montgomery, Robertson, Rutherford, Sumner, Williamson, and Wilson Counties. The secondary service areas consists of the following counties: Bedford, Benton, Cannon, Carroll, Coffee, Decatur, Dekalb, Franklin, Giles, Henry, Hickman, Houston, Humphreys, Lawrence, Lewis, Lincoln, Macon, Marshall, Maury, Moore, Perry, Putnam, Smith, Stewart, Trousdale, Warren, Wayne, and White Counties. The applicant is owned by Ascension.
Project Status	According to the March 23, 2021 Annual Progress Report, the project is complete. The Final Project Report is pending.
Expiration	3/1/2023

TPP (12/8/2021) **REVISED**

CRITERION AND **STANDARDS**

Original Application

NOTE: Supplemental responses to criterion and standards follows in the supplemental attachments.

Attachment 1Na.

Acute Care Bed Need Criteria and Standards

ACUTE CARE BED NEED CRITERIA AND STANDARDS

1. Determination of Need: The following methodology should be used and the need for hospital beds should be projected four years into the future from the current year.

RESPONSE: Please find the chart below provided by the Department of Health.

COUNTY	2019		CURRENT NEED	SERVICE AREA POPULATION			PROJECTED LIC BEDS		PROJECTED STAFF BEDS		2019 ACTUAL BEDS		SHORTAGE/SURPLUS	
	INPATIENT DAYS	ADC		2019	2021	2025	ADC-2021	NEED 2025	ADC-2021	NEED 2025	LICENSED	STAFFED	LICENSED	STAFFED
Rutherford	134,182	368	460	309,934	321,959	345,893	382	477	410	513	622	550	-145	-37

Source: Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics.

Although the the Tennessee State Health Plan acute care bed need formula (the “Bed Need Formula”) currently reflects that Rutherford County is “overbedded,” this Formula is generalized in nature and is not determinative of the need in Rutherford County. (In fact, applying the Bed Need Formula across Tennessee results in a surplus of acute care beds in every county, despite explosive population growth in certain areas of the state and the closure of numerous rural hospitals.) Even as a general guideline the Bed Need Formula has several limitations:

- The Bed Need Formula fails to distinguish between psychiatric beds and acute medical-surgical beds. Dedicated psychiatric facilities, such as Trustpoint Hospital in Murfreesboro, are separate and distinct institutions from acute care general hospitals with little overlap in services. Trustpoint is staffed by a single general practitioner, it has no emergency department, surgical capabilities, advanced imaging, or the ability to treat more than the mildest of medical conditions. This mismatch is further emphasized when considering that, prior to its removal from CON, the Tennessee State Health Plan’s psychiatric bed criteria did not consider general acute care beds when evaluating need. To mix psychiatric and general acute care beds together in the health planning methodology for acute care beds understates the need for medical-surgical beds in a community with large psychiatric facilities. In Rutherford County, 35 percent of the licensed beds reflected in the Department of Health’s chart above are psychatric or long-term rehabilitation beds at Trustpoint.

When evaluating only staffed medical/surgical beds, Rutherford County is next to last when compared to all other similarly sized counties in Tennessee both in number of beds and number of acute care hospitals. As demonstrated below, Rutherford County has 53% less beds per 1000 population than the average of the 9 largest counties in Tennessee.

General Acute Care Hospitals				
Hospital County	2019 Staffed Beds	2020 Census Population	Bed/Population per 1,000	Number of Hospitals
Madison	632	98,823	6.40	2
Sullivan	693	158,163	4.38	3
Davidson	3,094	715,884	4.32	9
Washington	535	133,001	4.02	2
Hamilton	1,380	366,207	3.77	7
Shelby	2,280	929,744	2.45	10
Knox	842	478,971	1.76	4
Rutherford	467*	341,486	1.37	2
Williamson	185	247,726	0.75	1
Total	10,108	3,470,005	2.91	

*Includes Saint Thomas Rutherford's 72-bed addition although not reported in 2019 or 2020 JARs
Excludes psychiatric and long-term rehabilitation beds.

Sources:

Staffed Beds: Tennessee Hospital Association

Population: United States Census – 2020 Census Results

- **The Bed Need Formula fails to account for outmigration from the proposed Rutherford County service area. Patients may out-migrate due to a lack of convenient or timely access (the existing providers are full) or because of quality concerns with the existing providers in a service area. By ignoring outmigration, the Bed Need Formula overlooks the need for more medical resources in precisely those communities that may need them most. This shortcoming in the Bed Need Formula is inconsistent with the broader goals of the Tennessee State Health Plan which encourages providing access to acute care locally.**

In 2019, based on non-psych patient days, approximately 46 percent of Rutherford County outmigrated for inpatient care. For non-psych discharges, approximately 36 percent outmigrated in 2019. In a community that contains what purports to be a tertiary level medical center in Saint Thomas Rutherford, such a substantial level of outmigration suggests a need for additional inpatient resources in the community that is not being accurately reflected by the Bed Need Formula.

As set forth in the below chart, if TrustPoint's beds and patient days are removed from the bed need formula, but the patient days of those Rutherford County patients who are currently leaving Rutherford County to seek care are added, the bed need formula shows a shortage of 62 staffed beds by 2026 in Rutherford County – VRH's projected first full year of operation.

COUNTY	2019		2019 Need	SERVICE AREA POPULATION			Projected		Projected		2021 Actual Beds		2026 Shortage/ Surplus	
	NON-PSYCH	ADC		2019	2021	2026	ADC 2021	NEED 2021	ADC 2026	NEED 2026	Licensed	Staffed	Licensed	Staffed
	INPATIENT DAYS													
Rutherford Patient Days	70,532													
Rutherford Outmigration	58,978													
Rutherford Total Patient Days	129,510	355	444	332,937	349,087	389,816	372	465	415	519	467	457	52	62

Excludes psychiatric beds and inpatient days.

Includes Saint Thomas Rutherford's 72-bed addition in staffed beds

Sources:

Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics.

Hospital Data from Final JAR-Hospitals Schedule F.

TN Pop Projections: Boyd Center for Business and Economic Research, University of Tennessee, Knoxville

Inpatient Days: Tennessee Hospital Association

- The Bed Need Formula also fails to account for communities in which the use rate of inpatient acute care services may be artificially suppressed due to lack of access. Rutherford County's inpatient use rate is materially lower when compared to the hospital discharge rate of the five largest Tennessee Counties.

Hospital Discharge Use Rate			
County	2020 Census Population	2019 Hospital Discharges (All Hospitals)	Discharges - Population per 1,000
Shelby	929,744	99,622	107.15
Hamilton	366,207	37,835	103.32
Davidson	715,884	71,509	99.89
Knox	478,971	41,262	86.15
Rutherford	341,486	26,667	78.09

Sources:

Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics.
 Hospital Data from Final JAR-Hospitals Schedule F.
 Population: United States Census – 2020 Census Results

Rutherford County's discharge rate of 78.09 is 22 percent lower than Davidson County despite very comparable demographics. Overall, the four largest Tennessee Counties have an inpatient use rate of 100.46 discharges per 1,000. There is nothing about the demographics of Rutherford County that explains why its utilization of inpatient hospital services should be materially less than these other similarly sized counties. One potential explanation for this reduced use rate is simply a lack of convenient and timely access to services for the population. If the Rutherford County utilization rate were to normalize to peer counties with an improvement in access and LOS remains the same, then Rutherford County's projected need as identified in the State's Bed Need Formula projection would increase from 513 in 2025 to 626, an increase of 113 beds (2019 patient days of 134,182 x 22 percent carried through the bed need formula).

- a. New hospital beds can be approved in excess of the "need standard for a county" if the following criteria are met:
 - i. All existing hospitals in the proposed service area have an occupancy level greater than or equal to 80 percent for the most recent Joint Annual Report. Occupancy should be based on the number of staffed beds for two consecutive years.
 1. In order to provide adequate information for a comprehensive review, the applicant should utilize data from the Joint Annual report to provide information on the total number of licensed and staffed beds in the proposed service area. Applicants should provide an explanation to justify any differences in staffed and licensed beds in the applicant's facility or facilities. The agency board should take into consideration the ability of the applicant to staff existing unstaffed licensed beds prior to approving the application for additional beds.

The following table should be utilized to demonstrate bed capacity for the most recent year.

RESPONSE: Please see the chart below.

Total Beds					
Facility	County	Total Licensed Beds	Staffed beds set up and in use on a typical day	Licensed beds not staffed	Licensed beds that could not be used within 24-48 hours
Saint Thomas Rutherford Hospital	Rutherford	286*	286*	0	0
TriStar StoneCrest Medical Center	Rutherford	119	115	4	4
Trustpoint Hospital	Rutherford	217	160	57	50
Total Beds		506	495	11	11

Source: Joint Annual Report of Hospitals, 2020

*The Saint Thomas Rutherford's 72-bed tower expansion is not included as it was not reported on Saint Thomas Rutherford's 2020 JAR.

- Although the occupancy criterion suggests available capacity exists in the service area, the criterion is limited in that it fails to consider the reality that hospitals routinely place observation patients and extended stay outpatient surgical patients in inpatient beds for care. For instance, Saint Thomas Rutherford reported in its 2020 Joint Annual Report that it placed 6,116 observation patients in inpatient beds for a total of 7,059 patient days, presumably because its 25-bed observation unit (that is not part of its inpatient bed complement) was full. In FY19, Saint Thomas Rutherford placed 6,684 observation patients in inpatient beds for a total of 8,159 patient days. In other words, in FY2019 and FY2020, Saint Thomas Rutherford had an additional 9.5% and 8% “inpatient” occupancy, respectively, from observation patients that is not reflected in the chart below. Although these patients are not categorized as “inpatient,” they take up inpatient capacity that is otherwise not available to treat patients.
- Saint Thomas Rutherford’s reported utilization and capacity numbers are inconsistent with the reports from physicians in the community. As discussed in the supporting affidavits submitted with this application, treating providers experience difficulty admitting patients to Saint Thomas Rutherford because the hospital is routinely full and on diversion. For example, Dr. Zakaria Botros, an Internal Medicine Hospitalist Physician working at Saint Thomas Rutherford Hospital stated: “I definitely witness the struggle and misery that our patients encounter to be evaluated in our emergency room because of the extremely high number of patients seeking medical attention through our emergency room” and “...I believe that Rutherford county is in an urgent need for another hospital in Murfreesboro ...”

Dr. Natalie Rollman, another physician who practiced as a hospitalist at St. Thomas Rutherford (from 2016 to May 2021) stated: “... there have been countless times in which I would have patients housed in the ER for literally days awaiting a bed to become available in the hospital” and “on numerous occasions, overcrowding was so significant that I was asked to admit and care for patients who were still in the waiting room of the ER – not even in an ER bed.”

Dr. Susana Donaghey, Hospitalist/Nocturnalist at St. Thomas Rutherford, stated:

Our ER is so full so many times, that we, as admitting physicians, are asked to see patients in hall beds. I have even on occasion been asked to see and admit patients from the ER waiting room. This is

unacceptable as it is against privacy and does not allow for a comprehensive examination. I and others in my position have been asked to accept transfers from other hospitals in surrounding counties and states to the point of being beyond capacity. The hospital does not go on diversion unless the ER is holding 20 (twenty) patients. This forces the already lacking (number wise/ratio wise) ER nursing staff to have to deal with med/surg, stepdown and ICU patients which they may not be comfortable with... There have been some bad situations from this pressure of performing beyond what is humanly safely possible.

Registered Nurse Lezlie Laseter stated: "St. Thomas Rutherford has been open for 11 years now and with the newest vertical addition there are still not enough beds to accommodate the community's needs. This lack of available hospital beds on the floors causes a back up [sic] of patients in the ER. This has caused multiple patients to spend multiple nights in the ER waiting for a bed; resulting in an overcrowded ER and not beds for the ambulance influx."

Dr. Nicholas Cote, a practicing physician and President of the Murfreesboro Medical Clinic Board of Directors, stated about St. Thomas Rutherford that:

AST [Ascension St. Thomas] is consistently on diversion, meaning that they cannot accept my patients when they need inpatient care. I am aware that one of the primary reasons for AST opposition to this Vanderbilt Rutherford Hospital is related to the "glut" of beds that are supposedly present at AST. This assertion could not be further for [sic] the truth. We find that when we need to admit our patients, the hospital is on diversion because it is "so full" or "at capacity."

Clearly, there is a disconnect between the occupancy data reported by Saint Thomas Rutherford, and the experiences of local physicians, and their patients in obtaining timely access to hospital care.

- ii. All outstanding CON projects for new acute care beds in the proposed service area are licensed.

RESPONSE: Saint Thomas Rutherford was approved for a 72-bed addition in October 2017. It is Vanderbilt's understanding that the Saint Thomas Rutherford bed addition is licensed and operational. Unless otherwise noted, the 72-beds are not included in the charts above because they were not included on Saint Thomas Rutherford's 2020 JAR.

- iii. The Health Services and Development Agency may give special consideration to applications for additional acute care beds by an existing hospital that demonstrates (1) annual inpatient occupancy for the twelve (12) months preceding the application of 80 percent or greater of licensed beds and (2) that the addition of beds without a certificate of need as authorized by statute will be inadequate to reduce the projected occupancy of the hospital's acute care beds to less than 80 percent of licensed bed capacity.

RESPONSE: Although Vanderbilt does not currently operate a hospital in Rutherford County, Vanderbilt's Adult Hospital currently operates at or near capacity on a continuous basis. The continuing growth in Vanderbilt's patient volumes presents challenges to the system's physicians and staff as they treat Tennessee's sickest and most vulnerable patient populations. Vanderbilt treats over 2.7 million patient visits per

year, discharging 71,000 inpatients and performing 69,000 surgical operations. Vanderbilt continues to take all reasonable measures to expand and improve the efficiency and convenience of its downtown location – expending nearly \$260 million in the past 5 years in renovations and expansion projects. Even as these new beds become available, however, Vanderbilt's Adult Hospital continues to be full – operating above 96% capacity during the FY21.

As described above, in 2019, a substantial percentage of Rutherford residents, nearly 42 percent of non-psych patient days and approximately 34 percent of non-psych discharges, left Rutherford County to receive care in Nashville. In FY21, Vanderbilt treated more than 52,000 unique patients from Rutherford County, over 3,000 of whom received inpatient care at Vanderbilt's main campus. Not only will the Vanderbilt Rutherford Hospital greatly improve access for the patients from Rutherford County who are already seeking care at Vanderbilt's main campus, but it will help alleviate Vanderbilt's existing capacity issues by bringing Vanderbilt's model of care closer to the patients in the service area who are already choosing Vanderbilt for their medical needs.

- b. In accordance with Tennessee Code Annotated 68-11-1607(g), "no more frequently than one time every three years, a hospital, rehabilitation facility, or mental health hospital may increase its total number of licensed beds in any category by ten percent or less of its licensed capacity at any one campus over any period of one year for any services it purposes it is licensed to perform without obtaining a certificate of need". These licensed beds that were added without a certificate of need should be considered as part of the determination of need formula by the agency.
- i. Applicants should include information on any beds that have been previously added utilizing this statute.

RESPONSE: The statutory reference in this item is obsolete. Hospitals can now add new bed capacity without limitation for categories of beds for which they are already licensed. Vanderbilt has completed all additions for which certificates of need have previously been issued. Despite these bed additions, Vanderbilt Adult Hospital remains full. The addition of new beds at Vanderbilt's main campus without a certificate of need would be significantly more disruptive and expensive than creating new bed capacity in Murfreesboro. Moreover, the addition of beds at Vanderbilt's main campus would do nothing to stem the outmigration of patients from Rutherford County nor address the concerns expressed by local physicians as outlined above.

- c. Applicants applying for acute care beds in service area counties where there is no hospital, and thus no bed occupancy rate numbers to provide for the need formula, should provide any relevant data that supports its claim that there is a need for acute care beds in the county or counties. Data may include, for example, the number of residents of the county or counties who over the previous 24 months have accessed acute care bed services in other counties.

RESPONSE: Not applicable.

2. Quality Considerations: Applicants should utilize Centers for Disease Control & Prevention's (CDC) National Healthcare Safety Network (NHSN) measures. Applicants must provide data from the most recent four quarters utilizing the baseline established by the NHSN within the dataset. Applicants should utilize the following table to demonstrate the quality of care provided at the existing facility.

Applicants should provide the above metrics and any improvement plans that are in place to improve the hospital's performance on these metrics.

In addition to the above metrics, the applicant should list, or briefly summarize, any significant quality accreditations, certifications, or recognitions that might be appropriate for Agency consideration (i.e. Joint Commission, TDH/BLHCF survey results, CMS standing, and/or clinical quality awards).

The above metrics should serve as a guide for the Agency to better understand the quality of care that is provided by the applicant at the existing facility. National and state averages serve as an indicator by which the board may evaluate the applicant.

RESPONSE: The applicant is a new hospital and does not have operating history. Vanderbilt Rutherford Hospital will be separately licensed but it will operate under the same model of care as Vanderbilt. Vanderbilt is nationally recognized in 19 adult and pediatric specialties. Vanderbilt Rutherford Hospital will meet all applicable quality of care standards, it will be licensed by the Department of Health, and it will also seek accreditation by the Joint Commission.

3. Establishment of Service Area: The geographic service area shall be reasonable and based on an optimal balance between population density and service proximity of the applicant.

RESPONSE: The service area for the proposed Vanderbilt Rutherford Hospital is Rutherford County. The proposed hospital will be located in Rutherford County ZIP Code 37128 and will draw from the large population in Rutherford County, which totals almost 341,486 residents in 2020 according to the most recent census. The application's utilization calculations project that 82 percent of the Vanderbilt Rutherford Hospital inpatient discharges will originate from Rutherford County in year two. In-migration is expected to account for the remaining 18 percent. However, no other county will make up more than 8 percent of the projected utilization.

The proposed service area represents a refinement over the original application for a Vanderbilt Rutherford Hospital in Murfreesboro. Bedford County was removed from the service area due to Vanderbilt's purchase of the Vanderbilt Bedford Hospital in January 2021. Although the Vanderbilt Bedford Hospital does not have the same complement of services proposed at Vanderbilt Rutherford Hospital, Vanderbilt expects that some percentage of Bedford residents who were previously outmigrating to Vanderbilt's main campus will stay in Bedford County for care.

Cannon County and Warren County are also not included in the service area because of their relatively small population and because of distance from the proposed facility. Cannon County only has a population of 14,506 people. Warren County, although somewhat larger at 40,953 residents, is located 55 minutes away and has a Saint Thomas hospital in McMinnville that is similarly sized to the proposed Vanderbilt Rutherford Hospital. The number of patients expected to originate from these counties is small.

4. Relationship to Existing Similar Services in the Area: The proposal shall discuss what similar services are available in the service area and the trends in occupancy and utilization of those services. This discussion shall include the likely impact of the proposed increase in acute care beds on existing providers in the proposed service area and shall include how the applicant's services may differ from these existing services. The agency should consider if the approval of additional beds in the service area will result in unnecessary, costly duplication of services. This is applicable to all service areas, rural and others. The following tables should be utilized to demonstrate existing services in the proposed service area.

Facility	Licensed Beds			Discharges				Patient Days				Length of Stay			Licensed Occupancy			
	2018	2019	2020	2018	2019	2020	% Change	2018	2019	2020	% Change	2018	2019	2020	2018	2019	2020	% Change
Saint Thomas Rutherford Hospital*	286	286	286	21,635	22,032	22,548	4%	83,085	85,849	89,317	8%	3.8	3.9	4.0	79.6%	82.2%	85.6%	7.5%
TriStar Stonecrest Medical Center	119	119	119	6,816	7,006	7,194	6%	21,146	22,518	23,514	11%	3.1	3.2	3.3	48.7%	51.8%	54.1%	11.2%
TrustPoint Hospital	101	217	217	3,028	4,059	4,708	55%	32,157	40,539	48,939	52%	10.6	10.0	10.4	87.2%	51.2%	61.8%	-29.2%

Facility	Staffed Beds			Discharges				Patient Days				Length of Stay			Staffed Occupancy			
	2018	2019	2019	2018	2019	2020	% Change	2018	2019	2020	% Change	2018	2019	2020	2018	2019	2019	% Change
Saint Thomas Rutherford Hospital*	286	286	286	21,635	22,032	22,548	4%	83,085	85,849	89,317	8%	3.8	3.9	4.0	80%	82%	86%	7.5%
TriStar Stonecrest Medical Center	109	109	115	6,816	7,006	7,194	6%	21,146	22,518	23,514	11%	3.1	3.2	3.3	53%	57%	56%	5.4%
TrustPoint Hospital	100	155	160	3,028	4,059	4,708	55%	32,157	40,539	48,939	52%	10.6	10.0	10.4	88%	72%	84%	-4.9%

Source: Joint Annual Report of Hospitals, 2018-2020

* As set forth above, these charts do not include the 72- bed addition to Saint Thomas Rutherford.

RESPONSE: The Vanderbilt Rutherford Hospital project is a natural extension of the broad range of medical services that Vanderbilt has introduced to the greater Rutherford County area over the past decade. Vanderbilt currently has more than 140 physicians and advanced practitioners providing care in the service area. Monroe Carell Jr. Children's Hospital at Vanderbilt offers a variety of services across two locations in Murfreesboro, including clinic appointments for 12 different subspecialties, imaging, urgent and after-hours care and outpatient surgical capacity in ENT, gastroenterology, orthopedics, and urology.

The proposed project would achieve three discrete goals. First, it will permit Vanderbilt's existing patient base in Rutherford County to access Vanderbilt's physicians and inpatient care model without having to travel into downtown Nashville. The travel distance from the proposed location in Rutherford County to Vanderbilt's main campus can vary from 30-35 minutes in light traffic to 45-60 minutes in heavy traffic each way. The Vanderbilt Rutherford Hospital would ease the burden for the patients who currently endure significant travel times to access their preferred provider.

Second, Vanderbilt Rutherford Hospital will improve access to care for the residents of Rutherford County. As described above, the primary existing provider of acute care services in the service area, Saint Thomas Rutherford Hospital, is routinely full and patients who seek care at Saint Thomas Rutherford are experiencing unacceptable delays in waiting rooms and hallways before being admitted to the hospital for care. Vanderbilt Rutherford Hospital will provide additional inpatient capacity and another treatment option for patients. Moreover, through telemedicine physician consults, Vanderbilt will be able to transition some of its subspecialties to the Vanderbilt Rutherford Hospital, bringing to the community medical services provided by highly advanced specialists in many fields of medicine. In addition, there is a dearth of high-quality pediatric care in the region. In 2019, there were over 1,800 pediatric patients from the service area who had to travel into Nashville hospitals for anything but the most basic inpatient medical services. In conjunction with the expertise of the Monroe Carell Jr. Children's Hospital at Vanderbilt, the Vanderbilt Rutherford Hospital will fill a void for pediatric care that currently exists in the market.

Third, Vanderbilt's adult hospital operated above 96% capacity in the most recent fiscal year – essentially full by any reasonable metric. By redirecting appropriate patients from the community to be treated at Vanderbilt Rutherford Hospital instead of coming downtown to Vanderbilt's main campus, additional capacity will be opened at Vanderbilt to allow it treat sicker and more acute residents of the community.

5. Services to High-Need and Underserved Populations: Special consideration shall be given to applicants providing services fulfilling the unique needs and requirements of certain high-need populations, including uninsured, low-income, and underserved geographic regions, as well as other underserved population groups.

RESPONSE: Vanderbilt Rutherford Hospital will provide care to all patients regardless of sex, race, ethnicity or income. The proposed facility will also provide care to uninsured and low-

income populations as well as TennCare. In addition, as described above, there is currently a lack of adequate pediatric care in Rutherford County – a community with over 70,000 children under the age of 14. The proposed Vanderbilt Rutherford Hospital will fill a gap in needed pediatric services that currently does not exist today.

6. Relationship to Existing Applicable Plans; Underserved Area and Population: The proposal's relationship to underserved geographic areas and underserved population groups shall be a significant consideration.

RESPONSE: The applicant is unaware of any existing applicable plan to which the project relates, but as noted above, the proposed hospital will serve all patients, including low-income and uninsured populations and will offer pediatric specialty care through its affiliation with Monroe Carell Jr. Children's Hospital at Vanderbilt.

7. Access: The applicant must demonstrate an ability and willingness to serve equally all of the service area in which it seeks certification. In addition to the factors set forth in HSDA Rule 0720-11-.01(1) (listing factors concerning need on which an application may be evaluated), the HSDA may choose to give special consideration to an applicant that is able to show that there is a limited access in the proposed service area.

RESPONSE: The hospital will contract with all TennCare MCOs and the hospital will serve all patients regardless of ability to pay. The project will improve access to care for those patients who are currently traveling to Nashville for services and for patients and physicians who are currently experiencing problems accessing care in the community.

8. Adequate Staffing: An applicant shall document a plan demonstrating the intent and ability to recruit, hire, train, assess competencies of, supervise, and retain the appropriate numbers of qualified personnel to provide the services described in the application and that such personnel are available in the proposed service area.

RESPONSE: Vanderbilt has a long-standing commitment to the education and training of future generations of nurses. Vanderbilt University School of Nursing is a nationally recognized graduate program offering Master of Science in Nursing, Doctor of Nursing Practice, and Ph.D. in Nursing Science degrees, as well as post-graduate certificates in specific practice specialties. Its MSN program features 14 specialties that prepare students for careers as nurse practitioners, nurse-midwives, nurse leaders and nurse informaticists. Vanderbilt University School of Nursing enjoys a close relationship with Vanderbilt and creates a pipeline for well-trained nurses to enter into the healthcare workforce.

Vanderbilt anticipates that the Vanderbilt Rutherford Hospital will require 372 FTEs for its initial operation. Vanderbilt employees approximately 1600 clinical and nonclinical staff who currently travel from Rutherford County to Davidson County to work at Vanderbilt. Vanderbilt plans to offer its existing staff the opportunity to relocate to the Vanderbilt Rutherford Hospital, which will be an attractive option for those nurses and administrative staff who would prefer to avoid the lengthy commute from Murfreesboro into Nashville. When the Monroe Carell Jr. Children's Hospital Murfreesboro facility opened in December 2019, 96% percent of the "new" employees at that facility were existing Vanderbilt personnel who chose to transfer within Vanderbilt to this new location closer to their home. Vanderbilt expects that Vanderbilt Rutherford Hospital would be similarly staffed with redistribution of existing Vanderbilt nurses and employees with minimal staffing impact to any existing provider.

9. Assurance of Resources: The applicant shall document that it will provide the resources necessary to properly support the applicable level of services. Included in such documentation shall be a letter of support from the applicant's governing board of directors, Chief Executive Officer, or Chief Financial Officer documenting the full commitment of the applicant to develop and maintain the facility resources, equipment, and staffing to provide the appropriate

services. The applicant shall also document the financial costs of maintaining these resources and its ability to sustain them.

RESPONSE: Please see the letter from Cecelia B. Moore, Chief Financial Officer and Treasurer of Vanderbilt University Medical Center in attachment 1Na.9. regarding VUMC's commitment to resources for Vanderbilt Rutherford Hospital.

10. Data Requirements: Applicants shall agree to provide the Department of Health and/or the Health Services and Development Agency with all reasonably requested information and statistical data related to the operation and provision of services and to report that data in the time and format requested. As a standard practice, existing data reporting streams will be relied upon and adapted over time to collect all needed information.

RESPONSE: Vanderbilt Rutherford Hospital commits to providing to the Department of Health and/or the Health Services and Development Agency all reasonably requested information and statistical data.

11. Quality Control and Monitoring: The applicant shall identify and document its existing or proposed plan for data reporting, quality improvement, and outcome and process monitoring system.

RESPONSE: Vanderbilt Rutherford Hospital will participate in data reporting, quality improvement and outcomes monitoring consistent with VUMC standards.

12. Licensure and Quality Considerations: Any existing applicant for this CON service category shall be in compliance with the appropriate rules of the TDH. The applicant shall also demonstrate its accreditation status with the Joint Commission or other applicable accrediting agency.

RESPONSE: The applicant will be a new hospital and does not have an operating history.

13. Community Linkage Plan: The applicant shall describe its participation, if any, in a community linkage plan, including its relationships with appropriate health care system providers/services and working agreements with other related community services assuring continuity of care.

RESPONSE: The proposed hospital will complement and be an extension of the many clinical services Vanderbilt already has in the Rutherford Market. Continuity of care is assured because patients served at Vanderbilt Rutherford Hospital who need tertiary or quaternary level services will be seamlessly transferred to Vanderbilt. In addition, Vanderbilt has dedicated physician liaison and community relations staffs that perform outreach and collaboration with local providers and health services. As a safety net hospital, Vanderbilt assures access to all patients, regardless of their ability to pay. Vanderbilt intends to bring this continuity of care to the Vanderbilt Rutherford Hospital and will work extensively with existing providers and the overall community to educate them regarding Vanderbilt's provision of services.

Attachment 1Na. Question 9.

Resource Commitment Letter

*Cecelia B. Moore**Chief Financial Officer and Treasurer, VUMC Finance*

October 1, 2021

Mr. Logan Grant
Executive Director
Tennessee Health Services & Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick St.
Nashville, TN 37243

Dear Mr. Grant:

This letter will confirm that Vanderbilt University Medical Center (VUMC) has resources sufficient to fund the project described in this Certificate of Need application. Funding of the project will be provided through a combination of capital resources, including cash reserves and borrowed funds.

As evidence of Vanderbilt's ability to provide the necessary capital, the following information is offered.

1. As of June 30, 2021 (date of our most recent audit), Vanderbilt University Medical Center held unrestricted cash and unrestricted investments with a fair market value of \$1,794 million.
2. Vanderbilt University Medical Center has an investment grade credit rating of A3 from Moody's Investor Service.

Vanderbilt University Medical Center (VUMC) expects to finance the project with cash reserves and/or borrowed funds to ensure that adequate funds will be available for the project at a reasonable cost. At the discretion of VUMC, financing for part of the cost of the project may be obtained from publicly issued securities.

Sincerely,



Cecelia B. Moore
Chief Financial Officer and Treasurer
Vanderbilt University Medical Center

Attachment 1Nb.

Cardiac Catherization Criteria and Standards

Cardiac Catheterization Services Criteria and Standards

Applicants proposing to provide any type of cardiac catheterization services must meet the following minimum standards:

1. Compliance with Standards: The Division of Health Planning is working with stakeholders to develop a framework for greater accountability to these Standards and Criteria. Applicants should indicate whether they intend to collaborate with the Division and other stakeholders on this matter.

RESPONSE: Yes, Vanderbilt Rutherford Hospital will fully collaborate with the Division of Health Planning and other appropriate stakeholders to develop a framework for greater accountability to the Standards and Criteria.

2. Facility Accreditation: If the applicant is not required by law to be licensed by the Department of Health, the applicant should provide documentation that the facility is fully accredited or will pursue accreditation by the Joint Commission or another appropriate accrediting authority recognized by the Centers for Medicare and Medicaid Services (CMS).

RESPONSE: Yes, Vanderbilt Rutherford Hospital will be licensed by the Department of Health, and it will also seek accreditation by the Joint Commission.

3. Emergency Transfer Plan: Applicants for cardiac catheterization services located in a facility without open heart surgery capability should provide a formalized written protocol for immediate and efficient transfer of patients to a nearby open-heart surgical facility (within 60 minutes) that is reviewed/tested on a regular (quarterly) basis.

RESPONSE: Vanderbilt Rutherford Hospital will have a formalized written emergency transfer protocol with Vanderbilt to ensure patients can be transported within 60 minutes. Vanderbilt Rutherford Hospital will also pursue a transfer agreement with Saint Thomas Rutherford assuming its open-heart surgery program is established pursuant to ACC guidelines.

4. Quality Control and Monitoring: Applicants should document a plan to monitor the quality of its cardiac catheterization program, including, but not limited to, program outcomes and efficiency. In addition, the applicant should agree to cooperate with quality enhancement efforts sponsored or endorsed by the State of Tennessee, which may be developed per Policy Recommendation 2.

RESPONSE: Vanderbilt Rutherford Hospital will monitor the quality of its cardiac catheterization program including outcomes and efficiency. Vanderbilt Rutherford Hospital will also cooperate with the quality enhancement efforts sponsored and endorsed by the State of Tennessee.

5. Data Requirements: Applicants should agree to provide the Department of Health and/or the Health Services and Development Agency with all reasonably requested information and statistical data related to the operation and provision of services and to report that data in the time and format requested. As a standard of practice, existing data reporting streams will be relied upon and adapted over time to collect all needed information.

RESPONSE: Vanderbilt Rutherford Hospital commits to providing to the Department of Health and/or the Health Services and Development Agency all reasonably requested information and statistical data.

6. Clinical and Physical Environment Guidelines: Applicants should agree to document ongoing compliance with the latest clinical guidelines of the American College of Cardiology/Society for Cardiac Angiography and Interventions Clinical Expert Consensus Document on Cardiac Catheterization Laboratory Standards (ACC Guidelines). As of the adoption of these Standards and Criteria, the latest version (2001) may be found online at: [http://www.ace.org/qualityand science/clinical/consensus/ angiograph y/dirIndex.htm](http://www.ace.org/qualityand%20science/clinical/consensus/angiography/dirIndex.htm). Where providers are not in compliance, they should maintain appropriate documentation stating the reasons for noncompliance and the steps the provider is taking to ensure quality. These guidelines include, but are not limited to, physical facility requirements, staffing, training, quality assurance, patient safety, screening patients for appropriate

* As of its 2020 JAR report, Saint Thomas Rutherford now reports that it has two additional previously undisclosed cardiac catheterization labs. These have been added into the 2019 catheterization numbers for evaluation purposes.

In 2020, many elective procedures, including diagnostic cardiac catheterizations, were paused for the pandemic. While there was a modest decline in utilization, the average current utilization for all existing and approved providers remains in excess of the 70 percent capacity threshold:

*Cardiac Cath Capacity 2019, Weighted Visits										
Weights										
Hospital	Cath	1	Diagnostic Cardiac Cath	1.5	Therapeutic Cardiac Cath	2	Therapeutic Peripheral Vascular Cath	3	Diagnostic EP	
	Labs							2		
	Diagnostic Cardiac Cath							4		
	Therapeutic Cardiac Cath									
	Therapeutic Peripheral Vascular Cath									
	Diagnostic EP									
Total Weighted Cases		8743.5	Total Weighted Cases		8743.5	Total Weighted Cases		8743.5	Total Weighted Cases	
Capacity	87%	Capacity		87%	Capacity		87%	Capacity		87%
Saint Thomas Rutherford		4*	Saint Thomas Rutherford		4*	Saint Thomas Rutherford		4*	Saint Thomas Rutherford	
Stonecrest		1	Stonecrest		1	Stonecrest		1	Stonecrest	
Total		5	Total		5	Total		5	Total	
		3125			3125			3125		
		1739			1739			1739		
		1394			1394			1394		
		1686			1686			1686		
		508			508			508		
		292			292			292		
		8743.5			8743.5			8743.5		
		87%			87%			87%		

RESPONSE: The average utilization of the current cardiac catheterization providers is in excess of applicable capacity criteria benchmarks. Using 2019 JAR data, the existing five catheterization labs performed a total of 8,743.5 weighted catheterization procedures resulting in an existing average utilization of 87.4 percent, well above the 70 percent capacity threshold:

8. Definition of Need for New Services: A need likely exists for new or additional cardiac catheterization services in a proposed service area if the average current utilization for all existing and approved providers is equal to or greater than 70% of capacity (i.e., 70% of 2000 cases) for the proposed service area.

RESPONSE: Vanderbilt currently has a full-time cardiology practice in the service area, Vanderbilt Heart Murfreesboro, with four cardiologists and two advance practice nurse practitioners. In addition, a heart failure physician and nurse practitioner, an electrophysiologist and a lipid nurse practitioner rotate through the Vanderbilt Heart Murfreesboro clinic, weekly. Three of these cardiologists currently practice interventional cardiology and will staff the cardiac catheterization lab, while being supported by advance practice providers from Vanderbilt Heart Murfreesboro. In addition, Vanderbilt Rutherford Hospital will coordinate with the main campus for staffing and recruitment of additional providers as needed. Certain Vanderbilt staff may be rotated between main campus and Vanderbilt Rutherford Hospital, maintaining continuity and collaboration of cardiac catheterization services within the Vanderbilt system.

7. Staffing Recruitment and Retention: The applicant should generally describe how it intends to maintain an adequate staff to operate the proposed service, including, but not limited to, any plans to partner with an existing provider for training and staff sharing.

RESPONSE: Vanderbilt Rutherford Hospital agrees to document compliance with the latest clinical guidelines of the American College of Cardiology / Society for Cardiac Angiography and Interventions Clinical Expert Consensus Document of Cardiac Catheterization Laboratory Standards (ACC Guidelines).

settings, and linkages with supporting emergency services.

RESPONSE: While Vanderbilt Ruthenford Hospital will be separately licensed, it will be an affiliate of Vanderbilt, which is a "safety net hospital." Vanderbilt Ruthenford Hospital hereby provides its written commitment to contract with all available TennCare MCOS.

- a. Who is offering the service in a medically underserved area as designated by the United States Health Resources and Services Administration;
- b. Who documents that the service area population experiences a prevalence, incidence and/or mortality from heart and cardiovascular diseases or other clinical conditions applicable to cardiac catheterization services that is substantially higher than the State of Tennessee average;
- c. Who is a "safety net hospital" as defined by the Bureau of TennCare Essential Access Hospital payment program; or
- d. Who provides a written commitment of intention to contract with at least one TennCare MCO and, if providing adult services, to participate in the Medicare program.

10. Access: In light of Rule 0720-4-.01(1), which lists the factors concerning need on which an application may be evaluated, the HSDA may decide to give special consideration to an applicant:

RESPONSE: Not applicable.

Demand. The projected demand for the service shall be determined by the following formula:

Multiply the age group-specific historical state utilization rate by the number of residents in each age category; for each county included in the proposed service area to produce the projected demand for each age category;

Add each age group's projected demand to determine the total projected demand for cardiac catheterization procedures for the entire proposed service area.

services to residents of those areas as follows:

Need. The projected need for a service will be demonstrated through need-based epidemiological evidence of the incidence and prevalence of conditions for which diagnostic and/or therapeutic catheterization is appropriate within the proposed service area.

9. Proposed Service Areas with No Existing Service: In proposed service areas where no existing cardiac catheterization service exists, the applicant must show the data and methodology used to estimate the need and demand for the service. Projected need and demand will be measured for applicants proposing to provide services to residents of those areas as follows:

Cardiac Cath Capacity 2020, Weighted Visits									
Weights									
Hospital	Cath Labs	Diagnostic Cath	1	1.5	2	3	2	4	
		Diagnostic Peripheral Vascular Cath							
		Therapeutic Cardiac Cath							
		Therapeutic Peripheral Vascular Cath							
Saint Thomas Rutherford	Cath Labs	Diagnostic Cath	1	1.5	2	3	2	4	
		Diagnostic Peripheral Vascular Cath							
		Therapeutic Cardiac Cath							
		Therapeutic Peripheral Vascular Cath							
Stonecrest	Cath Labs	Diagnostic Cath	1	1.5	2	3	2	4	
		Diagnostic Peripheral Vascular Cath							
		Therapeutic Cardiac Cath							
		Therapeutic Peripheral Vascular Cath							
Total	Cath Labs	Diagnostic Cath	1	1.5	2	3	2	4	
		Diagnostic Peripheral Vascular Cath							
		Therapeutic Cardiac Cath							
		Therapeutic Peripheral Vascular Cath							

**Specific Standards and Criteria for the Provision of
Diagnostic Cardiac Catheterization Services Only**

If an applicant does not intend to provide therapeutic cardiac catheterization services, the HSDA should place a condition on the resulting CON limiting the applicant to providing diagnostic cardiac catheterization services only. Applicants proposing to provide only diagnostic cardiac catheterization services should meet the following minimum standards:

RESPONSE: Vanderbilt Rutherford Hospital intends to perform both diagnostic and therapeutic cardiac catheterizations.

11. Minimum Volume Standard: Such applicants should demonstrate that the proposed service utilization will be a minimum of 300 diagnostic cardiac catheterization cases per year by its third year of operation. Annual volume shall be measured based upon a two-year average which shall begin at the conclusion of the applicant's first year of operation. If the applicant is proposing services in a rural area where the HSDA determines that access to diagnostic cardiac catheterization services has been limited, and if the applicant is pursuing a partnership with a tertiary facility to share and train staff, the Agency may determine that a minimum volume of 200 cases per year is acceptable. Only cases including diagnostic cardiac catheterization procedures as defined by these Standards and Criteria may count towards meeting this minimum volume standard.

RESPONSE:

- Vanderbilt currently offers several local cardiology clinical services in Rutherford County community, including the Vanderbilt Heart Murfreesboro which provides both general and interventional cardiology services, diagnostic and therapeutic cardiac catheterizations and electrophysiology. The Vanderbilt Heart Murfreesboro cardiology catheterization volumes for the past 3 years are:

<u>Vanderbilt Heart Murfreesboro Cath Volumes</u>			
	<u>FY2019</u>	<u>FY2020</u>	<u>FY2021</u>
Diagnostic Caths	694	591	668
Therapeutic Caths	141	135	107
Total Caths	835	726	775

- In FY2020, some diagnostic catheterizations were deferred or canceled when elective procedures were stopped due to COVID-19. To a lesser degree, COVID restrictions also caused a reduction in diagnostic catheterization volumes in early 2021 as well.
- To project cardiac catheterization utilization, Vanderbilt Rutherford Hospital assumes that 75 percent of the Vanderbilt Heart Murfreesboro volume will shift to VRH. Vanderbilt Rutherford Hospital also assumes that cardiac catheterization volumes of the Vanderbilt Heart Murfreesboro physicians will rebound to near pre-COVID levels and continue to increase at a rate of 2.5 percent per year based on population growth. This is a conservative assumption given Rutherford County's continued explosive growth and aging population.
- Additionally, Vanderbilt Rutherford Hospital projects that 80 percent of total catheterizations will be diagnostic, which is generally consistent with the experience of the Vanderbilt Heart Murfreesboro physicians. This results in the following projected cardiac catheterization utilization at the proposed hospital during the first three years of operation:

Projected Cardiac Catheterizations at VRH			
	Year One	Year Two	Year Three
Diagnostic	569	584	600
Therapeutic	142	146	150
Total	711	730	750

12. High Risk/Unstable Patients: Such applicants should (a) delineate the steps, based on the ACC Guidelines, that will be taken to ensure that high-risk or unstable patients are not catheterized in the facility, and (b) certify that therapeutic cardiac catheterization services will not be performed in the facility unless and until the applicant has received Certificate of Need approval to provide therapeutic cardiac catheterization services.

RESPONSE: Similar to how the Vanderbilt Heart Murfreesboro interventionalists triage patients currently, Vanderbilt Rutherford Hospital will ensure that high risk or unstable patients are not catheterized at Vanderbilt Rutherford Hospital based on ACC guidelines. In the event that an otherwise appropriate patient experiences an adverse event during a catheterization, Vanderbilt Rutherford Hospital will maintain an emergency transfer protocol with Vanderbilt to provide tertiary level care and it will pursue a transfer agreement with Saint Thomas Rutherford assuming its open-heart surgery program is established pursuant to ACC guidelines.

13. Minimum Physician Requirements to Initiate a New Service: The initiation of a new diagnostic cardiac catheterization program should require at least one cardiologist who performed an average of 75 diagnostic cardiac catheterization procedures over the most recent five-year period. All participating cardiologists in the proposed program should be board certified or board eligible in cardiology and any relevant cardiac subspecialties.

RESPONSE: The below chart sets forth the diagnostic cardiac catheterization volumes for the four interventional cardiologists with Vanderbilt Heart Murfreesboro. Dr. Ahamd Abu-Halimah and Dr. David Dantzler, both board-certified interventional cardiologists with Vanderbilt Heart Murfreesboro, have averaged in excess of an average of 75 diagnostic cardiac catheterization procedures over the most recent five-year period.

	FY17	FY18	FY19	FY20	FY21	5 Yr Avg
Diagnostic						
ABU-HALIMAH, AHAMD JABER	285	354	298	249	299	297
DANTZLER, DAVID MITCHELL	301	282	238	238	274	267
KOLLI, MURALI KRISHNA	59	47	76	44	15	48
MANDA, RAVINDER R	77	72	82	60	80	74
Total	722	755	694	591	668	686

Specific Standards and Criteria for the Provision of Therapeutic Cardiac Catheterization Services

Applicants proposing to provide therapeutic cardiac catheterization services must meet the following minimum standards:

14. Minimum Volume Standard: Such applicants should demonstrate that the proposed service utilization will be a minimum of 400 diagnostic and/or therapeutic cardiac catheterization cases per year by its third year of operation. At least 75 of these cases per year should include a therapeutic cardiac catheterization procedure. Annual volume shall be measured based upon a two-year average which shall begin at the conclusion of the applicant's first year of operation. Only cases including diagnostic and therapeutic cardiac catheterization procedures as defined by these Standards and Criteria shall count towards meeting this

minimum volume standard.

RESPONSE: As set forth in the described methodology above, Vanderbilt Rutherford Hospital projects performing 750 cardiac catheterizations by its third year of operation, 150 of which will be therapeutic cardiac catheterizations.

15. Open Heart Surgery Availability: Acute care facilities proposing to offer adult therapeutic cardiac catheterization services shall not be required to maintain an on-site open heart surgery program. Applicants without on-site open heart surgery should follow the most recent American College of Cardiology/American Heart Association/Society for Cardiac Angiography and Interventions Practice Guideline Update for Percutaneous Coronary Intervention (ACC/AHA/SCAI Guidelines). As of the adoption of these Standards and Criteria, the latest version of this document (2007) may be found online at: <http://circ.aha.journals.org/cgi/reprint/CIRCULATIONAHA.107.185159>

Therapeutic procedures should not be performed in freestanding cardiac catheterization laboratories, whether fixed or mobile. Mobile units may, however, perform therapeutic procedures provided the mobile unit is located on a hospital campus and the hospital has on-site open-heart surgery. In addition, hospitals approved to perform therapeutic cardiac catheterizations without on-site open-heart surgery backup may temporarily perform these procedures in a mobile laboratory on the hospital's campus during construction impacting the fixed laboratories.

RESPONSE: Similar to how the Vanderbilt Heart Murfreesboro interventionalists triage patients currently, Vanderbilt Rutherford Hospital will ensure that high risk or unstable patients are not catheterized at Vanderbilt Rutherford Hospital based on ACC guidelines. In the event that an otherwise appropriate patient experiences an adverse event during a catheterization, Vanderbilt Rutherford Hospital will maintain an emergency transfer protocol with Vanderbilt to provide tertiary level care and it will pursue a transfer agreement with Saint Thomas Rutherford assuming its open-heart surgery program is established pursuant to ACC guidelines.

16. Minimum Physician Requirements to Initiate a New Service: The initiation of a new therapeutic cardiac catheterization program should require at least two cardiologists with at least one cardiologist having performed an average of 75 therapeutic procedures over the most recent five-year period. All participating cardiologists in the proposed program should be board certified or board eligible in cardiology and any relevant cardiac subspecialties.

RESPONSE: Vanderbilt currently has a full-time cardiology practice, Vanderbilt Heart Murfreesboro, with four full-time cardiologists, three of whom currently perform interventional cardiology. These cardiologists will staff the cardiac catheterization lab, while being supported by advance practice providers in Vanderbilt Heart Murfreesboro. Each of these cardiologists are board-certified in either cardiology or interventional cardiology. Of these four, Dr. Ahamd Abu-Halimah, a board-certified interventional cardiologist with Vanderbilt Heart Murfreesboro, has averaged 89 therapeutic cardiac catheterizations over the most recent five-year period.

Therapeutic	FY17	FY18	FY19	FY20	FY21	5 Yr Avg
ABU-HALIMAH, AHAMD JABER	106	101	81	88	71	89
DANTZLER, DAVID MITCHELL	62	83	59	47	36	57
KOLLI, MURALI KRISHNA	0	0	1	0	0	0
MANDA, RAVINDER R	1	0	0	0	0	0
Total	169	183	141	135	107	147

17. Staff and Service Availability: Ideally, therapeutic services should be available on an emergency basis 24 hours per day, 7 days per week through a staff call schedule (24/7 emergency coverage). In addition, all laboratory staff should be available within 30 minutes of the activation of the laboratory. If the applicant will not be able to immediately provide 24/7 emergency coverage, the applicant should present a plan for reaching 24/7 emergency coverage with in three years of initiating the service or present a signed transfer agreement with another facility capable of treating transferred patients in a cardiac catheterization laboratory on a 24/7 basis within 90 minutes of the patient's arrival at the originating emergency department.

RESPONSE: There are currently four cardiologists and two advance practice nurse practitioners at Vanderbilt Heart Murfreesboro. Three of the four cardiologists perform interventional cardiology and these Vanderbilt Heart Murfreesboro cardiologists will staff the cardiac catheterization lab and provide 24/7 care. In addition, the proposed cardiac catheterization services provided at Vanderbilt Rutherford Hospital will be supported by working closely and being aligned with the main campus for staffing and recruitment of additional staff and providers as needed.

18. Expansion of Services to Include Therapeutic Cardiac Catheterization: An applicant proposing the establishment of therapeutic cardiac catheterization services, who is already an existing provider of diagnostic catheterization services, should demonstrate that its diagnostic cardiac catheterization unit has been utilized for an average minimum of 300 cases per year for the two most recent years as reflected in the data supplied to and/or verified by the Department of Health.

RESPONSE: Not applicable.

Specific Standards and Criteria for the Provision of Pediatric Cardiac Catheterization Services

Applicants proposing to provide pediatric cardiac catheterization services should meet the following minimum standards:

19. Minimum Volume Standard: Such applicants should demonstrate that the proposed service utilization will be a minimum of 100 cases per year by its third year of operation. Annual volume shall be measured based upon a two-year average which shall begin at the conclusion of the applicant's first year of operation. Only cases that include diagnostic and therapeutic cardiac catheterization procedures as defined by these Standards and Criteria shall count towards meeting this minimum volume standard.

RESPONSE: Not applicable. Vanderbilt Rutherford Hospital does not intend to perform pediatric cardiac catheterization services at this time.

20. Minimum Physician Requirements to Initiate a New Service: The initiation of a new pediatric cardiac catheterization program should require at least two cardiologists with at least one cardiologist having performed an average of 50 pediatric cardiac catheterization procedures over the most recent five-year period. Pediatric cardiac catheterization procedures should be performed only by board certified or board eligible physicians specializing in pediatric cardiac care.

RESPONSE: Not applicable.

21. Open Heart Surgery Availability: Such applicants should offer full pediatric cardiac medical and cardiac surgical capabilities, including pediatric open-heart surgery.

RESPONSE: Not applicable.

LETTER OF INTENT

**State of Tennessee****Health Services and Development Agency**

Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243

www.tn.gov/hsda Phone: 615-741-2364 Email: hsda.staff@tn.gov

LETTER OF INTENT

The Publication of Intent is to be published in the Tennessean which is a newspaper of general circulation in Rutherford County, Tennessee, on or before September 15, 2021 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. §68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that Vanderbilt University Medical Center, d/b/a Vanderbilt Rutherford Hospital, owned by Vanderbilt University Medical Center with an ownership type of a nonprofit corporation, and to be managed by itself intends to file an application for a Certificate of Need for establishing a 42-bed full service, acute care hospital, to be located at an unaddressed site on Veterans Parkway in the southeastern quadrant of the intersection of Veterans Parkway and S.R. 840 in Murfreesboro, Rutherford County, TN. The bed complement of the facility will include 8 observation beds in addition to 42 licensed acute care beds. The project also seeks to initiate diagnostic and therapeutic cardiac catheterization services. The project does not include any other services for which a certificate of need is required. The proposed hospital has a projected cost of \$144,276,600.

The anticipated date of filing the application is October 1, 2021.

The contact person for this project is Ginna Felts, Vice President, Business Development, who may be reached at Vanderbilt University Medical Center, 3319 West End Avenue, Suite 920, Nashville, Tennessee 37203; 615-936-6005.

Ginna Felts
Signature of Contact

9.15.21
Date

ginna.felts@vmc.org
Contact's Email Address

The published Letter of Intent must contain the following statement pursuant to T.C.A. §68-11-1607 (c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services 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 prior to the consideration of the application by the Agency.

ORIGINAL **APPLICATION**


State of Tennessee
Health Services and Development Agency

Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243

www.tn.gov/hsda Phone: 615-741-2364 Email: hsda.staff@tn.gov

CERTIFICATE OF NEED APPLICATION
1A. Name of Facility, Agency, or Institution

Vanderbilt Rutherford Hospital

Name

A parcel of land at an unaddressed site on Veterans Parkway located at southeast of the intersection of Veterans Parkway and S.R. 840

Rutherford

Street or Route

Murfreesboro

TN

County

37218

City

www.vanderbilthealth.com

State
Zip
Website Address

Note: The facility's name and address **must be** the name and address of the project and **must be** consistent with the Publication of Intent.

2A. Contact Person Available for Responses to Questions

Ginna Felts

Vice President

Name

Vanderbilt University Medical Center

Title

ginna.felts@vumc.org

Company Name
Email Address

3319 West End Avenue

Street or Route

Nashville

TN

37203

City

Employee

State
Zip

615-936-6005

Association with Owner
Phone Number
3A. Proof of Publication

Attach the full page of newspaper in which the notice of intent appeared with the mast and dateline intact or submit a publication affidavit from the newspaper that includes a copy of the publication as proof of the publication of the letter of intent. (Attachment 3A)

Date LOI was Submitted: Wednesday, September 15, 2021
Date LOI was Published: Wednesday, September 15, 2021

4A. Purpose of Review (Check appropriate box(es) – more than one response may apply)

- ☒ Establish New Health Care Institution
☐ Addition of a Specialty to an Ambulatory Surgical Treatment Center (ASTC)
☐ Change in Bed Complement
☒ Initiation of Health Care Service as Defined in §TCA 68-11-1607(4)
 Specify: Cardiac Catheterization
☐ Relocation
☐ Initiation of MRI Service
☐ MRI Unit Increase
☐ Satellite Emergency Department
☐ Addition of ASTC Specialty
☐ Initiation of Cardiac Catheterization
☐ Addition of Therapeutic Catheterization
☐ Establishment/Initiation of a Non-Residential Substitution Based Opioid Treatment Center
☐ Linear Accelerator Service
☐ Positron Emission Tomography (PET) Service

Please answer all questions on letter size, white paper, clearly typed and spaced, single sided, in order and sequentially numbered. In answering, please type the question and the response. All questions must be answered. If an item does not apply, please indicate "N/A" (not applicable). Attach appropriate documentation as an Appendix at the end of the application and reference the applicable item Number on the attachment, i.e. Attachment 1A, 2A, etc. The last page of the application should be a completed signed and notarized affidavit.

5A. Type of Institution (Check all appropriate boxes – more than one response may apply)

- ☒ Hospital (Specify): Acute Care
☐ Ambulatory Surgical Treatment Center (ASTC) – Multi-Specialty
☐ Ambulatory Surgical Treatment Center (ASTC) – Single Specialty
☐ Home Health
☐ Hospice
☐ Intellectual Disability Institutional Habilitation Facility (ICF/IID)
☐ Nursing Home
☐ Outpatient Diagnostic Center
☐ Rehabilitation Facility
☐ Residential Hospice
☐ Nonresidential Substitution Based Treatment Center of Opiate Addiction
☐ Other (Specify): _____

6A. Name of Owner of the Facility, Agency, or Institution

Vanderbilt University Medical Center

Name

1121 Medical Center Drive

Street or Route

Nashville

City

TN

State

615-322-3454

Phone Number

37232

Zip

7A. Type of Ownership of Control (Check One)

- ☐ Sole Proprietorship
☐ Partnership
☐ Limited Partnership
☐ Corporation (For Profit)
☒ Corporation (Not-for-Profit)
☐ Government (State of TN or Political Subdivision)
☐ Joint Venture
☐ Limited Liability Company
☐ Other (Specify): _____

Attach a copy of the partnership agreement, or corporate charter and certificate of corporate existence. Please provide documentation of the active status of the entity from the Tennessee Secretary of State's website at <https://tnbear.tn.gov/ECommerce/FilingSearch.aspx>. If the proposed owner of the facility is government owned must attach the relevant enabling legislation that established the facility. (Attachment 7A)

Describe the existing or proposed ownership structure of the applicant, including an ownership structure organizational chart. Explain the corporate structure and the manner in which all entities of the ownership structure relate to the applicant. As applicable, identify the members of the ownership entity and each member's percentage of ownership, for those members with 5% ownership (direct or indirect) interest.

RESPONSE: Vanderbilt Rutherford Hospital will be owned by Vanderbilt University Medical Center, a Tennessee nonprofit corporation, but it will be a separately licensed hospital.

8A. Name of Management/Operating Entity (If Applicable)

Name		
Street or Route		County
City	State	Zip
Website Address		

For new facilities or existing facilities without a current management agreement, attach a copy of a draft management agreement that at least includes the anticipated scope of management services to be provided, the anticipated term of the agreement, and the anticipated management fee payment schedule. For facilities with existing management agreements, attach a copy of the fully executed final contract. (Attachment 8A)

9A. Legal Interest in the Site

Check the appropriate box and submit the following documentation. (Attachment 9A)

RESPONSE: Please see attachment 9A.

The legal interest described below must be valid on the date of the Agency consideration of the Certificate of Need application.

- ☒ Ownership (Applicant or applicant's parent company/owner) – Attach a copy of the title/deed.
☐ Lease (Applicant or applicant's parent company/owner) – Attach a fully executed lease that includes the terms of the lease and the actual lease expense.
☐ Option to Purchase - Attach a fully executed Option that includes the anticipated purchase price.
☐ Option to Lease - Attach a fully executed Option that includes the anticipated terms of the Option and anticipated lease expense.
☐ Other (Specify) _____

10A. Floor Plan

If the facility has multiple floors, submit one page per floor. If more than one page is needed, label each page. (Attachment 10A)

- Patient care rooms (Private or Semi-private)
- Ancillary areas
- Other (Specify)

RESPONSE: Please see attachment 10A.

11A. Public Transportation Route

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. (Attachment 11A)

RESPONSE: The proposed Vanderbilt Rutherford Hospital is conveniently located off of S.R. 840 with easy access to I-24 and I-840 which, in turn, connects to both I-40 and I-65. The City of Murfreesboro Transportation Department is responsible for the administration and operation of public transportation service (Rover) within the City of Murfreesboro. However, it does not currently operate near the proposed project. Please see attachment 11A.

12A. Plot Plan

Unless relating to home care organization, briefly describe the following and attach the requested documentation on a letter size sheet of white paper, legibly labeling all requested information. It **must** include:

- Size of site (in acres);
- Location of structure on the site;
- Location of the proposed construction/renovation; and
- Names of streets, roads, or highways that cross or border the site.

RESPONSE: Please see attachment 12A.

13A. Notification Requirements

- TCA §68-11-1607(c)(9)(B) states that "... If an application involves a healthcare facility in which a county or municipality is the lessor of the facility or real property on which it sits, then within ten (10) days of filing the application, the applicant shall notify the chief executive officer of the county or municipality of the filing, by certified mail, return receipt requested." Failure to provide the notifications described above within the required statutory timeframe will result in the voiding of the CON application.

☐ Notification Attached

☒ Not Applicable

- TCA §68-11-1607(c)(9)(A) states that "... Within ten (10) days of the filing of an application for a nonresidential substitution based treatment center for opiate addiction with the agency, the applicant shall send a notice to the county mayor of the county in which the facility is proposed to be located, the state representative and senator representing the house district and senate district in which the facility is proposed to be located, and to the mayor of the municipality, if the facility is proposed to be located within the corporate boundaries of the municipality, by certified mail, return receipt requested, informing such officials that an application for a nonresidential substitution based treatment center for opiate addiction has been filed with the agency by the applicant."

☐ Notification Attached

☒ Not Applicable

EXECUTIVE SUMMARY**1E. Overview**

Please provide an overview not to exceed **ONE PAGE** (for 1E only) in total explaining each item point below.

- Description: Address the establishment of a health care institution, initiation of health services, and/or bed complement changes.
- Ownership structure
- Service Area
- Existing similar service providers
- Project Cost
- Staffing

RESPONSE: This project is for the establishment of Vanderbilt Rutherford Hospital, a new, separately licensed, 42-bed community hospital in Murfreesboro, TN. The applicant is Vanderbilt University Medical Center d/b/a Vanderbilt Rutherford Hospital.

Vanderbilt University Medical Center, a Tennessee nonprofit corporation, includes 3 inpatient facilities, Vanderbilt University Adult Hospital, the Monroe Carell Jr. Children's Hospital at Vanderbilt, and the Vanderbilt Psychiatric Hospital operated under one hospital license as Vanderbilt University Medical Center ("Vanderbilt"). Vanderbilt, through affiliated entities, operates three community-based hospitals in Lebanon (Vanderbilt Wilson County Hospital), Tullahoma (Vanderbilt Tullahoma-Harton Hospital, "VTHH") and Shelbyville (Vanderbilt Bedford Hospital, "VBH"), as well as multiple outpatient clinics and facilities throughout Middle Tennessee. Vanderbilt Rutherford Hospital will be owned by Vanderbilt but operated under a separate license with an open medical staff.

The proposal will establish a 42-bed community hospital near the intersection of Veterans Parkway and S.R. 840, approximately 8 miles west of downtown Murfreesboro. The hospital will include 26 adult medical/surgical beds, 4 intensive care beds, 6 pediatric beds, 6 obstetrical beds, and a complement of 8 observation beds. It will also initiate both diagnostic and therapeutic cardiac catheterization services.

Vanderbilt submitted a prior application for Vanderbilt Rutherford Hospital in April 2020. The original application was heard by HSDA members at the Agency's August 26, 2020 meeting, when it was denied by a 4-2 vote. Vanderbilt is submitting a second application for consideration by the Agency for multiple reasons:

- In June, the Tennessee Legislature enacted Public Chapter 557 ("P.C. 557"), which codifies the new Health Services and Planning Act of 2021. P.C. 557, effective October 1, makes significant changes to both substantive and procedural CON requirements. Vanderbilt believes the addition of a new CON criterion, "Consumer Advantage," weighs heavily in favor of approval of this project.
- Vanderbilt's adult hospital continues to operate at unacceptably high levels of utilization, at or near capacity on a daily basis, which has been exacerbated by the multiple waves of COVID-19 infections. At the same time, in FY21, Vanderbilt treated more patients from Rutherford County than ever. Many patients who are currently choosing to leave Rutherford County and drive to Vanderbilt are doing so for community-level medical services that can be provided at the proposed Vanderbilt Rutherford Hospital. Vanderbilt's need to alleviate continued capacity challenges by shifting Vanderbilt's existing Rutherford County patients to the proposed Vanderbilt Rutherford Hospital justifies approval of this project.
- According to community physicians, the primary existing acute care provider in Rutherford County – Saint Thomas Rutherford – experiences regular episodes of medical-surgical diversion, emergency department boarding, and overcrowding. Some community physicians have quit practicing at Saint Thomas Rutherford because, in their view, its capacity challenges have created an unsafe care environment for its patients. Other physicians are sending patients to Nashville for care because of lack of faith that their patients will be treated in an appropriate and timely manner at Saint Thomas Rutherford.

These hospital bed capacity issues are unsurprising given the tremendous growth in Rutherford County, which saw its population increase by nearly 80,000 people over the past 10 years. This population growth has been amplified by the pandemic, which has caused significant in-migration of new residents in the

region. This phenomenon was recently highlighted in the Wall Street Journal article, “New Life and Work Choices Revitalize Exurbs, Bringing New Strains,” noting Murfreesboro (Rutherford County) among the fastest-growing cities in the country. The addition of another acute care hospital in Murfreesboro would add additional needed acute care and ICU capacity to Rutherford County and provide additional choice to community residents.

- Since filing the first application in April 2020, Vanderbilt has acquired hospitals from CHS in Shelbyville and Tullahoma, both of which are located in counties adjacent to Rutherford County. The original application did not account for these acquisitions, and the current application is an opportunity to present the project to the Agency with refinements resulting from Vanderbilt's ownership of these hospitals.

The proposed Vanderbilt Rutherford Hospital will cost \$144,276,600 and will be paid through cash reserves.

The staffing of Vanderbilt Rutherford Hospital will rely heavily on a redistribution of existing Vanderbilt nurses and employees with minimal staffing impact to any existing provider. Vanderbilt employs approximately 1600 clinical and nonclinical staff who currently travel from Rutherford County to Davidson County to work at Vanderbilt. When the Monroe Carell Jr. Children's Hospital Murfreesboro outpatient facility opened in December 2019, 96 percent of the “new” employees at that facility were existing Vanderbilt personnel who chose to transfer within Vanderbilt to this new location closer to their home. Vanderbilt expects that Vanderbilt Rutherford Hospital would be similarly staffed with existing Vanderbilt employees.

2E. Rationale for Approval

A Certificate of Need can only be granted when a project is necessary to provide needed health care in the area to be served, will provide health care that meets appropriate quality standards, and the effects attributed to competition or duplication would be positive for consumers

Provide a brief description not to exceed **ONE PAGE** (for 2E only) of how the project meets the criteria necessary for granting a CON using the data and information points provided in criteria sections that follow.

- Need
- Quality Standards
- Consumer Advantage
 - Choice
 - Improved access/availability to health care service(s)
 - Affordability

RESPONSE:

Need:

The proposed Vanderbilt Rutherford Hospital will bring needed acute care and ICU bed capacity to Rutherford County while providing a more convenient location for Vanderbilt's existing patient population to access Vanderbilt's services.

Rutherford County currently lacks enough acute care beds to care for its population. Rutherford County is the fifth most populous county in Tennessee, and Murfreesboro is the eleventh fastest growing large city in the entire country. This growth has been further heightened by relocations of families during the pandemic. The existing providers of acute care services in the County have not adequately managed for this growth. Of the nine largest counties in Tennessee, Rutherford County currently has the second fewest staffed acute care beds per population – 53% fewer than the average of Tennessee's other large counties.

General Acute Care Hospitals				
Hospital County	2019 Staffed Beds	2020 Census Population	Bed/Population per 1,000	Number of Hospitals
Madison	632	98,823	6.40	2
Sullivan	693	158,163	4.38	3
Davidson	3,094	715,884	4.32	9
Washington	535	133,001	4.02	2
Hamilton	1,380	366,207	3.77	7
Shelby	2,280	929,744	2.45	10
Knox	842	478,971	1.76	4
Rutherford	467*	341,486	1.37	2
Williamson	185	247,726	0.75	1
Total	10,108	3,470,005	2.91	

*Includes Saint Thomas Rutherford's 72-bed addition although not reported in 2019 or 2020 JARs.

Excludes psychiatric and long-term rehabilitation beds.

Sources:

Staffed Beds: Joint Annual Report of Hospitals, 2019

Population: United States Census – 2020 Census Results

The lack of sufficient bed capacity is further reflected in the numerous statements of support submitted with this application that confirm that patients currently have difficulty accessing acute care services in Rutherford County today. (See Affidavits in Attachment 2.E) According to community physicians, the primary existing acute care hospital – Saint Thomas Rutherford – experiences regular episodes of medical-surgical diversion, emergency department boarding, and overcrowding. Some community physicians have quit practicing at Saint Thomas Rutherford because, in their view, its capacity challenges have created an unsafe care environment for its patients. Other physicians are sending patients to Nashville for care because of lack of faith that their patients will be treated in an appropriate and timely manner at Saint Thomas Rutherford. As Rutherford County continues to grow, patients will greatly benefit from more hospital resources in the community.

In addition, the Vanderbilt Rutherford Hospital will provide a more convenient option for Vanderbilt's existing patients to access medical services in their local community, closer to patients' homes. Vanderbilt had 3,853 discharges from Rutherford County in 2019, a substantial percentage of which were for community-level care that could be provided at the Vanderbilt Rutherford Hospital. Vanderbilt projects approximately 62 percent of the Vanderbilt Rutherford Hospital census will be patients who would otherwise come to Vanderbilt main campus. The need for the proposed hospital is supported by the significant outmigration from Rutherford County residents to Vanderbilt for community-level services that will be more conveniently accessible to them at the new hospital.

Moreover, the Vanderbilt Rutherford Hospital will provide medical services to the community that do not currently exist. Despite more than 70,000 children under the age of 14 living in Rutherford County, none of the existing providers offer anything but the most basic pediatric care. The vast majority of children who require inpatient admission must be transported to Nashville, away from their families and support network. Through its affiliation with the Monroe Carell Jr. Children's Hospital at Vanderbilt, Vanderbilt Rutherford Hospital will provide more advanced pediatric care than currently is offered in the community, allowing a greater number of those children to be treated near their homes and families.

Consumer Advantage

Vanderbilt treated more patients from Rutherford County than ever before during FY21 - more than 52,000 unique patients, an increase from 43,000 in FY18. Approximately 75% of these patients received services at Vanderbilt facilities in Davidson County. These patients are intentionally choosing not to seek care at hospitals and clinics in Rutherford County. Instead, an increasing number of patients are enduring significant travel burden on I-24 to seek medical care from Vanderbilt facilities in Davidson County. This project will provide patients with improved access to Vanderbilt care at a more convenient location closer to home. These patients have expressed their strong support for this project, through affidavits. Excerpts from several of these affidavits have been provided below:

John C. Farmer stated: “A new Vanderbilt hospital in this community would provide additional medical resources to Rutherford County and allow for Rutherford County residents like myself who are currently choosing to seek care from Vanderbilt at its downtown campus to have a more convenient location here in our county.”

Anas Obeissy stated “Given the growth of our community, we need another hospital. Saint Thomas Rutherford has been a welcome provider and a good partner in Murfreesboro. But our community is too large to only have one hospital be the only provider for our care. My family members who have needed to access the Vanderbilt system, especially on the pediatric side, have routinely had to travel into Nashville. This travel is a significant burden, especially when we are taking our children to be admitted. Not having sufficient pediatric resources in our community is unacceptable for our growing number of young families. When my family and I have had to travel to Vanderbilt’s main campus for care, we have always had a good experience. Being able to access that care closer to home would be a benefit not only for me and my family, but for my employees who deserve an additional option for their care in our home.”

Doris Davis stated: “With more people moving into Murfreesboro, the population is also getting older, and it is difficult for patients to travel to Nashville on a regular basis. With COVID as well, there has been more need for immediate healthcare close by.”

David C. Leverette stated “Murfreesboro is growing so rapidly and there is [sic] many people who must travel to Nashville for Vanderbilt University Medical Center for treatment. I have been referred for potential surgery in Nashville and know of many others who must go to Nashville for treatment instead of receiving treatment here. With the rapid growth, we need another hospital here in Murfreesboro.”

Virginia Huddleston, a patient with Vanderbilt Heart for more than 10 years, stated that “For many of my routine cardiology visits, I am able to receive my care here in Murfreesboro. But for non-routine and other hospital based-services, I travel into Nashville to visit Vanderbilt’s main campus. My husband is 90 and I am 85. When my family and I have had to travel to Vanderbilt’s main campus for care, we have always had a good experience. But being able to access Vanderbilt’s hospital services here in Murfreesboro would be much more convenient and better for me as a patient. Vanderbilt is my provider of choice and I would prefer to be able to access Vanderbilt’s model of care closer to my home.”

Pettus Read, chairman of the public safety committee that is part of the Rutherford County Commission, stated, “We are establishing EMS stations in remote areas of the county to make sure that members of our community have convenient and expedient access to care. The proposed Vanderbilt Rutherford Hospital would serve the same goals. It would provide additional medical resources to Rutherford County, provide quicker access to care, and allow for Rutherford County residents who are currently choosing to seek care from Vanderbilt at its downtown campus to have a more convenient location here in our county. With our population growth, Rutherford County will soon be the fourth largest county in Tennessee. We are ready to have a second hospital in Murfreesboro and an additional medical choice for our residents.”

Vanderbilt Rutherford Hospital will also provide residents a choice of care when Saint Thomas Rutherford is experiencing capacity issues as described above. The benefits of competition to consumers could not be evidenced more than by Saint Thomas Rutherford’s announcement on September 16 – the day after Vanderbilt Rutherford Hospital published its notice of intent – to expand its hospital by 58 beds, after having steadfastly insisted to the Agency and to the community for the past two years that there is no need for additional hospital capacity in Rutherford County. If the mere threat of competition prompted Saint Thomas Rutherford to finally recognize the need for additional hospital resources in Murfreesboro, one can only imagine the benefits an actual competitor in the market would provide to consumers.

Quality Standards

Vanderbilt was the only Tennessee hospital to be nationally ranked in U.S. News and World Report's 2021-2022 Best Hospitals Ranking for the high quality of its medical care. Vanderbilt will bring its nationally recognized model of care to the service area.

Vanderbilt is committed to obtaining and/or maintaining licenses in good standing, self-assessment and external peer assessment processes, data reporting, quality improvement, and outcome/process monitoring systems. Vanderbilt will maintain a similar quality of care at Vanderbilt Rutherford Hospital as is provided at Vanderbilt's main campus.

3E. Consent Calendar Justification

☐ Consent Calendar Requested (Attach rationale)

If Consent Calendar is requested, please attach the rationale for an expedited review in terms of Need, Quality Standards, and Consumer Advantage as a written communication to the Agency's Executive Director at the time the application is filed.

☒ Consent Calendar **NOT** Requested

4E. PROJECT COST CHART**A. Construction and equipment acquired by purchase:**

1.	Architectural and Engineering Fees	<u>\$ 7,127,000</u>
2.	Legal, Administrative (Excluding CON Filing Fee), Consultant Fees	<u>\$ 150,000</u>
3.	Acquisition of Site	<u>\$ 3,399,000</u>
4.	Preparation of Site	<u>\$ 5,432,000</u>
5.	Total Construction Costs	<u>\$83,652,000</u>
6.	Contingency Fund	<u>\$ 8,908,600</u>
7.	Fixed Equipment (Not included in Construction Contract)	<u>\$19,062,773</u>
8.	Moveable Equipment (List all equipment over \$50,000 as separate attachments)	<u>\$15,699,227</u>
9.	Other (Specify) <u>Fees, Signage</u>	<u>\$ 801,000</u>

B. Acquisition by gift, donation, or lease:

1.	Facility (inclusive of building and land)	_____
2.	Building only	_____
3.	Land only	_____
4.	Equipment (Specify) _____	_____
5.	Other (Specify) _____	_____

C. Financing Costs and Fees:

1.	Interim Financing	_____
2.	Underwriting Costs	_____
3.	Reserve for One Year's Debt Service	_____
4.	Other (Specify) _____	_____

D. Estimated Project Cost (A+B+C) \$144,231,600

E. CON Filing Fee \$ 45,000

F. Total Estimated Project Cost (D+E) \$144,276,600

TOTAL

GENERAL CRITERIA FOR CERTIFICATE OF NEED

In accordance with TCA §68-11-1609(b), “no Certificate of Need shall be granted unless the action proposed in the application for such Certificate is necessary to provide needed health care in the area to be served, will provide health care that meets appropriate quality standards, and the effect attributed to completion or duplication would be positive for consumers.” In making determinations, the Agency uses as guidelines the goals, objectives, criteria, and standards adopted to guide the agency in issuing certificates of need. Until the agency adopts its own criteria and standards by rule, those in the state health plan apply.

Additional criteria for review are prescribed in Chapter 11 of the Agency Rules, Tennessee Rules and Regulations 01730-11.

The following questions are listed according to the three criteria: (1) Need, (2) the effects attributed to competition or duplication would be positive for consumers (Consumer Advantage), and (3) Quality Standards.

NEED

The responses to this section of the application will help determine whether the project will provide needed health care facilities or services in the area to be served.

- 1N.** Provide responses as an attachment to the applicable criteria and standards for the type of institution or service requested. A word version and pdf version for each reviewable type of institution or service are located at the following website. <https://www.tn.gov/hsda/hsda-criteria-and-standards.html> (Attachment 1N)

RESPONSE: Please find responses to the Acute Care Bed Need and Cardiac Catheterization criteria in attachment 1N.

- 2N.** Identify the proposed service area and provide justification for its reasonableness. Submit a county level map for the Tennessee portion and counties boarding the state of the service area using the supplemental map, clearly marked, and shaded to reflect the service area as it relates to meeting the requirements for CON criteria and standards that may apply to the project. Please include a discussion of the inclusion of counties in the border states, if applicable. (Attachment 2N)

Complete the following utilization tables for each county in the service area, if applicable.

Service Area Counties	Historical Utilization- County Residents – Most Recent Year (Year=FY20)	Projected Utilization- County Residents – Year 1 (Year=FY26)	% of Total ☐ Procedures ☐ Cases ☐ Patients ☒ Other (Total Rutherford County Discharges):
Rutherford County	27,760	1,772	82%
Other	---	389	18%
Total	27,760	2,160	100%

Source: Historical Utilization: 2020 Joint Annual Report of Hospitals

- 3N. A.** Describe the demographics of the population to be served by the proposal.

RESPONSE: According to the 2020 Census, Rutherford County was home to 341,486 residents in 2020, and growth is projected to be approximately 24 percent to over 422,000 residents by 2030 – making it one of the fastest growing counties in Tennessee. In fact, Murfreesboro is the eleventh fastest growing large city in the United States. This growth has only been amplified by relocations of families during the pandemic. Projected growth for the 65-plus age cohort in Rutherford County is even greater; approximately 38,000 elderly residents lived in the county in 2020, and growth is projected to be approximately 53 percent to over 58,000 residents over the age of 65 by 2030. The age 65 and older cohort has the highest admission rates to hospitals, and this level of growth suggests a significant increase in future demand for services. As

discussed above, nearly 20% of the Rutherford County population is under the age of 14. Despite this large population of young families, there are essentially no pediatric acute care services in Murfreesboro.

The large and growing population base is indicative of additional future inpatient need.

B. Provide the following data for each county in the service area:

- Using current and projected population data from the Department of Health. (www.tn.gov/health/health-program-areas/statistics/health-data/population.html);
- the most recent enrollee data from the Division of TennCare (<https://www.tn.gov/tenncare/information-statistics/enrollment-data.html>),
- and US Census Bureau demographic information (<https://www.census.gov/quickfacts/fact/table/US/PST045219>).

RESPONSE: Please see the chart below.

Demographic Variable/Geographic Area	Department of Health/Health Statistics								Bureau of the Census				TennCare	
	Total Population-Current Year 2021	Total Population-Projected Year 2025	Total Population-% Change	*Target Population-Current Year 2021	*Target Population-Projected Year 2025	*Target Population-% Change	Target Population Projected Year as % of Total	Median Age 2019	Median Household Income 2019	Person Below Poverty Level 2019	Person Below Poverty Level as % of Total	TennCare Enrollees - July 2021	TennCare Enrollees as % of Total (July 2021)	TennCare enrollees as % of 2021 Total Population
Rutherford	357,199	389,816	9%	357,199	389,816	9%	100%	34	\$69,397	35,767	10%	64,655		18%
Service Area Total	357,199	389,816	9%	357,199	389,816	9%	100%	34	\$69,397	35,767	10%	64,655		18%
State of TN Total	6,997,493	7,203,404	3%	6,997,493	7,203,404	3%	100%	39	\$56,071	922,176	13%	1,596,949		23%

* Target Population is population that project will primarily serve. For example, nursing home, home health agency, and hospice agency projects typically primarily serve the Age 65+ population. Projected Year is defined in select service-specific criteria and standards. If Projected Year is not defined, default should be four years from current year, e.g., if Current Year is 2022, then default Projected Year is 2026.

Be sure to identify the target population, e.g. Age 65+, the current year and projected year being used.

- 4N. Describe the special needs of the service area population, including health disparities, the accessibility to consumers, particularly those who are uninsured or underinsured, the elderly, women, racial and ethnic minorities, TennCare or Medicaid recipients, and low income groups. Document how the business plans of the facility will take into consideration the special needs of the service area population.

RESPONSE: Vanderbilt Rutherford Hospital will make acute medical care more accessible for service area residents who currently travel to Nashville to receive medical services from Vanderbilt and it will provide services to all irrespective of gender, race, ethnicity or income. Vanderbilt Rutherford Hospital intends to participate in MCOs that serve the region. The facility will provide services to all patients regardless of ability to pay, and this is evidenced by the \$23 million in charity care provided by Vanderbilt last year to patients from Rutherford County, an increase of 7% since FY19.

- 5N. Describe the existing and approved but unimplemented services of similar healthcare providers in the service area.

RESPONSE: There are several existing but unimplemented projects in the service area that speak to need for additional acute care services in Rutherford County:

- In August 2020, Saint Thomas Rutherford was approved to construct a bed-neutral 8 bed microhospital without surgical capabilities. This project involved a transfer of beds from Saint Thomas Rutherford's main hospital. The offered rationale for the project was Saint Thomas Rutherford's desire to treat its patients closer to where they live. As part of its utilization projections, Saint Thomas Rutherford projected that Rutherford County inpatient days would grow from 128,871 in 2018 to 144,389 in 2023 – or 2.3% per year. (See CN2004-007 pg. 411-414). As a bed-neutral project, Saint Thomas Rutherford's microhospital does not address this growth in utilization. Assuming Saint Thomas Rutherford's projected growth in inpatient utilization continues to 2026 (the first year of Vanderbilt Rutherford

Hospital's operation), there will be 25,711 additional patient days due to population growth alone – enough to fill more than 70 beds – which Saint Thomas Rutherford's microhospital does nothing to solve.

<u>Saint Thomas Rutherford's Projected Rutherford County Utilization Growth - CN2004-007</u>									
<u>Year</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2026</u>
Rutherford County Patient Days	119,695	122,578	125,460	128,343	131,225	134,108	136,991	139,873	145,406

- In June 2021, Saint Thomas Rutherford was approved to initiate Open Heart Surgery (CN2103-009). As part of its application, Saint Thomas Rutherford projected that by 2026 – Vanderbilt Rutherford Hospital's first year of operation – Saint Thomas Rutherford would perform 247 open heart surgeries (pg. 26) on patients who have otherwise been traveling to Nashville for care. At an average length of stay of 7.7 days (pg. 57), Saint Thomas Rutherford projects it will be adding an additional 1,902 patient days to its facility – patients who will require resource heavy intensive critical care as part of their recovery. Saint Thomas Rutherford also committed to converting two large existing operating rooms into a dedicated Open-Heart Surgery Suite, further reducing surgical capacity in the county for all other types of surgery. (p. 33R).
- Although not a CON-covered service, concurrent with these other projects, Saint Thomas Rutherford is also seeking Level II trauma certification– an effort to capture trauma patients who are currently being transported past Saint Thomas Rutherford for care at trauma centers in Nashville. Like open-heart surgery patients, trauma patients are resource intensive requiring substantial clinical support and lengthy hospital admissions for recovery. TriStar's Skyline Medical Center is the only other Level II Trauma Center in middle Tennessee (and is only one of two Level II Trauma Centers in Tennessee). Skyline opened its trauma center in 2016. In the last 5 years, Skyline has seen a 16 percent increase in trauma patient days while overall patient days increased 20 percent. With trauma certification, Saint Thomas Rutherford likely would experience a similar increase in its census of very sick, medically unstable patients requiring intensive care.

While Saint Thomas Rutherford is reportedly experiencing regular episodes of medical-surgical diversion, emergency department boarding, and overcrowding, it is implementing programs to serve hundreds if not thousands of additional sick, high acuity patients in its hospital. When completed, these projects will only exacerbate the ongoing capacity challenges that patients currently experience in obtaining hospital care in Murfreesboro.

- 5N. Include utilization and/or occupancy trends for each of the most recent three years of data available for this type of project. List each provider and its utilization and/or occupancy individually. Inpatient bed projects must include the following data: Admissions or discharges, patient days. Average length of stay, and occupancy. Other projects should use the most appropriate measures, e.g. cases, procedures, visits, admissions, etc. This does not apply to projects that are solely relocating a service.

RESPONSE: Please see the chart below. The reported “staffed occupancy” fails to consider the reality that hospitals routinely place observation patients and extended stay outpatient surgical patients in inpatient beds for care. For instance, Saint Thomas Rutherford reported in its 2020 Joint Annual Report that it placed 6,116 observation patients in inpatient beds for a total of 7,059 patient days, presumably because its 25-bed observation unit (that is not part of its inpatient bed complement) was full. In FY19, Saint Thomas Rutherford placed 6,684 observation patients in inpatient beds for a total of 8,159 patient days. In other words, in FY2019 and FY2020, Saint Thomas Rutherford had an additional 9.5% and 8% “inpatient” occupancy, respectively, from observation patients that is not reflected in the chart below. Although these patients are not categorized as “inpatient,” they take up inpatient capacity that is otherwise not available to treat patients.

It is also important to note that although Trustpoint Hospital is licensed by the Department of Health, the beds are used for mental disease and psychological disorders and are not applicable to this project.

Facility	Licensed Beds			Discharges				Patient Days				Length of Stay			Licensed Occupancy			
	2018	2019	2020	2018	2019	2020	% Change	2018	2019	2020	% Change	2018	2019	2020	2018	2019	2020	% Change
Saint Thomas Rutherford Hospital*	286	286	286	21,635	22,032	22,548	4%	83,085	85,849	89,317	8%	3.8	3.9	4.0	80%	82%	86%	8%
TriStar Stonecrest Medical Center	119	119	119	6,816	7,006	7,194	6%	21,146	22,518	23,514	11%	3.1	3.2	3.3	49%	52%	54%	11%
TrustPoint Hospital	101	217	217	3,028	4,059	4,708	55%	32,157	40,539	48,939	52%	10.6	10.0	10.4	87%	51%	62%	-29%

Facility	Staffed Beds			Discharges				Patient Days				Length of Stay			Staffed Occupancy			
	2018	2019	2019	2018	2019	2020	% Change	2018	2019	2020	% Change	2018	2019	2020	2018	2019	2020	% Change
Saint Thomas Rutherford Hospital*	286	286	286	21,635	22,032	22,548	4%	83,085	85,849	89,317	8%	3.8	3.9	4.0	80%	82%	86%	8%
TriStar Stonecrest Medical Center	109	109	115	6,816	7,006	7,194	6%	21,146	22,518	23,514	11%	3.1	3.2	3.3	53%	57%	56%	5%
TrustPoint Hospital	100	155	160	3,028	4,059	4,708	55%	32,157	40,539	48,939	52%	10.6	10.0	10.4	88%	72%	84%	-5%

Source: Joint Annual Report of Hospitals

- 6N.** Provide applicable utilization and/or occupancy statistics for your institution services for each of the past three years and the project annual utilization for each of the two 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.

RESPONSE: The proposed project is for a new Vanderbilt Rutherford Hospital that does not have utilization and occupancy statistics for the past three years. Vanderbilt Rutherford Hospital has the following utilization projections for the first two years of operation:

<u>Service Units</u>	<u>Year One 2026</u>	<u>Year Two 2027</u>
Inpatient Admissions	2,160	2,913
Inpatient Days	8,642	11,654
ED Visits	14,785	19,723
Diagnostic Cardiac Caths	569	584
Therapeutic Cardiac Caths	142	146
Total Cardiac Caths	711	730

These utilization projections are based on the following methodology:

ACUTE CARE UTILIZATION

The project's utilization projections for acute care admissions were determined as follows:

- In 2019¹, Rutherford County had a total of 26,993 discharges for all patients. Of those, 14,605 discharges would be considered appropriate discharges for treatment at a community hospital similar to the scope of services to be offered by Vanderbilt Rutherford Hospital. This represents 54 percent of all hospital discharges for residents of Rutherford County and was calculated by using community hospital appropriate MSDRGs developed by Vanderbilt which are included herewith as Attachment 6N.I. Although this is not an exhaustive list of the types of patients who will present to Vanderbilt Rutherford Hospital, these MSDRGs constitute a reasonable health planning assumption on which to base utilization projections. Vanderbilt Rutherford will not refuse care to any patient, and it will likely have some admissions coded with a MSDRG not included on the planning list.
- Next, the 2019 community-level use rate per 1,000 population for each Rutherford County zip code was applied to the projected population (sourced from Claritas) to determine projected community-level market discharges for each Rutherford County zip code in 2026 and 2027 – the first two years of Vanderbilt Rutherford Hospital operation. It was assumed that discharge rates and average length of stay would remain constant at actual 2019 levels.

¹ Given the impact on hospital utilization due to COVID-19, 2019 was used as the base year for utilization projections.

- Next, Rutherford County ZIP Code level market shares were projected for Vanderbilt Rutherford Hospital. These market share projections were based on several factors including:
 - Vanderbilt's existing market share for the Rutherford County zip codes;
 - The geographic proximity of the Vanderbilt Rutherford Hospital site to ZIP Codes in the service area; and
 - The growth of the service area population.

This analysis resulted in the following market shares:

VRH - Market Share			
	VUMC Historical	VRH Projected	
County/ZIP Code	2019	2026	2027
Rutherford	10.9%	By ZIP Below	
37037 Christiana	10.4%	12.0%	16.0%
37060 Eagleville	14.2%	9.8%	13.0%
37085 Lascassas	7.7%	9.8%	13.0%
37086 La Vergne*	15.3%	7.5%	10.0%
37118 Milton	14.3%	9.8%	13.0%
37127 Murfreesboro	9.8%	12.8%	17.0%
37128 Murfreesboro	12.3%	12.8%	17.0%
37129 Murfreesboro	10.4%	12.8%	17.0%
37130 Murfreesboro*	8.6%	12.8%	17.0%
37153 Rockvale	9.9%	9.8%	13.0%
37167 Smyrna	10.7%	7.5%	10.0%
Total	10.9%		
*Shifted volume from postal codes to associated ZIP Codes:			
37133, 37131 and 37132 to 37130			
37089 to 37086			

- It is important to note that these are market shares for community-level appropriate patients only, not market shares for the entire population.
- It is also assumed that a modest number of patients from outside Rutherford County would choose to seek care at VRH instead of VUMC's main campus – a total of 18 percent of the proposed census with no other single county making up more than 8 percent. Year 1 includes a ramp up period prior to reaching 76% occupancy in Year 2.
- These assumptions resulted in total utilization projections for Year 1 and Year 2 as follows:

	Year 1	Year 2
VRH Projected Discharges from Rutherford County Patients	1,772	2,389
Plus Discharges from Outside Rutherford County	389	524
Total Projected VRH Discharges	2,160	2,913
Occupancy	56.4%	76.0%

Projected Cardiac Catheterizations at VRH			
	Year One	Year Two	Year Three
Diagnostic	569	584	600
Therapeutic	142	146	150
Total	711	730	750

- Additionally, Vanderbilt Ruthenford Hospital projects that 80 percent of total catheterizations will be diagnostic, which is generally consistent with the experience of the Vanderbilt Ruthenford Hospital physicians. This projected shift results in the following projected cardiac catheterization utilization at the proposed hospital during the first three years of operation:
- To project cardiac catheterization utilization, Vanderbilt Ruthenford Hospital assumes that 75 percent of the Vanderbilt Heart Murfreesboro volume will shift to VRH. Vanderbilt Ruthenford Hospital also assumes that cardiac catheterization volumes of the Vanderbilt Heart Murfreesboro physicians will rebound to near pre-COVID levels and continue to increase at a rate of 2.5 percent per year based on population growth. This is a conservative assumption given Ruthenford County's continued explosive growth and aging population.
- In FY2020, some diagnostic catheterizations were deferred or canceled when elective procedures were stopped due to COVID-19. To a lesser degree, COVID restrictions also caused a reduction in diagnostic catheterization volumes in early 2021.

Vanderbilt Heart Murfreesboro Cath Volumes			
	FY2019	FY2020	FY2021
Diagnostic Caths	694	591	668
Therapeutic Caths	141	135	107
Total Caths	835	726	775

- Vanderbilt currently offers several local cardiology clinical services in Ruthenford County community, including the Vanderbilt Heart Murfreesboro which provides both general and interventional cardiology services, diagnostic and therapeutic cardiac catheterizations and electrophysiology. The Vanderbilt Heart Murfreesboro cardiology catheterization volumes for the past 3 years are:

CARDIAC CATHETERIZATION UTILIZATION

- In 2019, Vanderbilt experienced an average daily census ("ADC") of 63 patients from Ruthenford County. Many patients who are currently choosing to leave the service area and drive to Vanderbilt are doing so for community-level medical services that can be provided at the proposed Vanderbilt Ruthenford Hospital. From the total utilization projected above, it is assumed that 75 percent of the community-level service area Vanderbilt patients from Ruthenford County would self-select and utilize the more proximate Vanderbilt Ruthenford Hospital location. With this patient shift in mind Vanderbilt projects that by year two, 1,793, or approximately 62 percent, of Vanderbilt Ruthenford Hospital's projected 2,913 admissions would be attributable to Vanderbilt patients who would use Vanderbilt Ruthenford Hospital rather than Vanderbilt's main campus.

7N.

<u>CON Number</u>	<u>Project Name</u>	<u>Date Approved</u>	<u>Expiration Date</u>

- Complete the above chart by entering information for each applicable outstanding CON by applicant or share common ownership; and
- Describe the current progress and status of each applicable outstanding CON and how the project relates to them.

RESPONSE: Vanderbilt does not have any outstanding CONs.

CONSUMER ADVANTAGE ATTRIBUTED TO COMPETITION

The responses to this section of the application helps determine whether the effects attributed to competition or duplication would be positive for consumers within the service area.

- 1C.** List all transfer agreements relevant to the proposed project.

RESPONSE: Vanderbilt Rutherford Hospital will have in place all necessary transfer agreements should a patient need a higher level of care.

- 2C.** List all commercial private insurance plans contracted or plan to be contracted by the applicant.

RESPONSE: Like the other Vanderbilt regional hospitals, Vanderbilt Rutherford Hospital will plan to be in network with the list of payors, included in attachment 2C.

- 3C.** Describe the effects of competition and/or duplication of the proposal on the health care system, including the impact upon consumer charges and consumer choice of services.

RESPONSE: Vanderbilt believes the addition of a new CON criteria, “Consumer Advantage,” weighs heavily in favor of approval of this project.

Vanderbilt’s main campus continues to operate at unacceptably high levels of utilization, operating at or near capacity on a daily basis, which has been exacerbated by the multiple waves of COVID-19 infections. At the same time, in FY21, Vanderbilt treated more patients from Rutherford County than ever. Many patients who are currently choosing to leave the service area and drive to Vanderbilt are doing so for community-level medical services that can be provided at the proposed Vanderbilt Rutherford Hospital.

Currently, there is no competition in the Murfreesboro community for inpatient care. Tristar Stonecrest Medical Center, while located in Smyrna on the northern periphery of Rutherford County, is servicing a discrete segment of the residents in the greater Smyrna area. Murfreesboro – a city of 153,000 people according to the 2020 census – has only one provider of acute care and emergency room services in the entire city. Although it currently maintains a monopoly in the market, Saint Thomas Rutherford is routinely full and patients who seek care at Saint Thomas Rutherford must wait hours in waiting rooms and hallways before being admitted to the hospital for care. Not only will Vanderbilt Rutherford Hospital provide additional inpatient capacity to the community, it will provide a second treatment option for Murfreesboro residents that does not current exist today. As noted above, the benefits of such competition are powerfully demonstrated by Saint Thomas Rutherford’s expansion announcement, a mere hours after learning of the Vanderbilt Rutherford Hospital application filing.

Moreover, using telemedicine, Vanderbilt plans to make available many of its advanced subspecialties to the Vanderbilt Rutherford Hospital, including neurology, infectious disease, and psychiatry. In addition, this region has a dearth of high-quality pediatric care in the region. In 2019, there were over 1,800 pediatric patients from Rutherford County who traveled to Nashville hospitals for inpatient medical services. Vanderbilt Rutherford Hospital will enjoy collaboration with Monroe Carell Jr. Children's Hospital at Vanderbilt with its pediatric experience allowing the Vanderbilt Rutherford Hospital to fill a void for pediatric care that currently exists in the market.

As evidenced by the affidavits (as highlighted throughout this application and included in Attachment 2.E), patients and community leaders have expressed their strong support for this project. The announcement about Vanderbilt Rutherford Hospital continues to be well received by patients and consumers in Rutherford County.

- 4C. Discuss the availability of and accessibility to human resources required by the proposal, including clinical leadership and adequate professional staff, as per the State of Tennessee licensing requirements, CMS, and/or accrediting agencies requirements, such as the Joint Commission and Commission on Accreditation of Rehabilitation Facilities.

RESPONSE:

Vanderbilt has a long-standing commitment to the education and training of future generations of nurses. Vanderbilt University School of Nursing is a nationally recognized graduate program offering Master of Science in Nursing, Doctor of Nursing Practice, and Ph.D. in Nursing Science degrees, as well as post-graduate certificates in specific practice specialties. Its MSN program features 14 specialties that prepare students for careers as nurse practitioners, nurse-midwives, nurse leaders and nurse informaticists. Vanderbilt University School of Nursing enjoys a close relationship with Vanderbilt and creates a pipeline for well-trained nurses to enter the healthcare workforce.

Vanderbilt anticipates that the Vanderbilt Rutherford Hospital will require 372 FTEs for its initial operation. Vanderbilt employees approximately 1600 clinical and nonclinical staff who currently travel from Rutherford County to Davidson County to work at Vanderbilt. Vanderbilt plans to offer its existing staff the opportunity to relocate to the Vanderbilt Rutherford Hospital, which will be an attractive option for those nurses and administrative staff who would prefer to avoid the lengthy commute from Murfreesboro into Nashville. When the Monroe Carell Jr. Children's Hospital Murfreesboro facility opened in December 2019, 96% percent of the "new" employees at that facility were existing Vanderbilt personnel who chose to transfer within Vanderbilt to this new location closer to their home. Vanderbilt expects that Vanderbilt Rutherford Hospital would be similarly staffed with redistribution of existing Vanderbilt nurses and employees with minimal staffing impact to any existing provider.

- 5C. Document the category of license/certification that is applicable to the project and why. These include, without limitation, regulations concerning clinical leadership, physician supervision, quality assurance policies and programs, utilization review policies and programs, record keeping, clinical staffing requirements, and staff education.

RESPONSE: Vanderbilt Rutherford Hospital will rely on the experience and expertise of Vanderbilt University Medical Center in developing and implementing credentialing, quality assurance, and staff education.

Credentialing

The Provider Support Services department at Vanderbilt will credential all providers who will admit patients to Vanderbilt Rutherford Hospital or who will attend to patients at Vanderbilt Rutherford Hospital. Documents will be verified from the primary source and include medical or professional licenses, DEA status (if applicable), malpractice insurance and claims history, appropriate schooling, board certification and faculty status. Once all documents have been verified, they will be presented to the Credentials Committee for review and recommendation to the Vanderbilt Rutherford Hospital Medical

Executive Committee. The Vanderbilt Rutherford Hospital Medical Executive Committee will then recommend approval to the Vanderbilt Rutherford Hospital governing board which will make the final decision.

Quality Assurance

Vanderbilt Rutherford Hospital will operate under Vanderbilt University Medical Center's Strategic Quality Plan that reflects the mission to achieve the best outcomes by providing the highest quality and safest care for every patient, every time through the committed efforts of every Vanderbilt Rutherford Hospital team member. We will pursue delivery of care that is safe, patient centered, effective, efficient, timely and equitable.

Staff Education

Vanderbilt Rutherford Hospital will devote a variety of resources to the development of staff at all levels of the organization. Vanderbilt Rutherford Hospital will rely on VUMC's Learning Center to provide comprehensive orientation and role specific training to help new staff become successful in their jobs.

6C. See INSTRUCTIONS to assist in completing the following tables.

RESPONSE: Not applicable

HISTORICAL DATA CHART

- ☐ Project Only
☐ Total Facility

Give information for the last *three (3)* years for which complete data are available for the facility or agency.

	Year_____	Year_____	Year_____
A. Utilization Data			
Specify Unit of Measure _____	_____	_____	_____
B. Revenue from Services to Patients			
1. Inpatient Services	\$ _____	\$ _____	\$ _____
2. Outpatient Services	_____	_____	_____
3. Emergency Services	_____	_____	_____
4. Other Operating Revenue (Specify) _____	_____	_____	_____
Gross Operating Revenue	\$ _____	\$ _____	\$ _____
C. Deductions from Gross Operating Revenue			
1. Contractual Adjustments	\$ _____	\$ _____	\$ _____
2. Provision for Charity Care	_____	_____	_____
3. Provisions for Bad Debt	_____	_____	_____
Total Deductions	\$ _____	\$ _____	\$ _____
NET OPERATING REVENUE	\$ _____	\$ _____	\$ _____

☒ Project Only
☐ Total Facility

PROJECTED DATA CHART

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

	Year	FY2026	FY2027
A. Utilization Data			
Specify Unit of Measure: Adjusted Discharges		5,970	7,836
B. Revenue from Services to Patients			
1. Inpatient Services	\$	124,115,357	\$ 174,069,398
2. Outpatient Services		124,201,861	162,773,262
3. Emergency Services		94,662,874	131,330,219
4. Other Operating Revenue (Specify): N/A		-	-
Gross Operating Revenue	\$	342,980,092	\$ 468,172,879
C. Deductions from Gross Operating Revenue			
1. Contractual Adjustments	\$	269,810,611	\$ 369,642,017
2. Provision for Charity Care	\$	17,424,251	\$ 23,784,359
3. Provisions for Bad Debt	\$	6,011,942	\$ 8,206,390
Total Deductions	\$	293,246,804	\$ 401,632,765
NET OPERATING REVENUE	\$	49,733,288	\$ 66,540,114

- 7C. Please identify the project's average gross charge, average deduction from operating revenue, and average net charge using information from the Historical and Projected Data Charts of the proposed project.

Project Only Chart

	Previous Year to Most Recent Year Year ____	Most Recent Year Year ____	Year One YearFY26	Year Two YearFY27	% Change (Current Year to Year 2)
Gross Charge (<i>Gross Operating Revenue/Utilization Data</i>)	n/a	n/a	\$57,448	\$59,746	n/a
Deduction from Revenue (<i>Total Deductions/Utilization Data</i>)	n/a	n/a	\$49,118	\$51,254	n/a
Average Net Charge (<i>Net Operating Revenue/Utilization Data</i>)	n/a	n/a	\$8,330	\$8,492	n/a

- 8C. Provide the proposed charges for the project and discuss any adjustment to current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the project and the impact on existing patient charges.

RESPONSE: Vanderbilt Rutherford Hospital will adopt the same charge structure as the Vanderbilt community hospitals and no adjustment in charges are anticipated as a result of the project. For this project, the charges are based on Vanderbilt's existing regional hospitals.

- 9C.** Compare the proposed project charges to those of similar facilities/services in the service area/adjoining services areas, or to proposed charges of recently approved Certificates of Need.

If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).

RESPONSE: The chart provided below includes CPT charges for several services that will be provided at Vanderbilt Rutherford Hospital. These data are from the hospital price transparency information posted on the websites of the respective hospitals, except in the case of Vanderbilt Rutherford Hospital the information is based on Vanderbilt Wilson County Hospital, which recently implemented a new community charge structure that will be similar to what is planned for Vanderbilt Rutherford Hospital.

Average CPT Charges		Saint Thomas Rutherford	Stonecrest Medical Center	Vanderbilt Rutherford Hospital
99281	EMERGENCY DEPARTMENT VISIT LIMITED/MINOR PROB	\$ 60 - \$ 1,162	\$575.72	\$356.00
99282	EMERGENCY DEPARTMENT VISIT LOW/MODER SEVERITY	\$ 70 - \$ 1,602	\$867.53	\$649.00
99283	EMERGENCY DEPARTMENT VISIT MODERATE SEVERITY	\$ 87.77 - \$1,909	\$1,545.76	\$1,266.00
99284	EMERGENCY DEPARTMENT VISIT HIGH/URGENT SEVERITY	\$ 135.64 - \$3,343	\$2,645.94	\$2,038.00
99285	EMERGENCY DEPT VISIT HIGH SEVERITY&THREAT FUNCJ	\$ 255.30 - \$3,665	\$3,209.81	\$2,993.00
93451	RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	\$ 4,945 - \$ 10,499	\$ 3,850 - \$ 14,118	\$9,332
93452	L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I	\$ 4,945 - \$ 10,499	\$ 3,850 - \$ 14,118	\$11,962
59409	VAGINAL DELIVERY ONLY	\$ 1,104.19 - \$ 4,945	\$5,468	\$1,910.00
59514	CESAREAN DELIVERY ONLY	\$ 1,260.55 - \$ 4,371		\$2,088.00

- 10C.** 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. Report the estimated gross operating revenue dollar amount and percentage of project gross operating revenue anticipated by payer classification for the first year of the project by completing the table below.

**Applicant's Projected Payor Mix
Project Only Chart**

Payor Source	Year 1 Projected Gross Operating Revenue	As a % of total	Year 2 Projected Gross Operating Revenue	As a % of total
Medicare/Medicare Managed Care	\$ 118,180,248	34%	\$ 161,317,779	34%
TennCare/Medicaid	\$ 93,331,933	27%	\$ 127,399,464	27%
Commercial/Other Managed Care	\$ 72,192,454	21%	\$ 98,543,764	21%
Self-Pay	\$ 39,544,627	12%	\$ 53,978,999	12%
Other (Worker's Compensation, Other Governmental, Third-Party Liability)	\$ 19,730,830	6%	\$ 26,932,874	6%
Total*	\$ 342,980,092	100%	\$ 468,172,879	100%
Charity Care	17,424,251		23,784,359	

*Needs to match Gross Operating Revenue Year One on Projected Data Chart

QUALITY STANDARDS

- 1Q.** Per PC 1043, Acts of 2016, any receiving a CON after July 1, 2016, must report annually using forms prescribed by the Agency concerning appropriate quality measures. Please attest that the applicant will submit an annual Quality Measure report when due.

RESPONSE: Vanderbilt Rutherford Hospital attests that it will submit an annual Quality Measure report when due.

- 2Q.** The proposal shall provide health care that meets appropriate quality standards. Please address each of the following questions.

- Does the applicant commit to maintaining the staffing comparable to the staffing chart presented in its CON application?
- Does the applicant commit to obtaining and maintaining all applicable state licenses in good standing?
- Does the applicant commit to obtaining and maintaining TennCare and Medicare certification(s), if participation in such programs are indicated in the application?

RESPONSE: Vanderbilt Rutherford Hospital attests that it will maintain staffing comparable to the staffing chart presented in its CON application, obtain and maintain all applicable state licenses in good standing and obtain and maintain TennCare and Medicare certifications as indicated.

- 3Q.** Please complete the chart below on accreditation, certification, and licensure plans.
Note: if the applicant does not plan to participate in these type of assessments, explain why since quality healthcare must be demonstrated.

Credential	Agency	Status (Active or Will Apply)	Provider Number or Certification Type
Licensure	○ Health ○ Intellectual & Developmental Disabilities ○ Mental Health & Substance Abuse Services	Will apply	Will apply
Certification	○ Medicare ○ TennCare/Medicaid ○ Other: _____	Will apply	Will apply
Accreditation(s)			

- 4Q.** If checked "TennCare/Medicaid" box, please list all Managed Care Organization's currently or will be contracted.

RESPONSE: Vanderbilt Rutherford Hospital intends to contract with all TennCare MCOs consistent with its operation of other regional hospitals.

- 5Q.** Do you attest that you will submit a Quality Measure Report annually to verify the license, certification, and/or accreditation status of the applicant, if approved?

☒ Yes ☐ No

- 6Q.** For an existing healthcare institution applying for a CON:

- Has it maintained substantial compliance with applicable federal and state regulation for the three years prior to the CON application. In the event of non-compliance, the nature of non-compliance and corrective action should be discussed to include any of the following: suspension of admissions, civil monetary penalties, notice of 23-day or 90-day termination proceedings from Medicare/Medicaid/TennCare, revocation/denial of accreditation, or other similar actions and what measures the applicant has or will put into place to avoid similar findings in the future.

- Has the entity been decertified within the prior three years? If yes, please explain in detail. (This provision shall not apply if a new, unrelated owner applies for a CON related to a previously decertified facility.)

RESPONSE: Not applicable.

- 7Q.** Respond to all of the following and for such occurrences, identify, explain, and provide documentation if occurred in last five (5) years.

Has any of the following:

- Any person(s) or entity with more than 5% ownership (direct or indirect) in the applicant (to include any entity in the chain of ownership for applicant);
- Any entity in which any person(s) or entity with more than 5% ownership (direct or indirect) in the applicant (to include any entity in the chain of ownership for applicant) has an ownership interest of more than 5%; and/or

Been subject to any of the following:

- Final Order or Judgement in a state licensure action;
- Criminal fines in cases involving a Federal or State health care offense;
- Civil monetary penalties in cases involving a Federal or State health care offense;
- Administrative monetary penalties in cases involving a Federal or State health care offense;
- Agreement to pay civil or administrative monetary penalties to the federal government or any state in cases involving claims related to the provision of health care items and services;
- Suspension or termination of participation in Medicare or TennCare/Medicaid programs; and/or
- Is presently subject of/to an investigation, or party in any regulatory or criminal action of which you are aware.

RESPONSE: No.

- 8Q.** Provide the project staffing for the project in Year 1 and compare to the current staffing for the most recent 12-month period, as appropriate. This can be reported using full-time equivalent (FTEs) positions for these positions.

Position Classification	Existing FTEs	Projected FTEs
A. Direct Patient Care Positions		
<i>RNs</i>	N/A	113.9
<i>LPNs</i>	N/A	10.9
<i>Techs</i>	N/A	85.3
<i>Other</i>	N/A	74.7
Total Direct Patient Care Positions	N/A	284.8
B. Non-Patient Care Positions		
<i>Management</i>	N/A	6.0
<i>Clerical</i>	N/A	74.1
<i>Facilities and Maintenance</i>	N/A	7.0
Total Non-Patient Care Positions	N/A	87.1
Total Employees (A+B)	N/A	371.9
C. Contractual Staff	N/A	
Total Staff (A+B+C)	N/A	371.9

DEVELOPMENT SCHEDULE

TCA §68-11-1609(c) provides that activity authorized by a Certificate of Need is valid for a period not to exceed three (3) years (for hospital and nursing home projects) or two (2) years (for all other projects) from the date of its issuance and after such time authorization expires; provided, that the Agency may, in granting the Certificate of Need, allow longer periods of validity for Certificate of Need for good cause shown. Subsequent to granting the Certificate of Need, the Agency may extend a Certificate of Need for a period upon application and good cause shown, accompanied by a non-refundable reasonable filing fee, as prescribed by rule. A certificate of Need authorization which has been extended shall expire at the end of the extended time period. The decision whether to grant an extension is within the sole discretion of the Agency, and is not subject to review, reconsideration, or appeal.

- Complete the Project Completion Forecast Chart below. If the project will be completed in multiple phases, please identify the anticipated completion date for each phase.
- If the CON is granted and the project cannot be completed within the standard completion time period (3 years for hospital and nursing home projects and 2 years for all others), please document why an extended period should be approved and document the “good cause” for such an extension.

PROJECT COMPLETION FORECAST CHART

Assuming the Certificate of Need (CON) approval becomes the final HSDA action on the date listed in Item 1 below, indicate the number of days from the HSDA decision date to each phase of the completion forecast.

Phase	Days Required	Anticipated Date (Month/Year)
1. Initial HSDA Decision Date		12/2021
2. Building Construction Commenced	560	7/1/2023
3. Construction 100% Complete (Approval for Occupancy)	700	6/2025
4. Issuance of License	30	7/2025
5. Issuance of Service	30	7/2025
6. Final Project Report Form Submitted (Form HR0055)	90	9/2025

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

63
AFFIDAVIT

STATE OF Tennessee

COUNTY OF Davidson

Glenna Felts, being first duly sworn, says that he/she is the applicant named in this application or his/her/its lawful agent, that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Rules of the Health Services and Development Agency, and TCA §68-11-1601, *et seq.*, and that the responses to this application or any other questions deemed appropriate by the Health Services and Development Agency are true and complete.

Glenna Felts, Vice President
SIGNATURE/TITLE

Sworn to and subscribed before me this 30th day of September, 2021 a Notary
(Month) (Year)

Public in and for the County/State of Davidson, TN.

Jing Hygrell
NOTARY PUBLIC

My commission expires May 9, 2023
(Month/Day) (Year)



Vanderbilt University Medical Center d/b/a Vanderbilt Rutherford Hospital
CON Application Attachments
(in order of appearance)

Attachment 3A. Proof of Publication

Attachment 7A. Corporate Charter/Certificate of Existence/Active Status/Org Chart

Attachment 9A. Deed

Attachment 10A. Floor Plan

Attachment 11A. Public Transportation Route Map

Attachment 12A. Plot Plan

Attachment 2E. Witness Affidavits

Attachment 4E. Moveable Equipment

Attachment 1Na. Acute Care Bed Need Criteria and Standards

Attachment 1Na.9. Resource Commitment Letter

Attachment 1Nb. Cardiac Catherization Criteria and Standards

Attachment 2N. Service Area Map

Attachment 6N.I List of Community Hospital MSDRGs

Attachment 2C. In-Network Payors

Attachment 3A.

Proof of Publication

Classifieds

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YOU
SELL!



Public Notices

Public Notices

0004906826

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. § 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that: Vanderbilt University Medical Center, d/b/a Vanderbilt Rutherford Hospital, owned by Vanderbilt University Medical Center, a nonprofit corporation, and to be managed by itself, intends to file an application for a Certificate of Need to establish a 42-bed full service, acute care hospital, to be located at an unaddressed site on Veterans Parkway in the south-eastern quadrant of the intersection of Veterans Parkway and S.R. 840 in Murfreesboro, Rutherford County, TN. The bed complement of the facility will include 8 observation beds in addition to 42 licensed acute care beds. The project also seeks to initiate diagnostic and therapeutic cardiac catheterization services. The project does not include any other services for which a certificate of need is required. The proposed hospital has a projected cost of \$144,276,600.

The anticipated date of filing the application is: October 1, 2021. The contact person for this project is Ginna Felts, Vice President, Business Development who may be reached at: Vanderbilt University Medical Center 3819 West End Avenue, Suite 920 Nashville TN 37203 615 / 936-6005 ginna.felts@vumc.org. 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, 9th floor
582 Deaderick Street
Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice 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.

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AFFIDAVIT OF PUBLICATION⁶⁷

0004906826

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State of Tennessee

Account Number NAS-0000003913

Advertiser VUMC

VUMC
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37122

**TEAR SHEET
ATTACHED**

Jackie Cooper Sales Assistant for the above mentioned newspaper,
hereby certify that the attached advertisement appeared in said newspaper on the following dates:

09/15/21

Jackie Cooper

Subscribed and sworn to before me this 17th day of September 2021

Donna Walker

Notary Public



Affidavits Requested:

Attachment 7A.

Corporate Charter

Certificate of Existence

Active Status

Organizational Chart



STATE OF TENNESSEE
Tre Hargett, Secretary of State
 Division of Business Services
 William R. Snodgrass Tower
 312 Rosa L. Parks AVE, 6th FL
 Nashville, TN 37243-1102

ROBIN LUNDQUIST
 VUMC OFFICE OF LEGAL AFFAIRS
 STE 700
 2525 WEST END AVE
 NASHVILLE, TN 37203-1790

Request Type: Certified Copies

Request #: 216472

Issuance Date: 10/07/2016

Copies Requested: 1

Document Receipt

Receipt #: 002920890

Filing Fee: \$20.00

Payment-Check/MO - ERIC J LUNDQUIST, HENDERSONVILLE, TN

\$20.00

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that **Vanderbilt University Medical Center**, Control # 792687 was formed or qualified to do business in the State of Tennessee on 03/18/2015. Vanderbilt University Medical Center has a home jurisdiction of TENNESSEE and is currently in an Active status. The attached documents are true and correct copies and were filed in this office on the date(s) indicated below.

Tre Hargett
 Secretary of State

Processed By: Nichole Hambrick

The attached document(s) was/were filed in this office on the date(s) indicated below:

<u>Reference #</u>	<u>Date Filed</u>	<u>Filing Description</u>
B0072-0037	03/18/2015	Initial Filing
B0244-2645	05/25/2016	Assumed Name
B0244-2646	05/25/2016	Assumed Name
B0244-2647	05/25/2016	Assumed Name
B0244-2648	05/25/2016	Assumed Name
B0244-2649	05/25/2016	Assumed Name

CHARTER
OF
VANDERBILT UNIVERSITY MEDICAL CENTER

Pursuant to the provisions of Section 48-52-102 of the Tennessee Nonprofit Corporation Act (Tennessee Code Annotated §§ 48-51-101 et seq.), as amended from time to time (the “**Tennessee Nonprofit Corporation Act**”), the undersigned corporation, acting through its incorporator, hereby adopts the following Charter:

ARTICLE I

The name of the corporation is Vanderbilt University Medical Center (the “**Corporation**”).

ARTICLE II

The Corporation (i) is a public benefit corporation; (ii) shall not be for profit; (iii) shall not have members; and (iv) is not a religious corporation. It is intended that the Corporation shall have the status of a nonprofit corporation that is exempt from federal income taxation under Section 501(a) of the Internal Revenue Code of 1986, as amended and to include any corresponding provisions of any subsequent federal tax laws (hereinafter, the “**Code**”), as an organization described and operated within the meaning of Section 501(c)(3) of the Code (or in each case, corresponding provisions of any subsequent federal tax laws).

ARTICLE III

(a) The street address and zip code of the Corporation’s initial registered office are 800 South Gay Street, Suite 2021, Knoxville, Tennessee, 37929-9710, and the county in which the initial registered office is located is Knox County. The name of the Corporation’s

initial registered agent at the Corporation's initial registered office is National Registered Agents, Inc.

(b) The street address and zip code of the Corporation's initial principal office are 1161 21st Avenue South, Suite D3300 MCN, Nashville, Tennessee, 37232-5545, and the county in which the initial principal office is located is Davidson County.

ARTICLE IV

The name, address and zip code of the incorporator of the Corporation are:

NAME

Audrey J. Anderson

ADDRESS

305 Kirkland Hall
Vanderbilt University
Nashville, TN 37240-0001

ARTICLE V

The Corporation's fiscal year shall conclude on June 30 every year.

ARTICLE VI

(a) The purposes for which the Corporation is organized are to operate exclusively for charitable, educational and scientific purposes, within the meaning of Section 501(c)(3) of the Code; and within such limits, and inclusive of such other consistent purposes, as may be set forth in the Bylaws of the Corporation, to: (1) operate, maintain or control one or more academic medical and health science centers, including (but not limited to) related health care, research, and other facilities (which also may be used for biomedical research, administration, and training and education of health care and life sciences professionals), all as may currently exist or as may be established in the future, as part of an integrated, world-class health system affiliated with Vanderbilt University, a Tennessee nonprofit corporation

("Vanderbilt University"); (2) preserve, promote, and enhance the availability of health care services and scientific advances in public health, in the communities served by the Corporation, by Vanderbilt University, and their respective affiliates and networks; (3) otherwise advance purposes consistent with the general purposes herein and the mission as set forth in the Bylaws; and (4) otherwise fulfill and satisfy the Corporation's obligations as a party to one or more agreements to be entered into by and among the Corporation, on the one hand, and Vanderbilt University on the other hand, to ensure that the Corporation and Vanderbilt may efficiently and effectively pursue shared interests in health-related research and training.

(b) Subject to the limitations contained in this Charter and the Bylaws and without partisanship of any kind, the Corporation shall be empowered to take all appropriate action in furtherance of the purposes set forth in paragraph (a) of this Article VI and to carry out any activities and exercise all powers available to corporations organized pursuant to the Tennessee Nonprofit Corporation Act that may be carried out by organizations that are described in Section 501(c)(3) of the Code.

(c) The Corporation shall not have or exercise any power or authority either expressly or by interpretation or by operation of law, nor shall it directly or indirectly engage in any activity, (i) that would prevent it from qualifying (and continuing to qualify) as an organization described in Section 501(c)(3) of the Code; (ii) that would prevent it from qualifying (and continuing to qualify) as an organization contributions to which are deductible under Sections 170(c)(2), 2055(a) and 2522(a), as applicable, of the Code; or (iii) that is not available to and may not be carried out by a corporation organized pursuant to the Tennessee Nonprofit Corporation Act.

ARTICLE VII

(a) All powers of the Corporation shall be exercised by or under the authority of, and the affairs of the Corporation shall be managed by or under the direction of, its Board of Directors. The Board of Directors of the Corporation shall exercise all such powers subject to, and in accordance with, the Bylaws of the Corporation. The manner of appointment or election of the members of the Board of Directors shall be set forth in the Bylaws.

(b) Except as otherwise provided in this Charter, the internal affairs of the Corporation shall be governed by, and regulated and determined as provided in, the Corporation's Bylaws.

ARTICLE VIII

In all events and under all circumstances, and notwithstanding merger, consolidation, reorganization, termination, dissolution, or winding up of the Corporation, voluntary or involuntary, or by the operation of law, or upon amendment of this Charter:

(a) No part of the assets or net earnings of the Corporation shall inure to the benefit of or be distributable to its incorporator, directors, officers or other private persons having a personal or private interest in the Corporation, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services actually rendered and to make reimbursement in reasonable amounts for expenses actually incurred in carrying out the purposes set forth in Article VI hereof.

(b) No substantial part of the activities of the Corporation shall consist of the carrying on of propaganda, or of otherwise attempting to influence legislation, unless Section 501(h) of the Code shall apply to the Corporation, in which case the Corporation shall not normally make lobbying or grass roots expenditures in excess of the amounts therein specified.

The Corporation shall not in any manner or to any extent participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office; nor shall it engage in any "prohibited transaction" as defined in Section 503(b) of the Code.

(c) Neither the whole, or any part or portion, of the assets or net earnings of the Corporation shall be used, nor shall the Corporation ever be operated, for objects or purposes other than those set forth in Article VI hereof.

(d) Upon dissolution of the Corporation, all of the Corporation's assets and property of every nature and description remaining after the payment of all liabilities and obligations of the Corporation (but not including assets held by the Corporation upon condition requiring return, transfer, or conveyance, which condition occurs by reason of the dissolution) shall be paid over and transferred to Vanderbilt University, or to one or more organizations as approved in writing by Vanderbilt University, provided that Vanderbilt University or such other approved organization(s) are then qualified for exemption from federal income taxes as organizations described in Section 501(c)(3) of the Code.

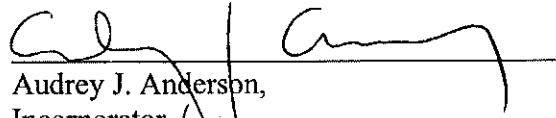
ARTICLE IX

The Corporation's Charter may be amended, restated or altered, in whole or in part, by the affirmative vote of at least seventy-five percent (75%) of all of the members of the Corporation's Board of Directors then in office at a duly called meeting at which a quorum is present; provided that (a) at least seven (7) calendar days' notice in writing setting forth a proposed amendment, restatement or alteration of the Corporation's Charter, or a reasonably detailed summary thereof, has first been provided to the Corporation's Board of Directors, and (b) the approval of Vanderbilt University shall be required for any amendment that adversely

impacts the rights of Vanderbilt University or the VU Directors, as that term is defined in the Corporation's Bylaws.

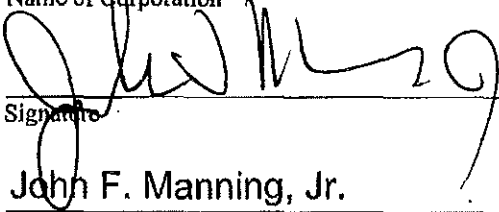
[Signature page follows]

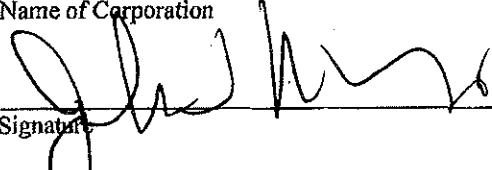
IN WITNESS WHEREOF, I have hereunto set my hand and seal this 18 day of
March, 2015.

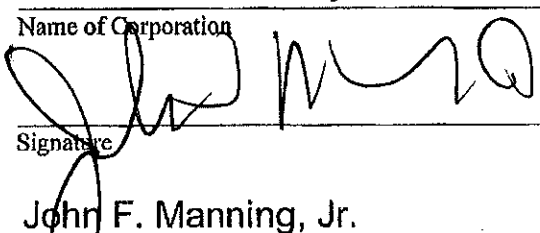

Audrey J. Anderson,
Incorporator

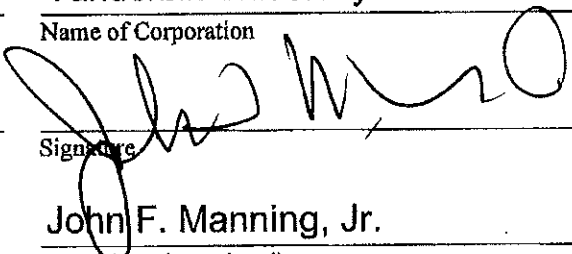
[Signature Page to Charter]

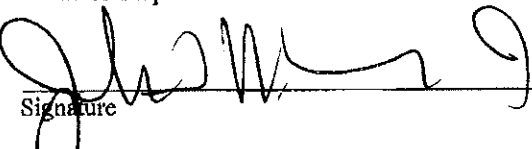
B0072-0043 03/18/2015 3:00 PM Received by-Tennessee Secretary of State Tre Hargett

 State of Tennessee Department of State Corporate Filings 312 Rosa L. Parks Ave. 6th Floor, William R. Snodgrass Tower Nashville, TN 37243 APPLICATION FOR REGISTRATION OF ASSUMED CORPORATE NAME	For Office Use Only
Pursuant to the provisions of Section 48-14-101(d) of the Tennessee Business Corporation Act or Section 48-54-101(d) of the Tennessee Nonprofit Corporation Act, the undersigned corporation hereby submits this application:	
1. The true name of the corporation is <u>Vanderbilt University Medical Center</u>	
2. The state or country of incorporation is <u>Tennessee</u>	
3. The corporation intends to transact business in Tennessee under an assumed corporate name.	
4. The assumed corporate name the corporation proposes to use is <u>Vanderbilt Outpatient Pharmacy</u>	
[NOTE: The assumed corporate name must meet the requirements of Section 48-14-101 of the Tennessee Business Corporation Act or Section 48-54-101 of the Tennessee Nonprofit Corporation Act.]	
<u>5-11-16</u> Signature Date Chief Operating Officer and Corporate Chief of Staff Signer's Capacity	<u>Vanderbilt University Medical Center</u> Name of Corporation  <u>John F. Manning, Jr.</u> Name (typed or printed)
SS-4402 (Rev. 4/01) Filing Fee: \$20 RDA1720	

 State of Tennessee Department of State Corporate Filings 312 Rosa L. Parks Ave. 6th Floor, William R. Snodgrass Tower Nashville, TN 37243 APPLICATION FOR REGISTRATION OF ASSUMED CORPORATE NAME	For Office Use Only
Pursuant to the provisions of Section 48-14-101(d) of the Tennessee Business Corporation Act or Section 48-54-101(d) of the Tennessee Nonprofit Corporation Act, the undersigned corporation hereby submits this application:	
1. The true name of the corporation is <u>Vanderbilt University Medical Center</u>	
2. The state or country of incorporation is <u>Tennessee</u>	
3. The corporation intends to transact business in Tennessee under an assumed corporate name.	
4. The assumed corporate name the corporation proposes to use is <u>Vanderbilt Clinic Pharmacy</u>	
[NOTE: The assumed corporate name must meet the requirements of Section 48-14-101 of the Tennessee Business Corporation Act or Section 48-54-101 of the Tennessee Nonprofit Corporation Act.]	
<u>5-11-16</u> Signature Date Chief Operating Officer and Corporate Chief of Staff Signer's Capacity	<u>Vanderbilt University Medical Center</u> Name of Corporation  Signature <u>John F. Manning, Jr.</u> Name (typed or printed)
SS-4402 (Rev. 4/01) Filing Fee: \$20 RDA1720	

 State of Tennessee Department of State Corporate Filings 312 Rosa L. Parks Ave. 6th Floor, William R. Snodgrass Tower Nashville, TN 37243 APPLICATION FOR REGISTRATION OF ASSUMED CORPORATE NAME	For Office Use Only
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1. The true name of the corporation is <u>Vanderbilt University Medical Center</u>	
2. The state or country of incorporation is <u>Tennessee</u>	
3. The corporation intends to transact business in Tennessee under an assumed corporate name.	
4. The assumed corporate name the corporation proposes to use is <u>Vanderbilt Adult Hospital Pharmacy</u>	
[NOTE: The assumed corporate name must meet the requirements of Section 48-14-101 of the Tennessee Business Corporation Act or Section 48-54-101 of the Tennessee Nonprofit Corporation Act.]	
<u>5-11-16</u> Signature Date <u>Chief Operating Officer and Corporate Chief of Staff</u> Signer's Capacity	<u>Vanderbilt University Medical Center</u> Name of Corporation  Signature <u>John F. Manning, Jr.</u> Name (typed or printed)
SS-4402 (Rev. 4/01) Filing Fee: \$20 RDA1720	

 State of Tennessee Department of State Corporate Filings 312 Rosa L. Parks Ave. 6th Floor, William R. Snodgrass Tower Nashville, TN 37243 APPLICATION FOR REGISTRATION OF ASSUMED CORPORATE NAME	For Office Use Only
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1. The true name of the corporation is <u>Vanderbilt University Medical Center</u>	
2. The state or country of incorporation is <u>Tennessee</u>	
3. The corporation intends to transact business in Tennessee under an assumed corporate name.	
4. The assumed corporate name the corporation proposes to use is <u>Vanderbilt Nuclear Pharmacy</u>	
[NOTE: The assumed corporate name must meet the requirements of Section 48-14-101 of the Tennessee Business Corporation Act or Section 48-54-101 of the Tennessee Nonprofit Corporation Act.]	
<u>5-11-16</u> Signature Date	<u>Vanderbilt University Medical Center</u> Name of Corporation
Chief Operating Officer and Corporate Chief of Staff Signer's Capacity	 Signature <u>John F. Manning, Jr.</u> Name (typed or printed)
SS-4402 (Rev. 4/01) Filing Fee: \$20 RDA1720	

 State of Tennessee Department of State Corporate Filings 312 Rosa L. Parks Ave. 6th Floor, William R. Snodgrass Tower Nashville, TN 37243 APPLICATION FOR REGISTRATION OF ASSUMED CORPORATE NAME	For Office Use Only
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1. The true name of the corporation is <u>Vanderbilt University Medical Center</u>	
2. The state or country of incorporation is <u>Tennessee</u>	
3. The corporation intends to transact business in Tennessee under an assumed corporate name.	
4. The assumed corporate name the corporation proposes to use is <u>Vanderbilt Oncology Pharmacy</u>	
[NOTE: The assumed corporate name must meet the requirements of Section 48-14-101 of the Tennessee Business Corporation Act or Section 48-54-101 of the Tennessee Nonprofit Corporation Act.]	
<u>5-11-16</u> Signature Date	<u>Vanderbilt University Medical Center</u> Name of Corporation
Chief Operating Officer and Corporate Chief of Staff	 Signature
Signer's Capacity	<u>John F. Manning, Jr.</u> Name (typed or printed)
SS-4402 (Rev. 4/01) Filing Fee: \$20 RDA1720	



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

ROBIN LUNDQUIST
2525 WEST END AVE., SUITE 700
VUMC OFFICE OF LEGAL AFFAIRS
NASHVILLE, TN 37203

March 14, 2017

Request Type: Certificate of Existence/Authorization
Request #: 0231773

Issuance Date: 03/14/2017
Copies Requested: 1

Document Receipt

Receipt #: 003200004 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3697220453 \$20.00

Regarding:	Vanderbilt University Medical Center		
Filing Type:	Nonprofit Corporation - Domestic	Control #:	792687
Formation/Qualification Date:	03/18/2015	Date Formed:	03/18/2015
Status:	Active	Formation Locale:	TENNESSEE
Duration Term:	Perpetual	Inactive Date:	
Business County:	DAVIDSON COUNTY		

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Vanderbilt University Medical Center

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 021581420



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

Filing Information

Name: Vanderbilt University Medical Center

General Information

SOS Control #	000792687	Formation Locale:	TENNESSEE
Filing Type:	Nonprofit Corporation - Domestic	Date Formed:	03/18/2015
	03/18/2015 3:00 PM	Fiscal Year Close	6
Status:	Active		
Duration Term:	Perpetual		
Public/Mutual Benefit:	Public		

Registered Agent Address
NATIONAL REGISTERED AGENTS, INC.
300 MONTVUE RD
KNOXVILLE, TN 37919-5546

Principal Address
STE D3300MCN
1161 21ST AVE S
NASHVILLE, TN 37232-5545

The following document(s) was/were filed in this office on the date(s) indicated below:

<u>Date Filed</u>	<u>Filing Description</u>	<u>Image #</u>
05/06/2021	Assumed Name Renewal	B1029-5324
	Assumed Name Changed From: Vanderbilt Outpatient Pharmacy To: Vanderbilt Outpatient Pharmacy	
	Expiration Date Changed From: 05/25/2021 To: 05/06/2026	
05/06/2021	Assumed Name Renewal	B1029-5280
	Assumed Name Changed From: Vanderbilt Clinic Pharmacy To: Vanderbilt Clinic Pharmacy	
	Expiration Date Changed From: 05/25/2021 To: 05/06/2026	
05/06/2021	Assumed Name Renewal	B1029-5183
	Assumed Name Changed From: Vanderbilt Nuclear Pharmacy To: Vanderbilt Nuclear Pharmacy	
	Expiration Date Changed From: 05/25/2021 To: 05/06/2026	
05/06/2021	Assumed Name Renewal	B1029-4902
	Assumed Name Changed From: Vanderbilt Oncology Pharmacy To: Vanderbilt Oncology Pharmacy	
	Expiration Date Changed From: 05/25/2021 To: 05/06/2026	
05/06/2021	Assumed Name Renewal	B1029-4815
	Assumed Name Changed From: Vanderbilt Adult Hospital Pharmacy To: Vanderbilt Adult Hospital Pharmacy	
	Expiration Date Changed From: 05/25/2021 To: 05/06/2026	
02/23/2021	Administrative Amendment	B0987-1000
09/28/2020	Assumed Name	B0926-7514

Filing Information

Name: Vanderbilt University Medical Center

New Assumed Name Changed From: No Value To: baby+co.

09/18/2020 2020 Annual Report B0923-6054

09/17/2019 2019 Annual Report B0757-7433

08/26/2019 Assumed Name B0607-7385

New Assumed Name Changed From: No Value To: Vanderbilt Wilson County Hospital

10/02/2018 2018 Annual Report B0596-8615

01/26/2018 Registered Agent Change (by Agent) *B0478-4997

Registered Agent Physical Address 1 Changed From: 800 S GAY ST To: 300 MONTVUE RD

Registered Agent Physical Address 2 Changed From: STE 2021 To: No Value

Registered Agent Physical Postal Code Changed From: 37929-9710 To: 37919-5546

10/20/2017 Assumed Name B0438-5365

New Assumed Name Changed From: No Value To: Vanderbilt Integrated Pharmacy

10/20/2017 Assumed Name B0438-5368

New Assumed Name Changed From: No Value To: Green Hills Medicine Pharmacy

10/20/2017 Assumed Name B0438-5371

New Assumed Name Changed From: No Value To: Vanderbilt Cool Springs Pharmacy

10/20/2017 Assumed Name B0438-5374

New Assumed Name Changed From: No Value To: Vanderbilt Children's Hospital Pharmacy

10/20/2017 Assumed Name B0438-5377

New Assumed Name Changed From: No Value To: Vanderbilt Children's Outpatient Pharmacy

10/20/2017 Assumed Name B0438-5380

New Assumed Name Changed From: No Value To: Medical Center East Pharmacy

10/20/2017 Assumed Name B0438-5383

New Assumed Name Changed From: No Value To: Vanderbilt Health Pharmacy

10/20/2017 Assumed Name B0438-5386

New Assumed Name Changed From: No Value To: Vanderbilt Psychiatric Hospital Pharmacy

09/15/2017 2017 Annual Report B0433-5097

09/15/2016 2016 Annual Report B0280-8438

05/25/2016 Assumed Name B0244-2645

New Assumed Name Changed From: No Value To: Vanderbilt Outpatient Pharmacy

05/25/2016 Assumed Name B0244-2646

New Assumed Name Changed From: No Value To: Vanderbilt Clinic Pharmacy

05/25/2016 Assumed Name B0244-2647

New Assumed Name Changed From: No Value To: Vanderbilt Adult Hospital Pharmacy

05/25/2016 Assumed Name B0244-2648

New Assumed Name Changed From: No Value To: Vanderbilt Nuclear Pharmacy

Filing Information

Name: Vanderbilt University Medical Center

05/25/2016 Assumed Name B0244-2649

New Assumed Name Changed From: No Value To: Vanderbilt Oncology Pharmacy

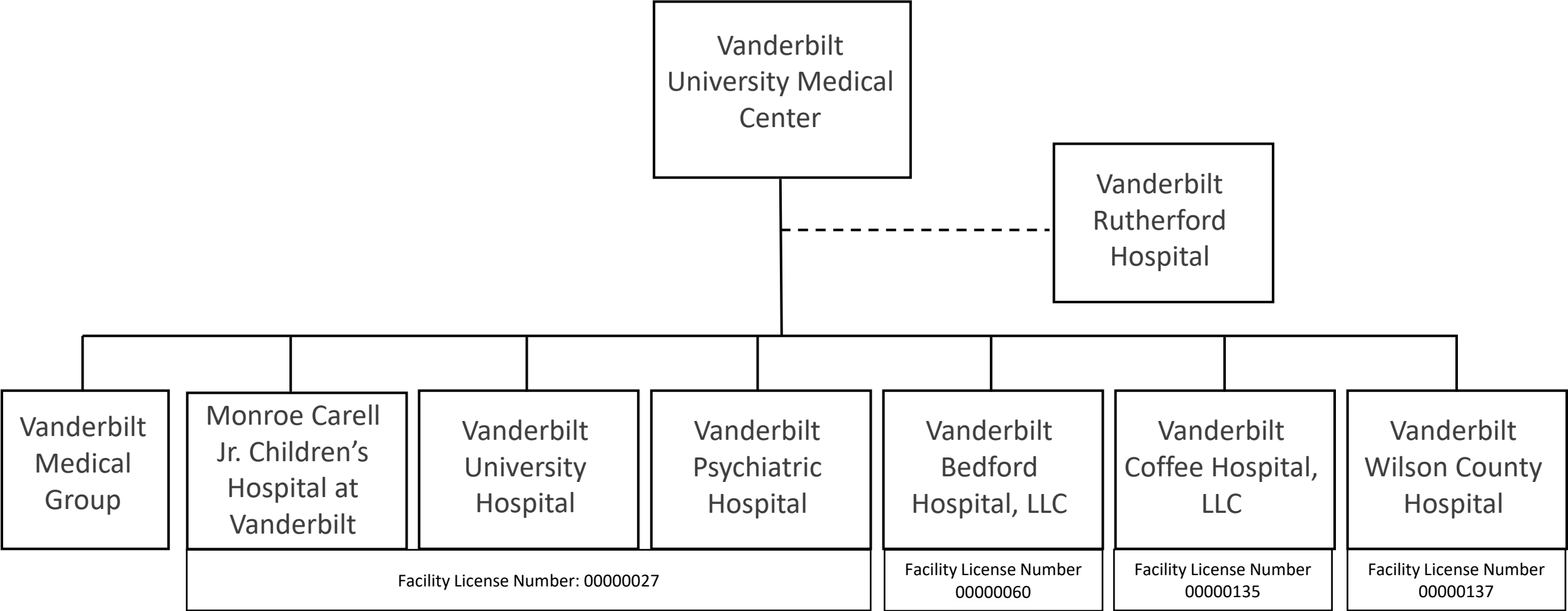
09/29/2015 2015 Annual Report B0133-7363

03/18/2015 Initial Filing B0072-0037

Active Assumed Names (if any)	Date	Expires
baby+co.	09/28/2020	09/28/2025
Vanderbilt Wilson County Hospital	08/26/2019	08/26/2024
Vanderbilt Psychiatric Hospital Pharmacy	10/20/2017	10/20/2022
Vanderbilt Health Pharmacy	10/20/2017	10/20/2022
Medical Center East Pharmacy	10/20/2017	10/20/2022
Vanderbilt Children's Outpatient Pharmacy	10/20/2017	10/20/2022
Vanderbilt Children's Hospital Pharmacy	10/20/2017	10/20/2022
Vanderbilt Cool Springs Pharmacy	10/20/2017	10/20/2022
Green Hills Medicine Pharmacy	10/20/2017	10/20/2022
Vanderbilt Integrated Pharmacy	10/20/2017	10/20/2022
Vanderbilt Oncology Pharmacy	05/25/2016	05/06/2026
Vanderbilt Nuclear Pharmacy	05/25/2016	05/06/2026
Vanderbilt Adult Hospital Pharmacy	05/25/2016	05/06/2026
Vanderbilt Clinic Pharmacy	05/25/2016	05/06/2026
Vanderbilt Outpatient Pharmacy	05/25/2016	05/06/2026

86

Vanderbilt University Medical Center Organization Chart



Attachment 9A.

Deed

Heather Dawbarn, Register
 Rutherford County Tennessee
 Rec #: 985312 Instrument #: 2186707
 Rec'd: 45.00 Recorded
 State: 29600.00 1/15/2019 at 8:48 AM
 Clerk: 1.00 in Record Book
 Other: 2.00
 Total: 29648.00 1741

Pages 1961-1969

THIS INSTRUMENT PREPARED BY:
 BASS, BERRY & SIMS PLC (DMS)
 150 Third Avenue South, Suite 2800
 Nashville, Tennessee 37201

GENERAL WARRANTY DEED

Address New Owner(s)	Send Tax Bills To:	Map/Parcel Number(s)
Project Holding Company, LLC c/o Webb Sanders PLLC PO Box 887 3037A Highway 31W White House, TN 37188	Same	Map 078, Parcel 052.00

FOR AND IN CONSIDERATION of the sum of TEN AND NO/100 (\$10.00) DOLLARS cash in hand paid and other good and valuable consideration, the receipt of which is hereby acknowledged, **LASSIE M. CROWDER, INDIVIDUALLY AND AS EXECUTRIX OF THE ESTATE OF WILLIAM BROWN CROWDER, AND DONALD MCDONALD, TRUSTEE OF THE DONALD MCDONALD CHARITABLE REMAINDER UNITRUST** (the "Grantor"), have bargained and sold, and by these presents do hereby transfer and convey, unto **PROJECT HOLDING COMPANY, LLC**, a Tennessee limited liability company (the "Grantee"), its successors and assigns, a certain tract or parcel of land in Rutherford County, Tennessee, being more particularly described on Exhibit A attached hereto.

TO HAVE AND TO HOLD said land with the appurtenances, hereditaments, estate, title, and interest thereto belonging to Grantee, its successors and assigns, forever. Grantor covenants that Grantor is lawfully seized and possessed of said land in fee simple, has a good right to convey it, and that the same is unencumbered, except for the matters described on Exhibit B attached hereto.

Grantor further covenants and binds itself to warrant and forever defend the title to said land to Grantee, its successors and assigns, against the lawful claims of all persons, except for claims arising out of the matters described on Exhibit B attached hereto.

[The remainder of this page has been intentionally left blank.]

IN WITNESS WHEREOF, the undersigned have caused this instrument to be executed on this 11 day of January, 2019.

Lassie M. Crowder

Lassie M. Crowder, individually and as Executrix of the Estate of William Brown Crowder

STATE OF TENNESSEE)
COUNTY OF Williamson)

Personally appeared before me, the undersigned, a Notary Public, Lassie M. Crowder, with whom I am personally acquainted, who acknowledged that she executed the within instrument for the purposes therein contained, and who further acknowledged that she is the Executrix of the Estate of William Brown Crowder, one of the within named bargainors, and is authorized by the Estate to execute this instrument on behalf of the Estate.

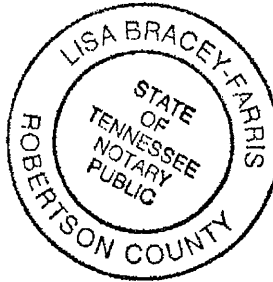
WITNESS my hand, at office, this 11 day of January, 2019.

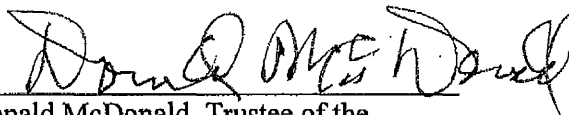
Lisa Bracey-Farris

Notary Public

My Commission Expires:

09-26-2020





Donald McDonald, Trustee of the
Donald McDonald Charitable Remainder Unitrust

STATE OF TENNESSEE)
COUNTY OF Williamson)

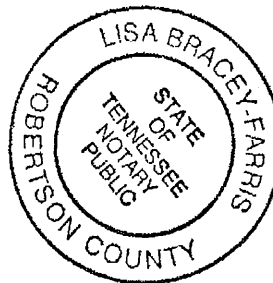
Personally appeared before me, the undersigned, a Notary Public, Donald McDonald, with whom I am personally acquainted, who acknowledged that he executed the within instrument for the purposes therein contained, and who further acknowledged that he is the Trustee of the Donald McDonald Charitable Remainder Unitrust, one of the within named bargainors, and is authorized by the Trust to execute this instrument on behalf of the Trust.

WITNESS my hand, at office, this 11 day of January, 2019.



Notary Public

My Commission Expires: 09-26-2020



STATE OF TENNESSEE
COUNTY OF Davidson

The actual consideration for this transfer or value of property conveyed (whichever is greater) is \$8,000,000.

[Signature]
Affiant

Sworn to and subscribed before me this 9 day of January, 2019.

My Commission Expires: May 5, 2020

Maureen T. McGeehan
Notary Public

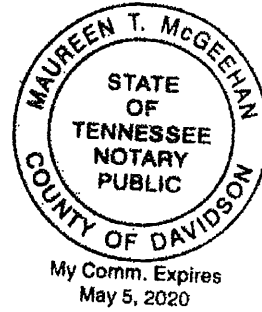


EXHIBIT A**PROPERTY DESCRIPTION**

Being a tract of land in the 7th Civil District of Rutherford County, City of Murfreesboro, Tennessee, located generally at the southeast quadrant of the intersections of S.R. 840 and Veterans Parkway. Bounded on the north by Lye McDonald Court (formerly Vaughn Lane), on the east by Blackman Road (formerly Beesley Road), on the south by RHB, LLC, as of record in Record Book 1487, Page 2645, R.O.R.C., on the southwest by Veterans Parkway and on the northwest by the S.R. 840 eastbound on-ramp to S.R. 840 and being more particularly described as follows:

Beginning at a pk-nail set with washer MES1649 at the centerline intersection of Lyle McDonald Court and Blackman Road and being the northeast corner of the herein described tract;

Thence, with centerline of said Blackman Road the following five (5) calls:

Along a curve to the left 113.04 feet to a pk-nail set with washer MES1649, said curve having a central angle of 06°15'58", a radius of 1033.59 feet, a tangent of 56.57 feet, and a chord of S 14°20'21" W, 112.98 feet;

S 11°12'20" W, 1507.72 feet to a pk-nail set with washer MES1649;

Along a curve to the left 255.57 feet to a pk-nail set with washer MES1649, said curve having a central angle of 10°52'45", a radius of 1346.00 feet, a tangent of 128.17 feet and a chord of S 05°45'58" W, 255.19 feet;

S 00°19'35" W, 462.53 feet to a pk-nail set with washer MES1649;

Along a curve to the left 128.98 feet to a pk-nail set with washer MES1649 at the southeast corner of the herein described tract, said curve having a central angle of 02°41'28", a radius of 2746.00 feet, a tangent of 64.50 feet and a chord of S 01°01'09" E, 128.97 feet;

Thence, leaving said centerline of Blackman Road, N 82°49'45" W, passing the northeast corner of RHB, LLC, as of record in Record Book 1487, Page 2645, R.O.R.C. at 25.24 feet, in all, 1113.95 feet to a 5/8" rebar with cap "Ragan-Smith" found in the northerly line of said RHB, LLC;

Thence, continuing with the northerly line of RHB, LLC, S 61°43'31" W, 167.32 feet to a 5/8" rebar with cap "Ragan-Smith" found in the northeasterly right-of-way line of Veterans Parkway (variable with right-of-way as shown on T.D.O.T present layout sheets 11,12 & 18, Project #2006 75840-3224-04, S.R. 840 & Ramp D);

Thence, with the northeasterly right-of-way line of Veterans Parkway the following seven (7) calls:

N 24°11'17" W, 113.63 feet to a 5/8" rebar with cap Mark Sawyer RLS#1649 set (to which all further reference to iron pin set shall refer);

N 27°17'38" W, 279.26 feet to an iron pin set;

N 19°20'31" W, 199.37 feet to an iron pin set;

N 18°28'58" W, 180.21 feet to an iron pin set;

N 24°20'08" W, 156.07 feet to an iron pin set;

N 21°11'56" W, 249.00 feet to an iron in set;

N 18°39'09" W, 126.49 feet to a ½" rebar found with cap "SEC" at the base of a concrete highway monument in the southeasterly right-of-way line of S.R. 840 (eastbound on-ramp);

Thence, with the southeasterly right-of-way line of S.R. 840 the following six (6) calls:

N 66°50'01" E, 188.97 feet to an iron pin set at a disturbed concrete highway monument and ½" rebar with cap "SEC";

N 45°11'04" E, 236.33 feet to an iron pin set at a concrete highway monument laying on the ground;

N 27°39'32" E, 798.99 feet to a concrete highway monument found S 20°57'08"W, 0.70 feet from a ½" rebar found with cap "SEC";

N 41°04'44" E, 232.90 feet to a concrete highway monument found;

N 49°40'44" E, 122.31 feet to an iron pin set at a destroyed concrete highway monument in the southerly right-of-way line of Lyle McDonald Court;

N 26°37'10" E, 21.97 feet to an iron pin set at the centerline intersection of Lyle McDonald Court and the southeasterly right-of-way line of S.R. 840;

Thence, leaving said right-of-way line with the centerline of Lyle McDonald Court, S 87°31'57" E, 940.61 feet to a pk-nail set with washer MES1649;

Thence, continuing with said centerline, S 85°48'03" E, 184.48 feet to the point of beginning.

Containing 82.01 acres according to an ALTA/NSPS Land Title Survey by Sawyer Land Surveying, LLC, Mark E. Sawyer, RLS, TN Lic. 1649, File #018-032. Bearings of survey are based on the Tennessee State Plane Coordinate System of 1983.

Being part of the same property conveyed to Donald McDonald, a one-half (1/2) undivided interest, and Lassie M. Crowder, one-half (1/2) undivided interest, by Executors' Deed of record in Book 261, Page 2724, in the Register's Office of Rutherford County, Tennessee.

Also being a part of the same property conveyed to William Brown Crowder, a twenty-five (25%) tenant-in-common interest, by Lassie M. Crowder of record in Book 819, Page 2576, in the Register's Office of Rutherford County, Tennessee.

Also being the same property conveyed to DONALD MCDONALD, TRUSTEE of the DONALD MCDONALD CHARITABLE REMAINDER UNITRUST as to a one-half (1/2) undivided interest by

Quitclaim Deed of record in Record Book 1690, Page 3934, in the Register's Office of Rutherford County, Tennessee.

EXHIBIT B
EXCEPTIONS TO TITLE

1. Current real estate taxes, a lien not yet due and payable.
2. Application for Greenbelt Assessment- Agricultural of record in Record Book 264, Page 2885, Register's Office of Rutherford County, Tennessee.
3. Sanitary Sewer Easement of record in Record Book 81, Page 537, Register's Office of Rutherford County, Tennessee.
4. Gas Line Easement of record in Record Book 264, Page 68, Register's Office of Rutherford County, Tennessee.
5. Utility Easement of record in Record Book 311, Page 446, Register's Office of Rutherford County, Tennessee.
6. Utility Easement of record in Record Book 577, Page 101, Register's Office of Rutherford County, Tennessee.
7. Sewer Easement Agreement of record in Record Book 764, Page 1596, Register's Office of Rutherford County, Tennessee.
8. Sanitary Sewer Easement and Temporary Construction Easement of record in Record Book 813, Page 3881, Register's Office of Rutherford County, Tennessee.
9. Easements as set out in Order of Condemnation and Appropriation of record in Record Book 1087, Page 1664, and the related Consent Judgement and Final Decree of record in Record Book 1131, Page 1309, Register's Office for Rutherford County, Tennessee.
10. Annexation Order of record in Record Book 1356, Page 2594, Register's Office for Rutherford County, Tennessee.
11. Declaration of Covenants, Conditions, Restrictions of record in Record Book 1567, Page 3230, Register's Office for Rutherford County, Tennessee.

25858220.1

Tennessee Certification of Electronic Document

I, Heather Wood
Signer's Name, do hereby make oath that I am a licensed attorney and/or the
custodian of the electronic version of the attached document tendered for registration herewith and that this
is a true and correct copy of the original document executed and authenticated according to law.

Heather Wood
Signature

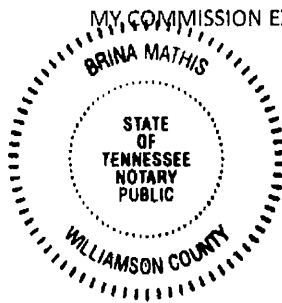
State of Tennessee
County of Williamson

Personally appeared before me, Brina Mathis
Notary's Name, a notary public for this county and
state, Heather Wood
Signer's Name, who acknowledges that this certification of an electronic
document is true and correct and whose signature I have witnessed.

Brina Mathis
Notary Signature

MY COMMISSION EXPIRES: 4-21-2020

NOTARY'S SEAL



(3) All electronic documents eligible for registration pursuant to this subsection are validly registered when
accepted for recording by the county register. Electronic documents registered by county registrars prior to
July 1, 2007 shall be considered validly registered with or without the certification provided in subsection (2).

SA0241
00569731
-2-

Attachment 10A.

Floor Plan



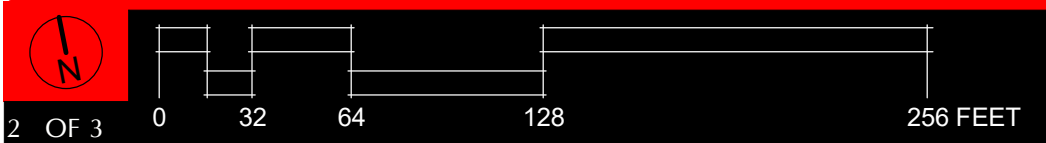
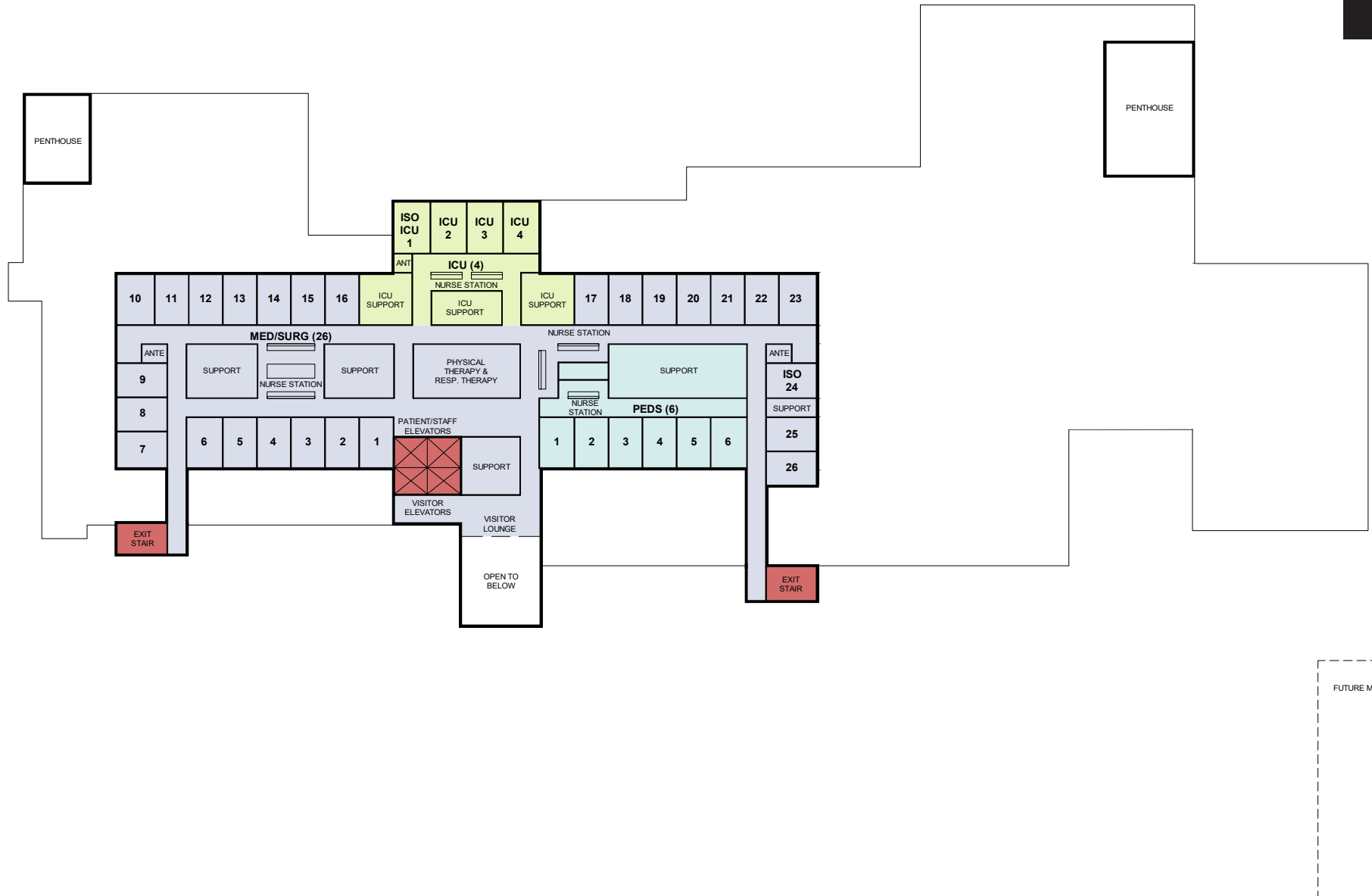
1 OF 3



PROPOSED - FIRST FLOOR PLAN

VANDERBILT RUTHERFORD HOSPITAL

4/16/20



PROPOSED - SECOND FLOOR PLAN

VANDERBILT RUTHERFORD HOSPITAL

4/16/20

100



PENTHOUSE
ROOF

FIRST FLOOR
ROOF

PENTHOUSE
ROOF

SECOND FLOOR
ROOF

PENTHOUSE
ROOF

FIRST FLOOR
ROOF

FIRST FLOOR
ROOF

FIRST FLOOR
ROOF



3 OF 3



PROPOSED -ROOF PLAN

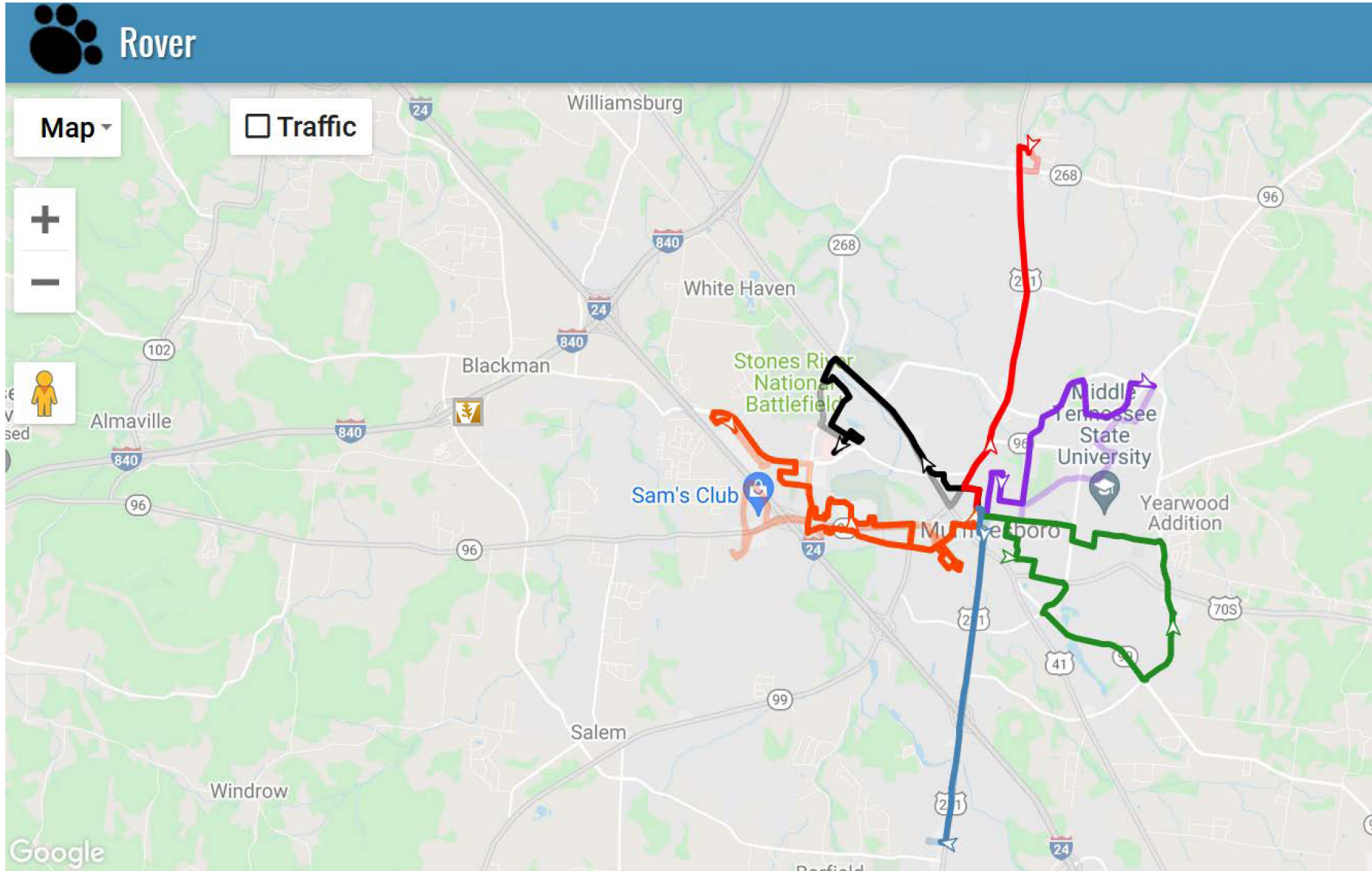
VANDERBILT RUTHERFORD HOSPITAL

4/16/20

Attachment 11A.

Public Transportation Route Map

Attachment 11A. Public Transportation Route¹⁰²



Attachment 12A.

Plot Plan

Attachment 2E.

Witness Affidavits

BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:	)	
	)	
VANDERBILT UNIVERSITY	)	
MEDICAL CENTER, d/b/a VANDERBILT	)	
RUTHERFORD HOSPITAL	)	
	)	
TENNESSEE HEALTH SERVICES	)	
AND DEVELOPMENT AGENCY,	)	
	)	
<i>Respondents,</i>	)	Docket No. 25.00-203133J
	)	
and	)	CON No. CN2004-012D
	)	
ST. THOMAS RIVER PARK HOSPITAL,	)	
ST. THOMAS RUTHERFORD HOSPITAL,	)	
ST. THOMAS STONES RIVER HOSPITAL,	)	
TRISTAR STONECREST MEDICAL	)	
CENTER, and	)	
WILLIAMSON MEDICAL CENTER,	)	
	)	
<i>Intervenors.</i>	)	

**VANDERBILT UNIVERSITY MEDICAL CENTER, d/b/a VANDERBILT
RUTHERFORD HOSPITAL’S NOTICE OF WITNESS AFFIDAVITS**

Pursuant to Tennessee Code Annotated § 4-5-313 and the amended Agreed Scheduling Order, Vanderbilt University Medical Center, d/b/a Vanderbilt Rutherford Hospital (“Vanderbilt”) hereby gives notice that the affidavits attached hereto as collective Exhibit A will be introduced as evidence at the hearing in this matter.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read 'TSW', is positioned above a horizontal line.

Travis Swearingen (#25717)
Butler Snow LLP
The Pinnacle at Symphony Place
150 3rd Avenue South, Suite 1600
Nashville, TN 37201
(615) 651-6700
travis.swearingen@butlersnow.com

Ben J. Scott (#023879)
Butler Snow LLP
6075 Poplar Ave, Ste 500
Memphis, TN 38119
(901) 680-7301
ben.scott@butlersnow.com

Attorneys for Vanderbilt University Medical Center

CERTIFICATE OF SERVICE

I hereby certify that a true and exact copy of the foregoing has been served by e-mail on the following this 30th day of July 2021:

M. Clark Spoden
J. Matthew Kroplin
BURR & FORMAN, LLP
222 Second Avenue South, Suite 2000
Nashville, TN 37201
cspoden@burr.com
sprice@burr.com
kgrundy@burr.com

Attorneys for TriStar StoneCrest Medical Center

James B. Christoffersen, Esq.
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Attorneys for Saint Thomas Rutherford Hospital, Saint Thomas River Park Hospital, and Saint Thomas Stones River Hospital

William H. West
Baker, Donelson, Bearman, Caldwell & Berkowitz, PC
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Nashville, TN 37201
bwest@bakerdonelson.com

Attorneys for Williamson Medical Center



Travis Swearingen

BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:	)	
	)	
VANDERBILT UNIVERSITY	)	
MEDICAL CENTER, D/B/A	)	Docket No. 25.00-203133J
VANDERBILT RUTHERFORD	)	CON No. CN2004-012D
HOSPITAL	)	
	)	
	)	
Petitioner.	)	

AFFIDAVIT OF Mazell Tambornini

I, Mazell Tambornini, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.

2. I have been a resident of Rutherford County, Tennessee since 1960. I live in Murfreesboro by myself and raised my two sons here.

3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.

4. I am a retired nurse. I worked at St. Thomas for six years, received my nursing training and graduated from there and had a wonderful experience during my time there.

5. In my years of nursing, I have interacted with Vanderbilt many times and it has been great.

6. I believe that another hospital here in Murfreesboro would be beneficial and what patients cannot get at one hospital, can get at another. I am not in support of hospitalists and believe patients should be the number one priority. I do believe is not convenient for patients to travel to

Nashville for care and should receive it closer to home. The children's clinic in Murfreesboro has already been such a great asset to the community. We are growing rapidly here in Rutherford County and deserve more convenient care.

[REST OF PAGE INTENTIONALLY BLANK]

FURTHER AFFIANT SAYETH NOT.

Mazell Jumborsin
[INSERT NAME]

STATE OF TENNESSEE)
COUNTY OF RUTHERFORD)

Sworn to and subscribed before me, this the 27th day of July, 2021.

Jean P. Shearer
Notary Public

My commission expires: 3-3-25

BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:	)	
	)	
VANDERBILT UNIVERSITY	)	
MEDICAL CENTER, D/B/A	)	Docket No. 25.00-203133J
VANDERBILT RUTHERFORD	)	CON No. CN2004-012D
HOSPITAL	)	
	)	
	)	
Petitioner.	)	

AFFIDAVIT OF Donald L. Bruce

I, Donald L. Bruce, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.

2. I have been a resident of Rutherford County, Tennessee since 1972. I currently live in Murfreesboro by myself.

3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.

4. I am retired UPS driver.

5. My nephew works at Vanderbilt University Medical Center. Formerly at the main campus but now at the Vanderbilt Clinic off Highway 100.

6. The current hospital institutions in Rutherford County are overcrowded and do not have much space to expand. Where Vanderbilt has purchased land is very convenient and easy to get to. The current infrastructure and roads where the healthcare facilities currently are in Murfreesboro are just too congested.

[REST OF PAGE INTENTIONALLY BLANK]

FURTHER AFFIANT SAYETH NOT.

Donald D. Bruce

STATE OF TENNESSEE)
COUNTY OF RUTHERFORD)

Sworn to and subscribed before me, this the 27th day of July, 2021.

Jean P. Shearer
Notary Public

My commission expires: 3-3-25



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:	)	
	)	
VANDERBILT UNIVERSITY	)	
MEDICAL CENTER, D/B/A	)	Docket No. 25.00-203133J
VANDERBILT RUTHERFORD	)	CON No. CN2004-012D
HOSPITAL	)	
	)	
Petitioner.	)	

AFFIDAVIT OF DORIS DAVIS

I, Doris J. Davis, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.

2. I have been a resident of Rutherford County, Tennessee since 1961. I live in Rockvale, TN by myself.

3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.

4. I am a retired from many things including real estate and farming here in Rutherford County. Have also been a housewife and raised my three children here.

5. My son was at Vanderbilt for stomach issues at the main campus and unfortunately, they did not discover the problem, but we had a good experience in all.

6. With more people moving into Murfreesboro, the population is also getting older, and it is difficult for patients to travel to Nashville on a regular basis. With COVID as well, there has been more need for immediate healthcare close by.

[REST OF PAGE INTENTIONALLY BLANK]

FURTHER AFFIANT SAYETH NOT.

Doris J. Davis

STATE OF TENNESSEE)
COUNTY OF RUTHERFORD)

Sworn to and subscribed before me, this the 27th day of July, 2021.

Jean P. Shearer
Notary Public

My commission expires: 3-3-25



IN RE:

Docket No. 25.00-203133J
CON No. CN2004-012D

AFFIDAVIT OF Lezlie Laseter

4. I am a registered nurse at St. Thomas Rutherford Hospital in Murfreesboro. I have worked as an RN in both Rutherford and Davidson Counties for over 24 years. During that time, I have seen many changes in Rutherford county; most of which has been the phenomenal growth in our very family friendly community. With this growth comes the need for a bigger hospital. Although the physical hospital is bigger than the former (Middle Tennessee Medical Center) the bed count remained the same. St. Thomas Rutherford has been open for 11 years now and with the newest vertical addition there are still not enough beds to accommodate the

community's needs. This lack of available hospital beds on the floors causes a back up of patients in the ER. This has caused patients to spend multiple nights in the ER waiting for a bed; resulting in an overcrowded ER and no beds for the ambulance influx. Patients in the ER are placed in hall beds and have no privacy. Oftentimes there are limited outpatient services available to residents due to increased demand and lack of availability. Many county residents, as well as surrounding county residents, want their care from Vanderbilt but cannot or do not wish to drive to Nashville. Vanderbilt should have the same right to grow and expand in Rutherford county (as did Ascension and Trustpoint). The addition of another hospital would allow services and patients to remain local. Having Vanderbilt in Rutherford county would alleviate the current overcrowding seen daily at St. Thomas Rutherford.

5. In my position in the Cardiac Cath Lab, I have had the opportunity to work very closely with several Vanderbilt physicians such as Dr. Ahmad Abu-Halimah, Dr. David Dantzler, Dr. Murali Kolli and Dr. Ravinder Manda. Their patients have the utmost confidence in them (as do I) and deserve to be cared for by their physicians locally; as opposed to being transferred to Nashville for any and all inpatient services. I have personally experienced this issue with my own husband and also a good friend who could not receive a life saving surgery here in Murfreesboro. The surgery itself was not the only issue, as she was required to rent accommodations for almost a month after her release because she needed to stay within close proximity to Vanderbilt in the event any unforeseen complications arose. This is one of many similar stories that I could cite in support of allowing Vanderbilt to build a hospital here in Murfreesboro.

6. Rutherford county has seen an almost 32% growth since 2010 with no signs of slowing down. With this tremendous growth comes a need for additional local medical and

hospitalization options. A community our size should not require its residents to travel to Nashville for their care. Having choices for medical care in Rutherford county also keeps revenue in the county that would otherwise go to Nashville.

7. As stated above, I totally support the proposed Vanderbilt Rutherford Hospital. The proposed site is in an area that is underserved by the current medical community. Vanderbilt has many good physicians and services that Rutherford county residents need AND deserve. The decision for the proposed hospital should be based on the NEEDS of the community and not the politics of the community. Rutherford county and its residents will only benefit from Vanderbilt Rutherford Hospital and all it has to offer. Another option for hospital care here in Rutherford County will not harm the current situation for St. Thomas Rutherford as they do not have the capacity or the staffing to handle their current volume. The recently approved St. Thomas (eight bed) ER expansion facility that will be located on Veteran's Parkway will not even scratch the surface of what is actually needed here in Rutherford County.

FURTHER AFFIANT SAYETH NOT.

Lezlie Laseter, RN

STATE OF TENNESSEE)
COUNTY OF RUTHERFORD)

Sworn to and subscribed before me, this the 27th day of July, 2021.

Jean P. Shearer
Notary Public

My commission expires: 3-3-25



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY**IN RE:**

**VANDERBILT UNIVERSITY
MEDICAL CENTER, D/B/A
VANDERBILT RUTHERFORD
HOSPITAL**

Petitioner.

)
)
)
) **Docket No. 25.00-203133J**
) **CON No. CN2004-012D**
)
)
)
)

AFFIDAVIT OF VIRGINIA HUDDLESTON

I, Virginia Huddleston, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.

2. I was born and raised in Murfreesboro and then returned to Rutherford County in 2002.

3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.

4. I am a current active patient of Vanderbilt Heart due to my congestive heart failure and have been such a patient for approximately 8-10 years. For many of my routine cardiology visits, I am able to receive my care here in Murfreesboro. But for non-routine and other hospital based-services, I travel into Nashville to visit Vanderbilt's main campus.

5. My husband is 90 and I am 85. When my family and I have had to travel to Vanderbilt's main campus for care, we have always had a good experience. But being able to access Vanderbilt's hospital services here in Murfreesboro would be much more convenient and

better for me as a patient. Vanderbilt is my provider of choice and I would prefer to be able to access Vanderbilt's model of care closer to my home.

[REST OF PAGE INTENTIONALLY BLANK]

FURTHER AFFIANT SAYETH NOT.

Virginia S. Huddleston
[INSERT NAME]

STATE OF TENNESSEE)
COUNTY OF RUTHERFORD)

Sworn to and subscribed before me, this the 27th day of July, 2021.

Jean P. Shearer
Notary Public

My commission expires: 3-3-25



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:	)	
	)	
VANDERBILT UNIVERSITY	)	
MEDICAL CENTER, D/B/A	)	Docket No. 25.00-203133J
VANDERBILT RUTHERFORD	)	CON No. CN2004-012D
HOSPITAL	)	
	)	
	)	
Petitioner.	)	

AFFIDAVIT OF ROBERT HUDDLESTON

I, Robert Huddleston, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.

2. I was born and raised in Murfreesboro and then returned to Rutherford County in 2002.

3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.

4. I am a current active patient of Vanderbilt Heart and receive my routine cardiology care in Murfreesboro. My wife is also a Vanderbilt Heart patient. I am 90 years-old and I provide primary transport for her when she needs to receive care. We routinely have to travel downtown to Vanderbilt's main campus for her visits. At my age, making those trips down to Vanderbilt's main campus is getting harder and harder. My family's ability to access Vanderbilt's hospital services here in Murfreesboro would be much more convenient and better for me and my wife as patients.

5. In addition, on the occasions where I have had to receive emergency room services, I have tried to access the Saint Thomas Rutherford emergency department. Unfortunately, whenever I have tried to utilize Saint Thomas Rutherford, I have had to wait hours as the ED seems to always be busy and there is a delay in my receiving my care. Having an additional option in our community like the proposed Vanderbilt Rutherford Hospital would help give the residents of Rutherford a better option.

[REST OF PAGE INTENTIONALLY BLANK]

FURTHER AFFIANT SAYETH NOT.


[INSERT NAME]

STATE OF TENNESSEE)
COUNTY OF RUTHERFORD)

Sworn to and subscribed before me, this the 27th day of July, 2021.

Jean P. Shearer
Notary Public

My commission expires: 3-3-25



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:	)	
	)	
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MEDICAL CENTER, D/B/A	)	Docket No. 25.00-203133J
VANDERBILT RUTHERFORD	)	CON No. CN2004-012D
HOSPITAL	)	
	)	
	)	
Petitioner.	)	

AFFIDAVIT OF DAVID C. LEVERETTE

I, David C. Leverette, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.

2. I have been a resident of Rutherford County, Tennessee for about 89 years. I live in Murfreesboro with my family.

3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.

4. I have been retired since 1994 as a real estate broker.

5. My grandson, 25, his arteries were reversed on his heart when born and had open heart surgery at 3 days old. He must travel to the main campus for his treatment today. My father was also a patient of Vanderbilt University Medical Center and my daughter has also been a surgical patient at Vanderbilt.

6. Murfreesboro is growing so rapidly and there is many people who must travel to Nashville for Vanderbilt University Medical Center for treatment. I have been referred for

potential surgery in Nashville and know of many others who must go to Nashville for treatment instead of receiving treatment here. With the rapid growth, we need another hospital here in Murfreesboro.

[REST OF PAGE INTENTIONALLY BLANK]

FURTHER AFFIANT SAYETH NOT.

David C. Senerette
[INSERT NAME]

STATE OF TENNESSEE)
COUNTY OF RUTHERFORD)

Sworn to and subscribed before me, this the 27th day of July, 2021.

Jean P. Shearer
Notary Public

My commission expires: 3-3-25



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:	)	
	)	
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HOSPITAL	)	
	)	
	)	
Petitioner.	)	

AFFIDAVIT OF Susana Irias Donaghey, MD

I, Susana Irias Donaghey MD, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.

2. I have been a resident of Rutherford County, Tennessee since February 14, 2006. I live in Murfreesboro with my husband and two children.

3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.

4. I am employed as a Hospitalist/Nocturnist at St Thomas Rutherford Hospital as an admitting and rounding physician. I used to be in private practice and admitted my own patients since 2006 to said hospital. This community has grown incredibly since I first moved here and set up practice. I have since migrated to hospital-based practice and find that there is a need for another hospital in this area. Our ER is so full so many times, that we, as admitting physicians, are asked to see patients in hall beds. I have even on occasion been asked to see and admit patients from the ER waiting room. This is unacceptable as it is against privacy and does not allow for a

comprehensive examination. I and others in my position have been asked to accept transfers from other hospitals in surrounding counties and states to the point of being beyond capacity. The hospital does not go on diversion unless the ER is holding 20 (twenty) patients. This forces the already lacking (number wise/ratio wise) ER nursing staff to have to deal with med/surg, stepdown and ICU patients which they may not be comfortable with. Some staff may not be experienced or able to take care of these patients as it is not their field of nursing or by virtue of the number of patients assigned to them. That is, their ratio is stretched beyond the traditional ER patient nursing limit. There have been some bad situations from this pressure of performing beyond what is humanly safely possible. The ER physicians complain that they are unable to assess more patients sitting in the waiting room because of the backlog of their own ER admitted patients waiting to go to rooms. The frustration increases as other patients arrive from other outside hospitals and take another ER room as they wait to be placed in their appropriate ward, ie. Med/surg, Stepdown, Observation or ICU. On the wards, the nurses complain of being in ratios that they had not signed up for when accepting their positions here. At one point, the stepdown nurses were going to have watch their own telemetry and care for various patients contemporaneously. The phlebotomists had been dismissed from their posts and this has added more pressure on nursing staff and delays in obtaining results. This area has added so many new residents, there is an absolute need for another hospital. Just the night before last, I admitted a patient that was critical and intubated and on medical pressor support. The patient was in the difficult position of being DNR but active treatment. There were only two ICU beds and if I took one bed, what were we to do with the two ICU admits being transferred in from outside hospitals? What made it more difficult was that I was told there were 40 patients in the ER waiting room and this particular room and nurse were needed. At this point, the nurse was 1:1 care. Staff on all levels is being pushed beyond what is

humanly possible. My concern is for the community not having access to timely dignified care. A nonagenarian should not be taken off of an ambulance and placed in a waiting room chair because of lack of rooms. Hospitalists should not have to care for numbers of patients that exceed capacity to speak to, assess and formulate a plan of care that leads to a better outcome. As the nurses are stretched to unreasonable limits, the chain of problems amplifies. I would like to think that speaking up on this matter helps the community, my family and friends as at some point, like it or not, we all end up being a patient.

Vanderbilt has an incredible array of specialties and this would certainly be a great addition to our community. There are those patients that are elderly, incapacitated, indigent or simply unable to make the drive to downtown Nashville. For these patients in our community and those communities beyond having accessibility to this type of care would be literally lifesaving.

[REST OF PAGE INTENTIONALLY BLANK]

FURTHER AFFIANT SAYETH NOT.

[Signature]
[INSERT NAME]

STATE OF TENNESSEE)
COUNTY OF RUTHERFORD)

Sworn to and subscribed before me, this the 27th day of July, 2021.

Jean P. Shearer
Notary Public

My commission expires: 3-3-25



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:	)	
	)	
VANDERBILT UNIVERSITY	)	
MEDICAL CENTER, D/B/A	)	Docket No. 25.00-203133J
VANDERBILT RUTHERFORD	)	CON No. CN2004-012D
HOSPITAL	)	
	)	
	)	
Petitioner.	)	

AFFIDAVIT OF PETTUS READ

I, Pettus Read, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.

2. I am a resident of Rockvale, Tennessee in Rutherford County and was born and raised in this community.

3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.

4. I am chairman of the public safety committee that is part of the Rutherford County Commission. This committee is the financial support and supervisors of all aspects of Rutherford County safety, including the EMS functions within the Rutherford County borders. Through this committee, I have had the pleasure to interact with the Vanderbilt LifeFlight program which provides excellent care to most sick members of our community.

5. Part of our effort in the public safety committee is to spread medical services throughout Rutherford County. We are establishing EMS stations in remote areas of the county

to make sure that members of our community have convenient and expedient access to care. The proposed Vanderbilt Rutherford Hospital would serve the same goals. It would provide additional medical resources to Rutherford County, provide quicker access to care, and allow for Rutherford County residents who are currently choosing to seek care from Vanderbilt at its downtown campus to have a more convenient location here in our county.

6. I am also a longtime Vanderbilt patient. Vanderbilt saved my life when I had a cancer diagnosis and holds a special place for me. Every interaction I have had with the Vanderbilt system has been excellent and I know that the establishment of a Vanderbilt hospital in Rutherford County would be a benefit to our growing community. Moreover, my grandson has had to travel into Nashville to receive pediatric care at the Children's hospital. The lack of adequate pediatric care in our community is unfortunate given the growth in young families here.

7. With our population growth, Rutherford County will soon be the fourth largest county in Tennessee. We are ready to have a second hospital in Murfreesboro and an additional medical choice for our residents.

[REST OF PAGE INTENTIONALLY BLANK]

FURTHER AFFIANT SAYETH NOT.

Arthur J. Read
[INSERT NAME]

STATE OF TENNESSEE)
COUNTY OF RUTHERFORD)

Sworn to and subscribed before me, this the 27th day of July, 2021.

Jean P. Shearer
Notary Public

My commission expires: 3-3-25.



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:	)	
	)	
VANDERBILT UNIVERSITY	)	
MEDICAL CENTER, D/B/A	)	Docket No. 25.00-203133J
VANDERBILT RUTHERFORD	)	CON No. CN2004-012D
HOSPITAL	)	
	)	
	)	
Petitioner.	)	

AFFIDAVIT OF SELENA SUE FARMER

I, Selena Sue Farmer, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.
2. I have been a resident of Rutherford County, Tennessee since 1993. I live in Murfreesboro with my husband.
3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.
4. I am retired since 2014 as a graduation coordinator at the College Business at MTSU.
5. My granddaughter worked as a care partner at VUMC in the burn unit. My husband was diagnosed with bladder cancer in 2018 and we had wonderful doctors and experience at the main campus. The follow-up correspondence has been very timely in terms of follow-up care. I travel with my husband often to Nashville for follow-up appointments.

6. There are many things that the current hospital institution in Murfreesboro cannot cover, but Vanderbilt can bring some more specialized physicians and care to the community.

[REST OF PAGE INTENTIONALLY BLANK]

BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:	)	
	)	
VANDERBILT UNIVERSITY	)	
MEDICAL CENTER, D/B/A	)	Docket No. 25.00-203133J
VANDERBILT RUTHERFORD	)	CON No. CN2004-012D
HOSPITAL	)	
	)	
	)	
Petitioner.	)	

AFFIDAVIT OF JOHN C. FARMER

I, John C. Farmer state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.
2. I am a resident of Murfreesboro, Rutherford County and I have been a resident of this community for 28 years.
3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.
4. I am currently retired. I've been a Vanderbilt patient since 2018 when I was first diagnosed with bladder cancer. I have had an excellent experience with Vanderbilt physicians throughout my course of care. Unfortunately, I currently have to travel downtown to receive the care that I need for all of my specialty work including urology, nephrology, and cancer. All of my doctors are currently in Nashville at Vanderbilt's main campus. At my age, I would greatly prefer to be able to access this care closer to my home in Murfreesboro.

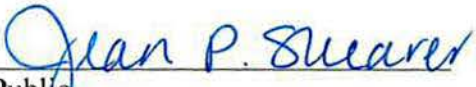
5. A new Vanderbilt hospital in this community would provide additional medical resources to Rutherford County and allow for Rutherford County residents like myself who are currently choosing to seek care from Vanderbilt at its downtown campus to have a more convenient location here in our county.

[REST OF PAGE INTENTIONALLY BLANK]

FURTHER AFFIANT SAYETH NOT.



STATE OF TENNESSEE)

COUNTY OF RUTHERFORD)Sworn to and subscribed before me, this the 27th day of July, 2021.
Notary PublicMy commission expires: 3-3-25

FURTHER AFFIANT SAYETH NOT.

Laurine W. Filanegan

STATE OF TENNESSEE)
COUNTY OF RUTHERFORD)

Sworn to and subscribed before me, this the 27th day of July, 2021.

Jean P. Shearer
Notary Public

My commission expires: 3-3-25



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

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AFFIDAVIT OF NETTIE MONDAY

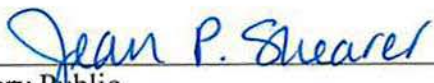
I, Nettie Monday, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.
2. I have been a resident of Rutherford County, Tennessee since 1987 and was born and raised here in Murfreesboro. I live in Murfreesboro with my husband, Earl.
3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.
4. I am retired clinical social worker and psychologist for the VA and my husband is a retired from Atmos Energy.
5. My husband and myself are former patients of Vanderbilt University Medical Center. My husband's Cardiologist is in Murfreesboro at Vanderbilt Heart. I, myself, began as a Vanderbilt patient in 2005 and go to multiple clinics here in Murfreesboro and in Nashville and Franklin.

6. I personally have had multiple poor experiences at the current health institutions here in Murfreesboro and I would credit Vanderbilt with saving my life after an ablation on my heart in 2012. We must drive over an hour for treatment to Nashville and feel that the congestion on I-24 is unsafe and unnecessary to travel for healthcare. I have had multiple procedures at Vanderbilt and have even been referred for more in the future. Murfreesboro would benefit greatly from Vanderbilt having a hospital here in Rutherford County.

[REST OF PAGE INTENTIONALLY BLANK]

FURTHER AFFIANT SAYETH NOT.

STATE OF TENNESSEE)
COUNTY OF RUTHERFORD)Sworn to and subscribed before me, this the 27th day of July, 2021.
Notary PublicMy commission expires: 3-3-25

BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

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VANDERBILT RUTHERFORD	)	CON No. CN2004-012D
HOSPITAL	)	
	)	
	)	
Petitioner.	)	

AFFIDAVIT OF Kim Shannon, MD

I, Kim Shannon, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.

2. I have been a resident of Rutherford County, Tennessee since 1964. I was born and raised in Murfreesboro. I graduated from Vanderbilt University with a B.S. in Nursing, and I worked as a nurse at Vanderbilt University Medical Center before going to medical school in Memphis at the University of Tennessee. In 1998, I returned to Murfreesboro to practice medicine at Murfreesboro Medical Clinic.

3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.

4. I am a practicing physician in Internal Medicine. I have admitting privileges to the only hospital in Murfreesboro. As a physician, I am unable to admit patients to Saint Thomas Rutherford at times due to the hospital being on diversion. This creates difficulty with adequate patient care. For example when Saint Thomas Rutherford is on diversion, patients are sent to the

emergency room and are often held for a day or two. In these circumstances, I have also sent patients to the emergency room at VUMC for care instead.

5. Many of my patients receive care from VUMC physicians. I am well pleased with the care and accessibility. Having VUMC's high quality hospital services available in Murfreesboro would greatly benefit my patients and their families.

6. Having grown up in Murfreesboro and then returning to practice medicine for more than 20 years, I have seen the extensive growth in Murfreesboro. The rapid growth over the last few years has strained the existing hospital and their ability to care for my patients. My patients that want to receive care at VUMC must endure the significant burden of traffic to Nashville. Having a VUMC hospital in Murfreesboro will allow my patients to receive care closer to home with the support of their families.

[REST OF PAGE INTENTIONALLY BLANK]

FURTHER AFFIANT SAYETH NOT.

Kim Shannon MD
Kim Shannon MD

STATE OF TENNESSEE)
 COUNTY OF RUTHERFORD)

Sworn to and subscribed before me, this the 29TH day of June, 2021.

Jean P. Shearer
 Notary Public

My commission expires: 3-3-25



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

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HOSPITAL	)	
	)	
	)	
Petitioner.	)	

AFFIDAVIT OF Britni H. Caplin

I, Britni H. Caplin, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.

2. I have been a resident of Davidson County, Tennessee since September 2017. I live in Nashville, TN with my family.

3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.

4. I am a physician practicing otolaryngology in Mufreesboro TN.

5. Currently Adjunct Professor at VUMC, formerly full-time clinical faculty. Completed both medical school and residency training at Vanderbilt/VUMC.

6. Rutherford County's expanding population/growth necessitate additional quality hospitals to provide inpatient care to patients of the region. The need for inpatient care will only continue to expand as the population grows. If applicable, describe any knowledge you have about

the Rutherford County region, its rapid growth, and how you believe the addition of Vanderbilt Rutherford Hospital would improve patient care/access based on this knowledge.]

7. Given my own experience with VUMC, in combination with the need for quality inpatient care in Rutherford County, VUMC's proposed Vanderbilt Rutherford Hospital is both necessary and important for the residents of Murfreesboro and surrounding areas. [Explain why you support VUMC's proposed Vanderbilt Rutherford Hospital with reference to your knowledge and experience described above].

8. [Add any additional information you would like to include].

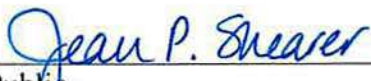
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FURTHER AFFIANT SAYETH NOT.


Britni H. Caplin, M.D.

STATE OF TENNESSEE)
COUNTY OF RUTHERFORD)

Sworn to and subscribed before me, this the 29th day of June, 2021.


Notary Public

My commission expires: 3-3-25



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

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	)	
Petitioner.	)	

AFFIDAVIT OF JAMES TAYLOR CARTER

I, James Taylor Carter, MD , state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.
2. I have been a resident of Rutherford County, Tennessee since July 1991. I live in Murfreesboro, TN .
3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.
4. I am a General Surgeon for 36 years currently with Murfreesboro Medical Clinic for the last 30 years. I would like to speak in support to the community's need for the proposed Vanderbilt Rutherford Hospital.
5. In my last 30 years of practice, I have relied on Vanderbilt University Medical Center for my difficult surgical cases, primarily that have a need for tertiary care. VUMC has always been helpful and very professional in their interactions with me and my patients. The patient outcomes have been remarkable. They have even cared for me as a patient for cardiac issues

and my kidney tumor. In both of these personal medical needs, Vanderbilt was my provider/hospital of choice.

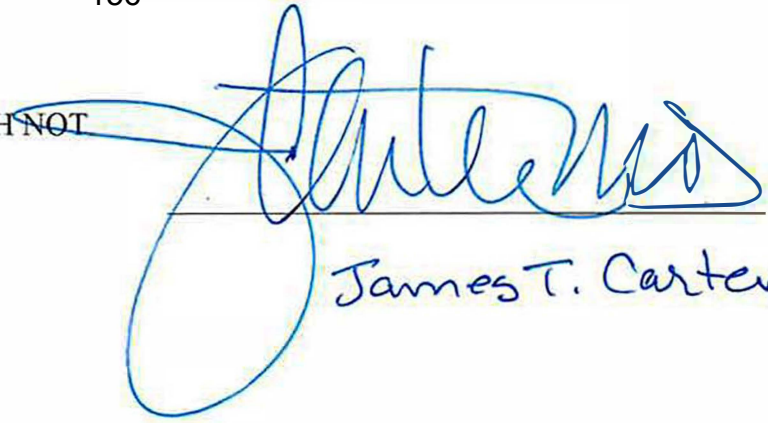
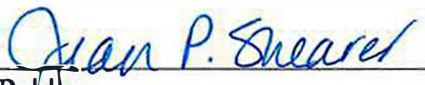
6. Rutherford County is growing at an exponential pace and naturally so are the healthcare demands of this burgeoning population. We absolutely do not have the medical capacity to care for the patients in our region currently. My patients come from in and outside of this region. There are commonly long waits for my patients needing care within the current hospital infrastructure. These waits are sometimes DAYS in length. In my experience, there is also a disconnect between the medical professionals concerns and the hospital administrative responses we currently receive. Our professional community and our patients need options, sooner rather than later.

7. I have held every medical staff leadership position in our current hospital and speak from intimate knowledge of the above difficulties. A hospital such as Vanderbilt University Medical Center will propel this community towards top notch, high quality care for our growing community. As a previous patient and a provider, I speak from first hand experience.

8.

[REST OF PAGE INTENTIONALLY BLANK]

FURTHER AFFIANT SAYETH NOT


James T. Carter andSTATE OF TENNESSEE)
COUNTY OF RUTHERFORD)Sworn to and subscribed before me, this the 29th day of June, 2021.
Notary PublicMy commission expires: 3-3-25

BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

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	)	
Petitioner.	)	

AFFIDAVIT OF DAN BROWN, M.D.

I, Dr. Dan Brown state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.

2. I have been a resident of Rutherford County, Tennessee since 8/2000. I live in Lascassas with Tina Brown.

3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.

4. I am the director of Anesthesia at Murfreesboro Medical Clinic in Murfreesboro, Tn.

5. The Surgery Center that I work with has a transfer agreement with St. Thomas Hospital Murfreesboro for post op patients that need hospitalization. While they do honor this agreement as they are legally obligated to, the patients I send there are housed in the ER because there are frequently/usually no beds available. As such, I have begun to send my patients to

VUMC Shelbyville. They are easy to work with and actually have beds AND STAFF to take care of patients.

6. Our county and city have grown rapidly. St Thomas hospital has not been able to keep up with the increased demand, but is more than willing to block competition to maintain income. They do not operate in the best interest of our community, only their interests.

7. It is the middle of the summer and our hospital is unable to accommodate our needs. By the time increased demand occurs this winter, this problem will be worse. It is not unreasonable to expect that some of our citizens may actually die from substandard care unless more beds become available.

[REST OF PAGE INTENTIONALLY BLANK]

FURTHER AFFIANT SAYETH NOT.

Dan BrownSTATE OF TENNESSEE)
COUNTY OF RUTHERFORD)Sworn to and subscribed before me, this the 29th day of June, 2021.Jean P. Shearer
Notary PublicMy commission expires: 3-3-25

BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

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Petitioner.	)	

AFFIDAVIT OF ELIZABETH BRAY, M.D.

I, Dr. Elizabeth Bray, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.

2. I have been a resident of Rutherford County, Tennessee since 1960. I live in Murfreesboro.

3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.

4. I am internal medicine physician with Murfreesboro Medical Clinic and have been practicing medicine in this community since 1994.

5. I sent almost all my patients requiring outpatient and clinic to Vanderbilt and I have done so for the majority of my medical career. Moreover, most of my patients request VUMC as their medical provider, even knowing that to receive inpatient care at VUMC will require significant travel into Nashville. In fact, I have also sent my own family to VUMC for care. I do so because I know that they will receive excellent care in that system.

6. Issues with delay in admissions at Saint Thomas Rutherford have continued to grow in the past years. I have also had complaints from patients about the care that they have received at Saint Thomas Rutherford. It seems that those complaints have grown in frequency in the past few years. Those same patients are not interested in accessing Stonecrest Medical Center because of the distance many of them would have to travel from home to reach that facility and they also trust the Vanderbilt reputation and name.

7. Providing an additional option for my patients, like the Vanderbilt Rutherford Hospital, is a desperately needed medical resource in this community. For those days when Saint Thomas Rutherford is full and on diversion, our patients deserve another option that will not require them to wait to receive care. I fully support the Vanderbilt Rutherford Hospital application and I believe this new hospital will not negatively impact any other provider in this region.

[REST OF PAGE INTENTIONALLY BLANK]

FURTHER AFFIANT SAYETH NOT.

Elizabeth D. Bryant, FACPSTATE OF TENNESSEE)
COUNTY OF RUTHERFORD)Sworn to and subscribed before me, this the 29th day of June, 2021.Jean P. Shearer
Notary PublicMy commission expires: 3-3-25

BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:

**VANDERBILT UNIVERSITY
MEDICAL CENTER, D/B/A
VANDERBILT RUTHERFORD
HOSPITAL**

Petitioner.

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) **Docket No. 25.00-203133J**
) **CON No. CN2004-012D**
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AFFIDAVIT OF HEATHER M. DUNLAP

I, Heather M. Dunlap, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.
2. I have been a resident of Rutherford County, Tennessee since 2018. I live in Murfreesboro.
3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.
4. I am a general surgeon at St. Thomas Rutherford Hospital. Daily, I interact with the staff as well as patients in the community and see the strain of our growing community on the healthcare community.
5. Due to the growing needs of our community, I often have to transfer patients out of our hospital (St. Thomas Rutherford) to Vanderbilt. My interactions have always been

positive and the Vanderbilt staff is always willing to accept overflow patients as well as surgical or endoscopy procedures our hospital is not capable of treating.

6. I personally see the strain on Murfreesboro as a growing community to the healthcare system. In the short 3 years I have lived here, and most recently in the last year, I have seen a drastic change in patient care in our community in a negative way. The emergency department is busting at the seams and patients usually wait hours for care. I have tried to directly admit patients to the hospital to avoid the ER and have been refused because there are no hospital beds.

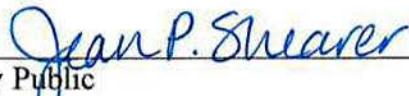
7. I support Vanderbilt moving forward with a hospital in Rutherford County so I as a general surgeon can care for the patients of this community. A second hospital will not take away anything from the current or surrounding hospitals - it will only make medical care better and most importantly safer for patients.

FURTHER AFFIANT SAYETH NOT.


Heather M Dunlap

STATE OF TENNESSEE)
COUNTY OF RUTHERFORD)

Sworn to and subscribed before me, this the ^{29th}~~30th~~ day of June, 2021.


Notary Public

My commission expires: 3-3-25



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

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	)	
Petitioner.	)	

AFFIDAVIT OF Nicholas Cote, DO

I, Nicholas Cote, DO, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.

2. I have been a resident of Rutherford County, Tennessee since 2010. I live in Murfreesboro with my wife and three daughters.

3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.

4. As a practicing family physician and the current President of the Murfreesboro Medical Clinic Board of Directors, I have observed the changes in the community regarding the capacities of our only choice in a local hospital (Ascension St. Thomas, AST). AST is consistently on diversion, meaning that they cannot accept my patients when they need inpatient care. I am aware that one of the primary reasons for AST opposition to this Vanderbilt Rutherford Hospital is related to the "glut" of beds that are supposedly present at AST. This assertion could not be further for the truth. We find that when we need to admit our patients, the hospital is on diversion

because it is “so full” or “at capacity”. During inquiries regarding this lack of beds, we find that while there may technically be beds *physically*, they are not *functionally* open. This is because AST has repeated difficulty staffing the beds that they physically have for a variety of reasons which the management will not specify. There are also times when it is legitimately at capacity of the physical beds and this happens each winter during Influenza season.

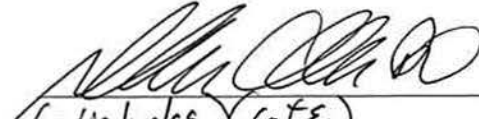
To me it makes little sense that an organization which states it has a plethora of beds and can take care of the rapidly growing community of Rutherford County (and our surrounding communities) is continuously on diversion. This requires my patients to either sit in the ED at AST (which results in a tremendous and unnecessary increase in the cost of care) for redundant “work-ups” that I have already completed or travel to Nashville to receive community-level care at a tertiary hospital that should be focusing on higher acuity patients.

Additionally, I am concerned about the quality of care delivered by a hospital system that consistently places unmanageable pressures upon its medical staff resulting in a current “en mass” departure of the Hospitalists from AST.

5. With the Staff and Physicians of VUMC, my patients get consistently high level care. They take ownership of my patients and care for them as if it is a member of their own family. My patients have to endure significant travel to VUMC to receive inpatient care that could be provided locally.

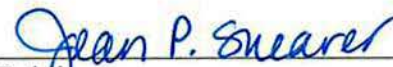
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FURTHER AFFIANT SAYETH NOT.


(Nicholas Cote)

STATE OF TENNESSEE)
COUNTY OF RUTHERFORD)

Sworn to and subscribed before me, this the 29th day of June, 2021.


Notary Public

My commission expires: 3-3-25



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

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Petitioner.	)	

AFFIDAVIT OF Rosanne Dalton, MD

I, Rosanne Dalton, MD state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.
2. I have been a resident of Rutherford County, Tennessee since 2008. I live in Murfreesboro, TN.
3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.
4. I am Pediatrician at Murfreesboro Medical Clinic, Murfreesboro, TN. I currently see patients at the current Hospital in our community and have knowledge of the medical community
5. I have had a positive experience and maintain high confidence in the patient care provided at Vanderbilt University Medical center and primarily Monroe Carell Jr. Children's Hospital.

6. Our community is seeing rapid growth. The current needs of our community are not currently met with the existing infrastructure.

7. A Vanderbilt Hospital in our community would reduce the commute for my patients to receive care.

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FURTHER AFFIANT SAYETH NOT.

Rosanne Dalton MD

STATE OF TENNESSEE)
COUNTY OF RUTHERFORD)

Sworn to and subscribed before me, this the 29th day of June, 2021.

Jean P. Shearer
Notary Public

My commission expires: 3-3-25



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

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Petitioner.	)	

AFFIDAVIT OF Derek K. Johnson, MD

I, Derek K. Johnson, MD state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.

2. I have been a resident of Rutherford County, Tennessee since 2006 . I live in Murfreesboro with family .

3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.

4. I am Pediatrician and Concussion Specialist and Vice-Chair of Pediatrics at Murfreesboro Medical Clinic.

5. I have had a positive experience with VUMC since 1998 when I was a physician at Fort Campbell. The Middle Tennessee community has benefitted from VUMC, their physicians, researchers and community advocates. I and my mother see Vanderbilt specialists for personal health related visits.

6. Rutherford County is growing exponentially. We are seeing long waits for the Emergency Rooms at both hospitals in Rutherford County. As a Pediatrician, we are having to transfer 99% of our patients to Vanderbilt Children's Hospital in Nashville secondary to lesser quality and poor experience from the in-patient and emergent medical providers at both hospitals in Rutherford County.

7. Competition breeds excellence and I feel an in-patient Vanderbilt Hospital that has a pediatric unit would be excellent for this growing community. I also think having more sub-specialists within the community would be better for patient care overall.

8. While I do not agree with having out-patient Vanderbilt physicians present, I feel in-patient Vanderbilt physicians and researchers are absolutely necessary for the overall benefit of my community in which I live.

[REST OF PAGE INTENTIONALLY BLANK]

FURTHER AFFIANT SAYETH NOT.

STATE OF TENNESSEE)
COUNTY OF RUTHERFORD)Sworn to and subscribed before me, this the 29th day of June, 2021.
Notary PublicMy commission expires: 3-3-25

BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY
IN RE:
VANDERBILT UNIVERSITY
MEDICAL CENTER, D/B/A VANDERBILT RUTHERFORD HOSPITAL

Petitioner. Dr. Brian Gray

Docket No. 25.00-203133J
CON No. CN2004-012D

AFFIDAVIT OF BRIAN ROBERT GRAY

I, Brian Robert Gray, state and affirm that the following is true and correct to the best of my knowledge:

I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.

I have been a resident of Davidson County Tennessee since 2018. I live in Nashville with my wife and son currently. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee. I am a family medicine physician at Murfreesboro Medical Clinic, a prior University of Tennessee Health Science Center resident at Ascension St. Thomas Rutherford Hospital from 2015-2018, prior graduate of Siegel High in Murfreesboro, and lived in Murfreesboro from the age of 5 until 30 years old. My immediate family all live within Murfreesboro, Tennessee.

Vanderbilt University Medical Center has been an excellent resource for my patients needing higher level of care and specialist care over the last 6 years as a physician. Their medical care has been compassionate and medically based. Vanderbilt University Medical Center also communicates with me appropriately when my patient has been admitted or when seeing specialists.

Rutherford County has expanded rapidly since I first remember moving to Murfreesboro in 1993. This is evident by Rutherford County has added 4 high schools with many other elementary and middle schools. I have seen previous pastures turned into numerous neighborhoods, restaurants, and shopping centers. Addition of Vanderbilt Rutherford Hospital would help to appropriately support Rutherford County's expanding community of my patients and my own family members. My patients have reported to me having long times in the emergency department in the current hospitals in Rutherford County. Some patients even being admitted for observation from the emergency rooms and then being discharged many hours later from the same emergency room due to bed limitations to the best of my knowledge. Some of my current patients even bypass care locally to go to Nashville on their own accord. I believe the addition of another hospital in Rutherford County is not only appropriate but necessary. For these reasons, I fully support the proposed Vanderbilt Rutherford Hospital.

FURTHER AFFIANT SAYETH NOT.

B. G. DO

STATE OF TENNESSEE)
COUNTY OF RUTHERFORD)

Sworn to and subscribed before me, this the 29th day of June, 2021.

Jean P. Shearer
Notary Public

My commission expires: 3-3-25



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:	)	
	)	
VANDERBILT UNIVERSITY	)	
MEDICAL CENTER, D/B/A	)	Docket No. 25.00-203133J
VANDERBILT RUTHERFORD	)	CON No. CN2004-012D
HOSPITAL	)	
	)	
	)	
Petitioner.	)	

AFFIDAVIT OF Bradley Medling

I, Bradley Medling, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.

2. I have been a resident of Rutherford County, Tennessee since 2007. I live in Milton with my family.

3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.

4. I am board certified plastic surgeon caring for patients in this (Murfreesboro) community. I would like the opportunity for my patients to have better and more immediate access to the health care services I provide. I have experienced times where patients could not receive care at St Thomas Rutherford due to no capacity and being diverted to another facility.

5. Rutherford County has seen such significant growth over the last 15 years that I have been in practice here. This has led to some shortfalls in the capacity within the medical

services community. More capacity and access is needed if we are to fully serve this community. The only acute facility within Murfreesboro is currently unable to meet the current demand.

[REST OF PAGE INTENTIONALLY BLANK]

FURTHER AFFIANT SAYETH NOT.

A handwritten signature in blue ink, appearing to read "B. M. G.", is written over a horizontal line.

STATE OF TENNESSEE)
COUNTY OF RUTHERFORD)

Sworn to and subscribed before me, this the 29th day of June, 2021.

Jean P. Shearer
Notary Public

My commission expires: 3-3-25



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

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HOSPITAL	)	
	)	
	)	
Petitioner.	)	

AFFIDAVIT OF MICHAEL HERLEVIC, M.D.

I, Dr. Michael Herlevic, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.

2. I have been a resident of Rutherford County, Tennessee since 2003. I live in Murfreesboro, Tennessee.

3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.

4. I am internal medicine physician with Murfreesboro Medical Clinic. I have had the opportunity to send patients both to VUMC main campus and their outpatient facilities. My patients have always received high quality care from the VUMC system. Unfortunately, many of my patients have to travel into Nashville to receive that care today.

5. In addition, I routinely have difficulty getting my patients timely access to care at Saint Thomas Rutherford Hospital. I recently had a patient who required an appendectomy who could not be admitted to the hospital because it was on diversion. Saint Thomas Rutherford is

frequently on diversion to admission of new patients resulting in significant delays or the need to divert my patients to other providers in Nashville. Moreover, my patients have difficulty accessing subspecialists through the Saint Thomas system, especially neuro and other similar subspecialists. A new Vanderbilt Rutherford Hospital would provide my patients with an additional access point in this community, something that is desperately needed given the capacity issues at Saint Thomas Rutherford.

[REST OF PAGE INTENTIONALLY BLANK]

FURTHER AFFIANT SAYETH NOT.

Michael Herlevic
Michael Herlevic M.D.

STATE OF TENNESSEE)
COUNTY OF RUTHERFORD)

Sworn to and subscribed before me, this the 29th day of June, 2021.

Jean P. Shearer
Notary Public

My commission expires: 3-3-25



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

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HOSPITAL	)	
	)	
Petitioner.	)	

AFFIDAVIT OF DR. LISA LOWE

I, Dr. Lisa Lowe, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.
2. I have been a resident of Rutherford County, Tennessee since 1987. I live in Murfreesboro, Tennessee.
3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.
4. I am a pediatrician with Murfreesboro Medical Clinic.
5. I routinely refer my pediatric patients to Vanderbilt for care. My experiences with Vanderbilt have been positive. When one of my pediatric patients requires emergent care, they are sent to Vanderbilt for treatment.
6. My concern for Rutherford County is that we do not have advanced pediatric care for our children. Our county is too large and has too many families to not have a pediatric inpatient facility here. Saint Thomas Rutherford lacks pediatric anesthesia and pediatric nursing that is

adequate to treat our pediatric patient population. Vanderbilt Rutherford Hospital will provide pediatric care to this community that does not currently exist and that is desperately needed.

[REST OF PAGE INTENTIONALLY BLANK]

FURTHER AFFIANT SAYETH NOT.

Lisa Lowe MD
Lisa Lowe MD

STATE OF TENNESSEE)

COUNTY OF RUTHERFORD)Sworn to and subscribed before me, this the 29th day of June, 2021.

Jean P. Shearer
Notary Public

My commission expires: 3-3-25

BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

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HOSPITAL	)	
	)	
	)	
Petitioner.	)	

AFFIDAVIT OF DR. RAMESH NARAYANAGOWDA

I, Ramesh Narayanagowda, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.

2. I have been a resident of Rutherford County, Tennessee since 2004. I live in Murfreesboro with my wife and two kids.

3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.

4. I am a Vascular surgeon in private practice for the last 17 years in a multispecialty group of 76 doctors (Murfreesboro Medical clinic) and I have faced hospital bed shortages to do my surgeries and to take care of patients very often as more than fifty percent of time in a year St Thomas Rutherford hospital is on diversion and hence there is a definite need for another hospital , also rapidly growing Rutherford county will make things worse down the road..

5. I have heard lot of good things from my Patients when I refer my complex patients to Vanderbilt medical center

6. As Rutherford county is growing so fast we definitely need another hospital to help patients and avoid unnecessary travel to Nashville

[REST OF PAGE INTENTIONALLY BLANK]

FURTHER AFFIANT SAYETH NOT.

RAMESH NARAYANA GANDA
[INSERT NAME]

[Signature]

STATE OF TENNESSEE)
COUNTY OF Rutherford)

Sworn to and subscribed before me, this the 25 day of June, 2021.

Esther Gail Markum
Notary Public

My commission expires: 11/17/24



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:	)	
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HOSPITAL	)	
	)	
	)	
Petitioner.	)	

AFFIDAVIT OF Michael Paul Myers

I, Michael Paul Myers, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.

2. I have been a resident of ___Rutherford___ County, Tennessee since ___2017___. I live in Murfreesboro with ___my family_____.

3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.

4. I am a primary care physician at Murfreesboro Medical Clinic.

5. I have referred multiple patients during my time here as well as previously as a primary referral center for more specialized care. My patients have always felt well cared for and in a timely manner.

6. Murfreesboro and Rutherford county in general is one of the fastest growing areas in the US. There is without a doubt a great need for another hospital, to ensure that our current

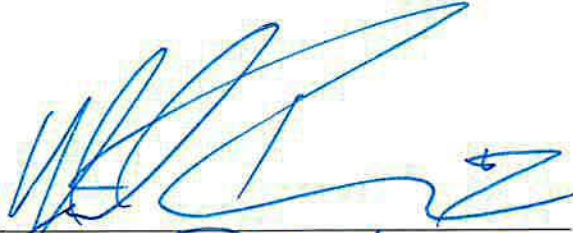
and future population has accessible and timely care. This is of the utmost importance to our continued growth.

7. For the reasons above, I am in full support of VUMC's proposal for an additional hospital in our community.

8. Patient accessibility is key. Patients are admitted, but are forced to stay in the emergency department for days at a time awaiting a room and usual hospital care at STRH.

[REST OF PAGE INTENTIONALLY BLANK]

FURTHER AFFIANT SAYETH NOT.


 Michael Paul Myers, MD

STATE OF TENNESSEE)
 COUNTY OF RUTHERFORD)

Sworn to and subscribed before me, this the 29th day of June, 2021.


 Notary Public

My commission expires: 3-3-25



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

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HOSPITAL	)	
	)	
	)	
Petitioner.	)	

AFFIDAVIT OF JOHN LEE, D.O.

I, Dr. John Lee, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.

2. I have been a resident of Rutherford County, Tennessee since 2018. I live in Murfreesboro, Tennessee.

3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.

4. I am a family medicine physician practicing in Murfreesboro Medical Clinic.

5. In my experience, the specialty expertise at Vanderbilt University Medical Center (both inpatient and outpatient) has been a great resource for both initial specialty care as well as second opinions. Communication has been consistent from their outpatient providers which is widely variable with Saint Thomas locally.

6. Rutherford County has experienced significant growth over the past few years. It is my opinion that a Vanderbilt hospital would not only improve access to care but quality of care

in this community. I expect this improved quality would come both directly from VUMC as well as indirectly as Saint Thomas has no competition in the area. The impact of this lack of competition is often apparent in decisions made by hospital administration at Saint Thomas Rutherford regarding larger health care economic decisions (i.e. Saint Thomas Rutherford will often understaff their hospital beds – making their hospital full and closed to new patients – even though there may be “beds” available.) As a result of Saint Thomas Rutherford being routinely on diversion, my patients will often be routed to Vanderbilt’s downtown campus to receive their care. Having a Vanderbilt Hospital here in our community would provide an additional option to my patients for those instances when Saint Thomas Rutherford can not treat them in a timely manner.

[REST OF PAGE INTENTIONALLY BLANK]

FURTHER AFFIANT SAYETH NOT.


John Lee. D.O.

STATE OF TENNESSEE)
COUNTY OF RUTHERFORD)

Sworn to and subscribed before me, this the 29th day of June, 2021.


Notary Public

My commission expires: 3-3-25



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

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Petitioner.	)	

AFFIDAVIT OF JOSEPH A. PEAY

I, Joseph A. Peay, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.

2. I have been a resident of Rutherford County, Tennessee since 1966. I live in the Readyville community in the eastern part of the county with my wife, Charlotte Y. Peay.

3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.

4. In addition to my role as a local farmer, I am also Chief Executive Officer of Murfreesboro Medical Clinic, P.A (MMC). I have served in that position since 2003 after serving over 4 years as the Chief Financial Officer of MMC. Being a leader in the local medical community for more than 20 years, I am uniquely positioned to provide insight into the need for an additional hospital such as the one proposed by VUMC in Murfreesboro and Rutherford County, Tennessee.

5. As a lifelong resident of Rutherford County, I have personally witnessed the tremendous growth in the population of the county as well as the region surrounding Rutherford County. MMC draws patients from both Rutherford County and the surrounding area, and we continue to see a significant growth in new patients moving into the region resulting in increased demand for medical services, including those that would be provided by the proposed VUMC Rutherford facility.

According to the Rutherford County Chamber of Commerce website, Murfreesboro is the 8th fastest growing midsize city in the United States with 20 new residents per day moving into the area (*per 2020 Census*). Additionally, Rutherford County's population is projected to increase by more than 25,000 residents in the next 5 years. A June 22, 2021 news story on the WGNS Radio website noted that Rutherford County is experiencing the 12th largest population growth of counties its size in the United States.

6. My family and I witnessed the need for the proposed VUMC Rutherford facility in 2007-2008 and 2013. In 2007-2008 prior to his death, my father experienced several medical emergencies that necessitated hospital visits to Saint Thomas Rutherford Hospital (STRH). On many of these occasions, STRH would be on diversion, and they did not have beds available to meet the needs of the patients in the community causing my father to have to wait in the ER or other areas of the hospital until a bed became available so that he could be admitted to receive care.

In 2013, my mother had surgery at VUMC's main campus in Nashville. Following surgery, she spent the next month in the hospital as she recovered from the significant medical procedure. During that month, my brothers, sister, and our spouses spent countless hours on the road travelling to and from Nashville to stay with her.

VUMC's proposed Rutherford facility will provide additional capacity for this rapidly growing area as STRH still has capacity issues even after its expansion. It will also allow patients like my mother to recover from a surgery in a facility in our community, closer to home, without the need for friends and family to travel greater distances to visit or stay with them during a hospital admission.

FURTHER AFFIANT SAYETH NOT.


JOSEPH A. PEAY

STATE OF TENNESSEE)
COUNTY OF RUTHERFORD)

Sworn to and subscribed before me, this the 29th day of June, 2021.

Gail Markum
Notary Public

My commission expires: 11/17/24



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

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	)	
	)	
Petitioner.	)	

AFFIDAVIT OF Marcus Andrew Owen, MD

I, Marcus Andrew Owen, MD, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.
2. I have been a resident of Davidson County, Tennessee since March, 2020. I live in Nashville with my family.
3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.
4. I am a Rheumatologist at Murfreesboro Medical Clinic. I am the past president of the Tennessee Rheumatology Society and my department provides care to Rutherford County and multiple surrounding counties. Rheumatology draws from a large area of Middle Tennessee.
5. When I practiced medicine in Nashville, I was a community clinical professor of medicine in the Rheumatology department of Vanderbilt Medical School. I have regularly attended Vanderbilt Rheumatology grand rounds. Vanderbilt has been a very important resource for referring difficult Rheumatology cases for a second opinion.

6. The commercial and residential construction boom in Rutherford County is obvious to anyone who drives on our roads. The existing medical facilities are very busy and patients who are travelling to downtown Nashville to go to Vanderbilt will find it much more convenient to get care in Rutherford County. I see no reason that Vanderbilt would take patients from other facilities; the pie is getting bigger, there is enough for everyone.

7. Vanderbilt can bring resources and reputation to raise the overall standard of medical care in our county. Vanderbilt's presence will attract even more quality healthcare providers to our area.

8. I believe that competition is healthy in any industry and that competition will allow everyone to raise their overall level of quality.

[REST OF PAGE INTENTIONALLY BLANK]

FURTHER AFFIANT SAYETH NOT.

Marcus Owen, MD
Marcus Owen, MD

STATE OF TENNESSEE)
COUNTY OF RUTHERFORD)

Sworn to and subscribed before me, this the 29th day of June, 2021.

Jean P. Shearer
Notary Public

My commission expires: 3-3-25



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

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Petitioner.	)	

AFFIDAVIT OF DR. UTPAL PATEL

I, Dr. Utpal Patel, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.

2. I have been a resident of Rutherford County, Tennessee since August, 1995. I live in Murfreesboro my wife, Tina Patel.

3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.

4. I am internal medicine physician practicing as part of Murfreesboro Medical Clinic. I believe that the addition of the Vanderbilt Rutherford Hospital to our community will provide my patients with better and different options for care. The Vanderbilt Rutherford Hospital will likely provide my patients with the option of receiving Vanderbilt-level subspecialty care that they choose to bring to Vanderbilt Rutherford Hospital. Providing our patients with an additional option will ensure they have the ability to access their provider of choice. For those patients who

feel that Saint Thomas Rutherford is not providing adequate care in this community, this additional option will provide them in a choice in the community that does not currently exist.

5. There are a number of physicians and groups of physicians that feel they do not have a voice in how their patients are cared for in Saint Thomas Rutherford, or what subspecialties those patients are referred to. The general sense in the medical community in Murfreesboro that Saint Thomas Rutherford has chosen to give priority to its own physician practices to the exclusion of local practitioners. This has essentially resulted in a closed medical staff. I have experienced this issue myself. At times, I have been excluded from decision making about how my patients are cared for within the hospital. I have seen how this has impacted my subspecialty colleagues and dramatically effected the viability of their practices and how my colleagues can render care to my patients.

6. The growth of Rutherford County means that this community can support two hospitals, including managing the growth of the southern and southeastern areas of the county without impacting the finances of other hospitals in the region.

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FURTHER AFFIANT SAYETH NOT.

Utpal Patel
Utpal Patel MD

STATE OF TENNESSEE)
COUNTY OF RUTHERFORD)

Sworn to and subscribed before me, this the 29th day of June, 2021.

Jean P. Shearer
Notary Public

My commission expires: 3-3-25



Attachment 2E.

Witness Affidavits

BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

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	)	
	)	
Petitioner.	)	

AFFIDAVIT OF MARGARET CHRISTINA ROUTH, M.D.

I, Dr. Margaret Routh, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.
2. I have been a resident of Rutherford County, Tennessee since 2018. I live in Readyville, Tennessee.
3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.
4. I am a pediatrician with the Murfreesboro Medical Clinic. I have been practicing in the greater Murfreesboro area since 2018.
5. I routinely refer my pediatric patients to Vanderbilt to care, where the services they provide are second to none in Middle Tennessee. The providers at VUMC are always willing to provide professional input for any specialty needs or consultations that are required. My patients' parents report excellent experiences and good communication with their VUMC physicians. These

parents' only complaint is that they have to travel into Nashville to receive these necessary services.

6. The only hospital provider in our community is Saint Thomas Rutherford. Saint Thomas Rutherford does not provide dedicated pediatric care except for newborns. Saint Thomas Rutherford cannot treat even basic pediatric inpatient needs such as bronchitis or severe asthma. Saint Thomas Rutherford lacks adequate pediatric anesthesiologists or dedicated pediatric nursing. All of these patients must be sent into Nashville to receive appropriate treatment.

7. With Rutherford County's growing population, and growing population of younger families, requiring patients to incur expense and burden of traveling into Nashville is contrary to the healthcare needs of this community. The Vanderbilt Rutherford Hospital will provide needed care for this community, especially dedicated pediatric care that my patients need and deserve. I fully support the Vanderbilt Rutherford Hospital application.

[REST OF PAGE INTENTIONALLY BLANK]

FURTHER AFFIANT SAYETH NOT.

M.C. Inman Routh MD
M.C. Inman Routh MD

STATE OF TENNESSEE)
 COUNTY OF RUTHERFORD)

Sworn to and subscribed before me, this the 29th day of June, 2021.

Jean Shearer
 Notary Public

My commission expires: 3-3-25



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

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	)	
	)	
Petitioner.	)	

AFFIDAVIT OF JAMES KELLETT RONE, MD, FACP

I, James Kellett Rone, MD, FACP, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.
2. I have been a resident of Williamson County, Tennessee since 2002. I live in College with my wife, Susan.
3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.
4. I have been a board-certified endocrinologist actively practicing medicine at Murfreesboro Medical Clinic, in Murfreesboro, Tennessee since 1998. Furthermore, from 2013 to 2016 I was a member of the Board of Directors of Murfreesboro Medical Clinic, and from 2016 to 2018, served as President of the Board of Directors. Therefore, as both a practicing healthcare provider in Rutherford County for 23 years, and serving in positions of medical-organization leadership, I am intimately familiar with the status of and evolution of the relationship between

the Murfreesboro physician community and the city's sole medical-surgical hospital, Ascension Saint Thomas Rutherford Hospital.

5. During my almost six years on the Murfreesboro Medical Clinic Board and as President, I participated in at least five meetings with Vanderbilt University Medical Center leadership, both in Nashville and Murfreesboro, in which they consistently sought positive ways to coordinate with our organization to improve health care and healthcare access in Rutherford County. Products of these discussions include the current presence of Vanderbilt cardiologists and behavioral health specialists on our main campus, and our encouragement that they pursue construction of what has come to be called, herein, Vanderbilt Rutherford Hospital.

6. As a physician practicing in Rutherford County for greater than twenty years, I have been witness to the incredible, and ongoing population growth of the region, and growth of the physician community, accordingly, led partly by our organization. What has not kept up adequately with this growth is the number of available, adequately staffed, medical-surgical inpatient hospital beds. The addition of Vanderbilt Rutherford Hospital would improve patient care and access both directly, and via provision of a source of competition for Ascension Saint Thomas Rutherford Hospital, to encourage improvement of their services in the eyes of the Murfreesboro physician community, and incentivize a better partnership with that community. (To be clear, TriStar StoneCrest Medical Center in Smyrna is at the opposite end of Rutherford county from where Vanderbilt Rutherford Hospital would be located, and the TriCare facility is not an effective participant in the health care of Murfreesboro residents, nor those of western Rutherford County and eastern Williamson County.) In addition, as a 19-year resident of eastern Williamson county, I can attest personally to that region's similarly rapid population growth, which would also be served by the proposed Vanderbilt Rutherford Hospital.

7. I support VUMC's proposed Vanderbilt Rutherford Hospital as a means of improving acute-care access in the rapidly growing corridor including Murfreesboro and eastern Williamson County, and in recognition of there having been a deteriorating and adversarial relationship in recent years between a large segment of the Murfreesboro physician community, in a way that is counter to maintaining good continuity of care for our patient population—Ascension Saint Thomas Hospital's referral policies being, for example, unresponsive and unfriendly to the preferred referral patterns of our organization's primary care providers, and other physicians. In at least one case these policies forced a highly respected and skilled specialist out of the community.

[REST OF PAGE INTENTIONALLY BLANK]

FURTHER AFFIANT SAYETH NOT.


JAMES KELLETT RONE, M.D., FACPSTATE OF TENNESSEE)
COUNTY OF RUTHERFORD)Sworn to and subscribed before me, this the 29th day of June, 2021.
Notary PublicMy commission expires: 3-3-25

BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:

**VANDERBILT UNIVERSITY
MEDICAL CENTER, D/B/A
VANDERBILT RUTHERFORD
HOSPITAL**

Petitioner.

Docket No. 25.00-203133J
CON No. CN2004-012D

AFFIDAVIT OF Brent Rosser, MD

I, Brent Andrew Rosser, MD, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.
2. I have been a resident of Rutherford County, Tennessee since 2004. I live in Murfreesboro with my wife, Abigail, and 4 children.
3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.
4. I am a private pediatrician in Murfreesboro with a large patient population covering a wide range of medical diagnoses. There has not been an option in Rutherford County to admit pediatric hospital patients for many years despite the Murfreesboro pediatricians' requests for St. Thomas Rutherford to have a designated pediatric inpatient area. The inpatient staff is not adequately trained for pediatric care, and the pediatricians lost confidence in the care our patients were receiving years ago. All of the pediatric patients in Rutherford County and the surrounding counties must go to Nashville for any inpatient care. I am in a group practice with

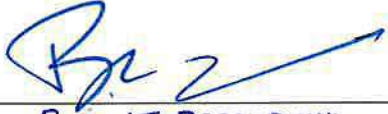
19 other pediatricians who have experienced the same frustrations. Vanderbilt has always been willing to care for the pediatric patients in Rutherford County, especially in the inpatient setting. I have been admitting my inpatient pediatric patients to Vanderbilt for > 10 years.

5. Rutherford County is one of the fastest growing counties in Tennessee. St. Thomas Rutherford commonly is on diversion because there are no open beds in the hospital, and wait times in the ER are increasing. The community needs more options for medical care, especially the pediatric population due to the fact that no hospitals in Rutherford County have pediatric inpatient care.

6. I support Vanderbilt's request for a hospital in Rutherford County because they have committed to having competent pediatric inpatient medicine that currently is not available in Rutherford County.

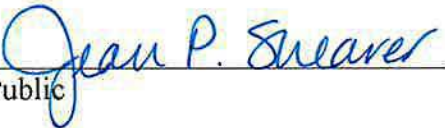
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FURTHER AFFIANT SAYETH NOT.


BRENT ROSSER MD

STATE OF TENNESSEE)
COUNTY OF RUTHERFORD)

Sworn to and subscribed before me, this the 29th day of June, 2021.


Notary Public

My commission expires: 3-3-25



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:	)	
	)	
VANDERBILT UNIVERSITY	)	
MEDICAL CENTER, D/B/A	)	Docket No. 25.00-203133J
VANDERBILT RUTHERFORD	)	CON No. CN2004-012D
HOSPITAL	)	
	)	
	)	
Petitioner.	)	

AFFIDAVIT OF Arundati Ramesh, MD

I, Arundati Ramesh, MD, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.
2. I have been a resident of Rutherford County, Tennessee since 2004. I live in Murfreesboro with my family.
3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.
4. I am an internal medicine and geriatrics physician at Murfreesboro Medical Clinic.
5. VUMC take excellent care of my patients and they are easily accessible.
6. I think some of the specialties that are not currently available would be beneficial and we would not have to transfer patients to Nashville due to lack of hospital beds.
7. Provides our patients with another hospital facility.

[REST OF PAGE INTENTIONALLY BLANK]

FURTHER AFFIANT SAYETH NOT.

Arundati K. Ramesh
Arundati K. Ramesh, MD.

STATE OF TENNESSEE)
COUNTY OF RUTHERFORD)

Sworn to and subscribed before me, this the 29th day of June, 2021.

Jean P. Shearer
Notary Public

My commission expires: 3-3-25



**BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT
AGENCY**

IN RE:	)	
	)	
VANDERBILT UNIVERSITY	)	
MEDICAL CENTER, D/B/A	)	Docket No. 25.00-203133J
VANDERBILT RUTHERFORD	)	CON No. CN2004-012D
HOSPITAL	)	
	)	
	)	
Petitioner.	)	

AFFIDAVIT OF Jason W. Pollock, M.D., F.A.C.O.G.

I, Jason Pollock, state and affirm that the following is true and correct to the best of my knowledge:

- I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.
- I have been a resident of Rutherford County, Tennessee since 1973-1991, 2004-present. I live in Murfreesboro, TN, with my wife and two daughters.
- I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.
- I am a Board-certified Obstetrician/Gynecologists and a partner of Murfreesboro Medical Clinic practicing full-time with privileges at St. Thomas Rutherford. I am currently on the Board of Directors of Murfreesboro Medical Clinic. I am a former Chief of Staff at Southern Hills Hospital and Medical Center in Las Vegas, NV.

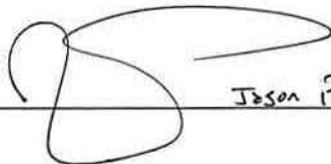
- I am a graduate of Vanderbilt University Medical School with AOA honors. I completed my Ob/Gyn Residency training at Vanderbilt University and Medical Center. As such, I have first-hand experience with Vanderbilt's commitment to providing excellent, state-of-the-art, compassionate medical care to the people of Middle Tennessee and beyond.

- Rutherford County continues to be one of the fastest growing counties in the country. Our existing labor and delivery infrastructure at St. Thomas Rutherford Hospital is inadequate for the population levels present in 2021. Having recently expanded the hospital to provide promised Women's Services beds to alleviate our scarcity, we have seen those beds utilized for relieving overcrowding in other areas of the hospital instead. As such, I have been repeatedly denied spots for inductions of labor for medically indicated reasons because the St. Thomas Rutherford Labor and Delivery unit is full. The hospital seems to always be on diversion in some form or fashion (as it was DURING the last CON hearing when the representatives of St. Thomas denied the need for another hospital). The women of Middle Tennessee deserve better. They deserve to know that when they are pregnant, there will be room for them in a hospital in their community. The Ob/Gyns caring for these women deserve better, too. We demand a medical infrastructure of sufficient capacity to care for the current and future population of Middle Tennessee. St. Thomas Hospital has been, is currently, and will continue to be inadequate. To suggest otherwise is disingenuous at best. (I am typing this as I have been told that the induction of labor I scheduled two hours ago at St. Thomas Rutherford for my patient with pregnancy-induced hypertension requiring delivery has been postponed due to lack of

beds. She is now the fourth induction on the waiting list today)

[REST OF PAGE INTENTIONALLY BLANK]

FURTHER AFFIANT SAYETH NOT.


Jason Pollock, M.D.
 [INSERT NAME]

STATE OF TENNESSEE)
 COUNTY OF Rutherford)

Sworn to and subscribed before me, this the 29 day of June, 2021.

Esther Gail Markum
 Notary Public

My commission expires: 11/17/24



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:	)	
	)	
VANDERBILT UNIVERSITY	)	
MEDICAL CENTER, D/B/A	)	Docket No. 25.00-203133J
VANDERBILT RUTHERFORD	)	CON No. CN2004-012D
HOSPITAL	)	
	)	
	)	
Petitioner.	)	

AFFIDAVIT OF PAUL PASARILLA, MD

I, Paul Pasarilla, MD, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.

2. I have been a resident of Rutherford County, Tennessee since July, 2008. I live in Murfreesboro with my wife and family.

3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.

4. I am a board-certified general surgeon who is a partner and shareholder at Murfreesboro Medical Clinic where I have my primary offices. I also have active privileges at Saint Thomas Rutherford Hospital. My job entails providing surgical services for my community primarily through elective cases but also by taking call at Saint Thomas Rutherford Hospital. I have worked at this hospital since 2008.

5. Vanderbilt Hospital continues to be one of the premier tertiary centers in the nation. Its reputation as an advanced medical system is well-known. I have had a very excellent

relationship with the subspecialist surgeons at Vanderbilt Hospital. They are usually very quick to accept transfers when there is space available. Their ability to handle complex surgical issues has been a great asset to my practice.

6. Since my arrival in 2008, Rutherford County is seen rapid growth and continues to be one of the fastest growing counties in the United States. In addition, Saint Thomas Rutherford Hospital has positioned itself as a regional hospital and we now routinely take transfers in from surrounding counties. The capture area now reaches all the way down to the Tennessee border and we have also received patient's in transfer from Kentucky.

7. I strongly support VUMC's proposed Vanderbilt Rutherford Hospital. As noted above, our county has seen rapid growth and is expected to continue to grow. The primary hospital this county, while it has increased in size and attempted to increase capacity, at this time is not able to keep up with the demands. We routinely have prolonged holds in the PACU as well as in the ER awaiting bed placement as the hospital is overwhelmed by the number of patients. We typically function at or near capacity. Saint Thomas Rutherford Hospital is also planning on adding trauma services and open-heart surgery for our county. Again, while this is an appropriate thing to do, this will continue to stretch the resources of St. Thomas Rutherford Hospital further. At this point it is not safe for our patients and puts the physicians at risk and stress as well. I can only think that additional competition and medical provision in this community will only strengthen the overall health care in this region. In addition, an increased Vanderbilt presence in our region would be expected to increase access for our citizens to advance healthcare when needed at Vanderbilt. I certainly believe there is enough healthcare demand in this region to support two main hospitals in this county. Indeed, the one hospital we currently have is inadequate for our current needs.

8. [Add any additional information you would like to include].

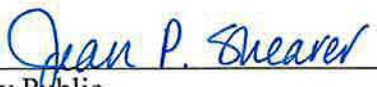
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FURTHER AFFIANT SAYETH NOT.


 Paul Pasarilla, MD

STATE OF TENNESSEE)
 COUNTY OF RUTHERFORD)

Sworn to and subscribed before me, this the 29th day of June, 2021.


 Notary Public

My commission expires: 3-3-25



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:	)	
	)	
VANDERBILT UNIVERSITY	)	
MEDICAL CENTER, D/B/A	)	Docket No. 25.00-203133J
VANDERBILT RUTHERFORD	)	CON No. CN2004-012D
HOSPITAL	)	
	)	
	)	
Petitioner.	)	

AFFIDAVIT OF Jennifer Taylor Rayburn, MD

I, Jennifer Taylor Rayburn, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.
2. I have been a resident of Rutherford County, Tennessee since 2015. I live in Murfreesboro, TN.
3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.
4. I am Internal Medicine Physician with Murfreesboro Medical Clinic with practicing privileges at Saint Thomas Rutherford Hospital.
5. My patients are currently seen for specialty care by VUMC providers including Vanderbilt Heart. The care provided there is one that I trust and are primary referral source as a primary care provider. I trust my own father's care to Vanderbilt providers, as well.
6. For many years I trusted my patients to the existing hospital infrastructure, however[due to recent experiences over the last several years, our community needs the improved

care provided by VUMC. My patients have difficulty travelling and having an option closer would be much more conducive to their needs.

7. As mentioned above, my patients have a need for care that is close to home. Vanderbilt University Medical Center would provide additional options for care in our community. Access to specialty care in our community is becoming increasingly difficult as the region grows. A new hospital and its providers will provide much needed capacity.

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BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:	)	
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VANDERBILT UNIVERSITY	)	
MEDICAL CENTER, D/B/A	)	Docket No. 25.00-203133J
VANDERBILT RUTHERFORD	)	CON No. CN2004-012D
HOSPITAL	)	
	)	
	)	
Petitioner.	)	

AFFIDAVIT OF SHANE REEVES

I, Shane Reeves, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.

2. I have been a resident of Rutherford County, Tennessee since 1968. I live in Murfreesboro with my wife, Amanda, and our three children.

3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.

4. I have been a pharmacist in Rutherford County for 27 years. I have witnessed firsthand the exponential growth in my community and the strain that has been placed upon our infrastructure (i.e. roads, bridges, landfill) and vital resources (i.e. education, healthcare, first responders).

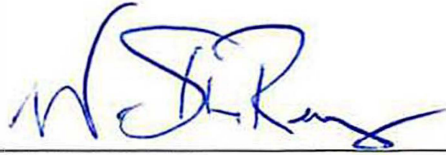
5. We are very fortunate to have a nationally ranked pediatric hospital in middle Tennessee that is affiliated with the Vanderbilt University School of Medicine.

6. Rutherford County has seen double digit growth for the past forty years. I believe that the addition of Vanderbilt Rutherford Hospital will be welcomed by the citizens in our community (Specifically those that are already patients with Vanderbilt that are making the drive to downtown Nashville.)

7. Finally as a TN State Senator, I believe that additional competition in our suburban and urban areas and will lead towards better quality, access and affordability

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FURTHER AFFIANT SAYETH NOT.



[INSERT NAME]

STATE OF TENNESSEE)
COUNTY OF Davidson)

Sworn to and subscribed before me, this the 22 day of June, 2021.

Pamela McCary
Notary Public

My commission expires: 11-6-23



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:	)	
	)	
VANDERBILT UNIVERSITY	)	
MEDICAL CENTER, D/B/A	)	Docket No. 25.00-203133J
VANDERBILT RUTHERFORD	)	CON No. CN2004-012D
HOSPITAL	)	
	)	
	)	
Petitioner.	)	

AFFIDAVIT OF Kayla Wienczkowski

I, Kayla Wienczkowski, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.
2. I have been a resident of Wilson County, Tennessee since 1989. I live in Lebanon with my family but I have practiced Pediatrics in Rutherford County since 2020.
3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.
4. I am pediatrician in Murfreesboro.
5. Vanderbilt has helped us care for many of our pediatric patients since we do not have pediatric services in Murfreesboro.
6. We have had rapid growth in Murfreesboro and would benefit from pediatric care closer to home for our families.
7. The current hospital is not equipped to care for pediatric patients.

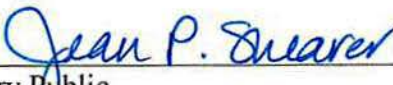
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FURTHER AFFIANT SAYETH NOT.


Kayla Wienczkowski M.D.

STATE OF TENNESSEE)
COUNTY OF RUTHERFORD)

Sworn to and subscribed before me, this the 29th day of June, 2021.


Notary Public

My commission expires: 3-3-25



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:	)	
	)	
VANDERBILT UNIVERSITY	)	
MEDICAL CENTER, D/B/A	)	Docket No. 25.00-203133J
VANDERBILT RUTHERFORD	)	CON No. CN2004-012D
HOSPITAL	)	
	)	
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Petitioner.	)	

AFFIDAVIT OF Brian David Smith

I, Brian David Smith, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.

2. I have been a resident of Rutherford County, Tennessee since October 1, 2018. I live in Christiana with wife, Daisye Caroline Smith.

3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.

4. I am a Gastroenterologist at Murfreesboro Medical Clinic. I feel that being a practicing physician in this community gives me a unique perspective regarding the community's need for the proposed Vanderbilt Rutherford Hospital.

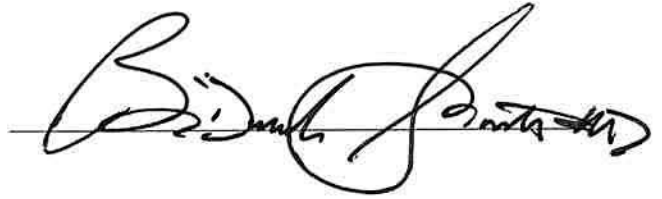
5. I did my training in Internal Medicine and Gastroenterology at Vanderbilt University Medical Center in the 1990's. Since I have returned to this area 2 years ago, I have had multiple positive experiences with the staff of Vanderbilt Health in treating my patients in a helpful and timely manner. I find the staff of Vanderbilt Health to be knowledgeable, caring and friendly.

6. Rutherford county is growing at an incredible rate. I bought a home on 4.5 acres in December of 2019 in what was thought to be the “country.” That is no longer the case with multiple homes going up around mine along with shopping complexes and the expansion of the local schools which are struggling to keep up with the new influx of students. The current hospitals that serve our region stay filled and frequently are on “diversion” due to this demand. Having Vanderbilt Health establish a hospital here would greatly help with this frequently overwhelmed healthcare system.

7. I very much support Vanderbilt Health in its efforts to establish a hospital here and look forward to working with them to help my patients gain access to excellent healthcare

[REST OF PAGE INTENTIONALLY BLANK]

FURTHER AFFIANT SAYETH NOT.



STATE OF TENNESSEE)
COUNTY OF RUTHERFORD)

Sworn to and subscribed before me, this the 29th day of June, 2021.

Jean P. Shearer
Notary Public

My commission expires: 3-3-25



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:	)	
	)	
VANDERBILT UNIVERSITY	)	
MEDICAL CENTER, D/B/A	)	Docket No. 25.00-203133J
VANDERBILT RUTHERFORD	)	CON No. CN2004-012D
HOSPITAL	)	
	)	
	)	
Petitioner.	)	

AFFIDAVIT OF Shawn Horwitz D.O., F.A.C.O.S

I, Shawn Horwitz, state and affirm that the following is true and correct to the best of my knowledge:

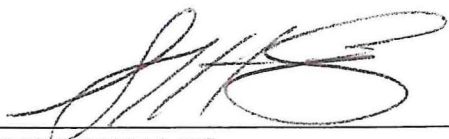
1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.
2. I have been a resident of Williamson County, Tennessee since 2016. I live in Arrington, TN. Prior to this I lived in Murfreesboro, TN Rutherford County for 2 years.
3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.
4. I am a general surgeon and have worked in Rutherford County for 7 years and have taken 3-4 emergency room calls per month at the only hospital currently serving Rutherford county during that time period.

5. My interactions with Vanderbilt Hospital affirm their reasoning for establishing a new hospital in Rutherford county - to offer specialty care and services previously not offered in the county, provide the highest quality of care to the patients of Rutherford county who may not be receiving that level of care at this time and for them to take care of residents of Rutherford county closer to home instead of in downtown Nashville.
6. In my seven years of practice, Rutherford county has profoundly grown. I have seen this in my personal practice with dramatic growth in new patients as well as in the patients coming through the emergency room - in which evaluating patients in hallways instead of in exam rooms is now a common occurrence. Based on current demographics and future models there is no reason to think this trend will cease.
7. I support VUMC's proposed Vanderbilt Rutherford Hospital because the current hospital simply cannot take care of the current patient volume and certainly has no ability to take care of future growth.
8. The majority of the time I am on call in the emergency room, the current hospital is on medical/surgical diversion which means that we cannot directly admit our Rutherford county patients and they must go back through the emergency room which can take 12-24 hours. It is not uncommon for patients to wait 24 hours in the emergency room for a bed after they are admitted. We must constantly accept transfers from one of their many newly purchased regional hospitals when we have no room to place patients already in our facility. Despite all this they have decided to increase the services they offer to include trauma and open heart surgery, in which both are incredibly resource taxing. The job satisfaction of their nursing staff is very low and their turnover is

incredibly high. This leads to inexperienced and overworked nurses which of course causes mistakes and oversights - I see this on a nearly daily basis. The assumption that the current hospital facilities can safely and with high quality care for the patients in Rutherford county is simply false. A Vanderbilt Rutherford Hospital would hopefully not only offload some of this tremendous increase in patient volume but would also dramatically increase the quality of care for our patients and the community of Rutherford county.

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FURTHER AFFIANT SAYETH NOT.

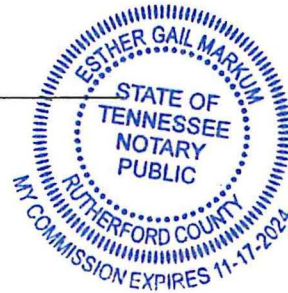

 [INSERT NAME]
 Shawn Horvitz

STATE OF TENNESSEE)
 COUNTY OF Rutherford)

Sworn to and subscribed before me, this the 17 day of June, 2021.


 Notary Public

My commission expires: 11/17/24



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:

**VANDERBILT UNIVERSITY
MEDICAL CENTER, D/B/A
VANDERBILT RUTHERFORD
HOSPITAL**

Petitioner.

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**Docket No. 25.00-203133J
CON No. CN2004-012D**

AFFIDAVIT OF JENNY SAULS

I, Jenny Lynn Sauls, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.
2. I have been a resident of Rutherford County, Tennessee since 1985. I live in Murfreesboro with my husband, Teddy Sauls.
3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.
4. I am the Director for the School of Nursing at MTSU. As an educator of future Nurses, I value our current partnership with Vanderbilt for graduate and undergraduate student placement in various areas of the Nashville hospital and outpatient clinics. Vanderbilt recruiters come to our campus each semester to recruit our graduates for the numerous residency programs now offered by Vanderbilt University Medical Center. Having a Vanderbilt facility in Rutherford County would be a tremendous benefit to our students as an additional site for clinical placement

opportunities, and MTSU could provide a direct pipeline for providing needed Registered Nurses for the facility in Rutherford County.

5. Many members of my family have used numerous services at Vanderbilt to include Trauma Care, Transplant Care, Surgical Services, Diagnostic and Outpatient Services, Cardiac Care (in Murfreesboro), ENT Care, Neurology, Gastroenterology, and Bill Wilderson Hearing Clinic, and Vestibular Rehabilitation. We received excellent care in every area. While I understand that it may not be possible to offer all these services in Murfreesboro, it would be beneficial to our citizens to have access to a variety of commonly used specialty areas here in Rutherford County.

6. I am aware that many people travel to Nashville to access needed healthcare services that may not be available in Rutherford County. The addition of a new Vanderbilt Facility will improve access to care and prevent unnecessary travel that may be a hardship for many of our citizens.

7. I believe it is a great opportunity to offer Vanderbilt's nationally-recognized programs and services to the citizens of Rutherford County. In addition, it would provide a much needed increase in clinical placements for our Nursing students.

8. [Add any additional information you would like to include].

[REST OF PAGE INTENTIONALLY BLANK]

FURTHER AFFIANT SAYETH NOT.

[INSERT NAME]

Yang SaulsSTATE OF TENNESSEE)
COUNTY OF Rutherford)Sworn to and subscribed before me, this the 22 day of June, 2021.Sherry Preston
Notary PublicMy commission expires: 12-21-24

BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:	)	
	)	
VANDERBILT UNIVERSITY	)	
MEDICAL CENTER, D/B/A	)	Docket No. 25.00-203133J
VANDERBILT RUTHERFORD	)	CON No. CN2004-012D
HOSPITAL	)	
	)	
Petitioner.	)	

AFFIDAVIT OF CHARLES L. BAUM II

I, Charles L. Baum II, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.

2. I have been a resident of Rutherford County, Tennessee since 1999. I live in Murfreesboro with my wife, Kelly Baum, and three children.

3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.

4. I am a professor of economics at Middle Tennessee State University, a former Rutherford County Commissioner, and the current State Representative of the 37th House District of Rutherford County. Through my positions of leadership over the past 11 years, I have seen firsthand the growth of our county and know the strains this puts on infrastructure.

5. As a resident of Rutherford County for 22 years, and an elected leader for 11 years, I have witnessed the remarkable growth we have experienced, and have been tasked with meeting the challenges of providing services to a much larger population. Roads, bridges, schools,

departments of government services have all needed to be expanded to meet the demand. This includes medical care, as well. With a great population comes a greater need for medical services. We are in need of Vanderbilt Rutherford Hospital not only to handle the increased volume, but to insure healthcare costs stay at a reasonable rate for consumers.

6. In addition, many of my constituents are currently patients at VUMC in Nashville, and they are in support of this hospital because they would benefit greatly by receiving the same great medical care much closer to home.

7. That is why, as an economist and as a state legislator, I support the approval of this hospital. The free market should be allowed to work.

FURTHER AFFIANT SAYETH NOT.

Charles Z. Baum II

[INSERT NAME]

STATE OF TENNESSEE)

COUNTY OF Davidson)

Sworn to and subscribed before me, this the 22nd day of June, 2021.

Pamela McCary
Notary Public

My commission expires: 11-6-23



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:	)	
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VANDERBILT UNIVERSITY	)	
MEDICAL CENTER, D/B/A	)	Docket No. 25.00-203133J
VANDERBILT RUTHERFORD	)	CON No. CN2004-012D
HOSPITAL	)	
	)	
	)	
Petitioner.	)	

AFFIDAVIT OF BRANNON MANGUS

I, Brannon Mangus, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.
2. I have been a resident of Rutherford County, Tennessee since 2013. I live in Murfreesboro.
3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.
4. I have been an Otolaryngologist at Murfreesboro Medical Clinic (MMC) since July 2013. I currently sit on the Board of Directors at MMC and I will serve as its president from 2021-2024.

5. I did my surgical training at Vanderbilt University Medical Center from 2008-2013. In my experience, Vanderbilt provides the highest quality of care in the hospital setting in Middle Tennessee. Vanderbilt's critical care capabilities are second to none.

6. With the population of Rutherford County expected to grow by more than 100,000 people in the next 10 years, these new residents will need a high-quality hospital to receive care.

7. Vanderbilt Medical Center coming to Rutherford County would be a significant improvement to the quality of hospital based care for the current and future residents of Rutherford County. A Vanderbilt Hospital would be a dramatic benefit to all Rutherford County citizens.

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FURTHER AFFIANT SAYETH NOT.

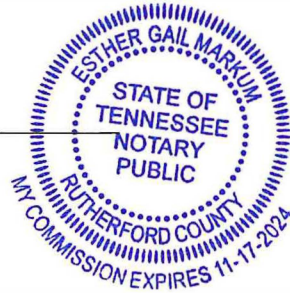

[INSERT NAME] Brannon Mangus

STATE OF TENNESSEE)
COUNTY OF Rutherford)

Sworn to and subscribed before me, this the 15 day of June, 2021.


Notary Public

My commission expires: 11/17/24



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:	)	
	)	
VANDERBILT UNIVERSITY	)	
MEDICAL CENTER, D/B/A	)	Docket No. 25.00-203133J
VANDERBILT RUTHERFORD	)	CON No. CN2004-012D
HOSPITAL	)	
	)	
	)	
Petitioner.	)	

AFFIDAVIT OF MARK ANTHONY FOULKS

I, Mark Anthony Foulks, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.

2. I have been a resident of Rutherford County, Tennessee since 2015. I live in Murfreesboro with my family.

3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.

4. I am the Fire Chief for the Murfreesboro Fire Rescue Department, which provides Advanced Life Support Emergency Medical Services to the citizens and visitors of Murfreesboro.

5. Murfreesboro Fire Rescue has an outstanding relationship with Vanderbilt University Medical Center, Monroe Carell Jr. Children's Hospital at Vanderbilt, and Vanderbilt LifeFlight. For many years a strong, collaborative partnership has existed that truly enhances Murfreesboro Fire Rescue's ability to provide high performance emergency medical services to our community.

6. Murfreesboro, Rutherford County, and for that matter the entire region has and continues to experience phenomenal growth. This growth is expected to continue for years to come. Adequate access to healthcare services is and will continue to be a tremendous need for our community and the region. VUMC's proposed Vanderbilt Rutherford Hospital will greatly enhance not only access to adequate healthcare but the level of healthcare in our community as well.

7. Being in a unique position to understand the need for not only emergency healthcare but also complete comprehensive healthcare services, I am pleased to offer my full support of VUMC's application to establish Vanderbilt Rutherford Hospital in Murfreesboro.

FURTHER AFFIANT SAYETH NOT.

Mark A. Foulks

Mark A. Foulks

STATE OF TENNESSEE)
COUNTY OF Rutherford)

Sworn to and subscribed before me, this the 15 day of June, 2021.

Michele R. Pinkston

Notary Public

My commission expires: 10-17-2021



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:	)	
	)	
VANDERBILT UNIVERSITY	)	
MEDICAL CENTER, D/B/A	)	Docket No. 25.00-203133J
VANDERBILT RUTHERFORD	)	CON No. CN2004-012D
HOSPITAL	)	
	)	
	)	
Petitioner.	)	

AFFIDAVIT OF SHANE MCFARLAND

I, Mitchell Shane McFarland, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.
2. I have been a resident of Rutherford County, Tennessee since 1992 and I live in Murfreesboro, TN with my family.
3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.
4. I am the Mayor of the City of Murfreesboro and am responsible for ensuring that the citizens and visitors of Murfreesboro have a safe and livable community. As Mayor, I believe the addition of the proposed Vanderbilt Rutherford Hospital to our community will greatly enhance the health and safety of Murfreesboro's citizens and visitors.
5. The City of Murfreesboro has partnered with Vanderbilt successfully over the last several years and appreciates the benefit Vanderbilt provides the residents in Murfreesboro.

6. Murfreesboro, Rutherford County and the entire region has and continues to experience phenomenal growth. This growth is expected to continue for years to come. Murfreesboro is already known as being a regional hub for healthcare in Tennessee. The level of services that our medical community provides is already second to none, and the City is always supportive of expanding those services to our residents. The economic benefit that the healthcare community provides Murfreesboro is already substantial and I am supportive of continuing to build on this strong base.

7. The City knows the solid reputation that Vanderbilt University Medical Center has established, and we support any expansion our community businesses undertake.

[REST OF PAGE INTENTIONALLY BLANK]

FURTHER AFFIANT SAYETH NOT.

M. Shane McFarland
 Mitchell Shane McFarland

STATE OF TENNESSEE)
 COUNTY OF Rutherford)

Sworn to and subscribed before me, this the 15th day of July, 2021.

Megan Strodtgen
 Notary Public



My commission expires: May 23, 2023

BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:	)	
	)	
VANDERBILT UNIVERSITY	)	
MEDICAL CENTER, D/B/A	)	Docket No. 25.00-203133J
VANDERBILT RUTHERFORD	)	CON No. CN2004-012D
HOSPITAL	)	
	)	
	)	
Petitioner.	)	

AFFIDAVIT OF VISHANT PRAMOD SHAH

I, Vishant Pramod Shah, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.

2. I have been a resident of Rutherford County, Tennessee since 2009. I live in Murfreesboro with my family.

3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.

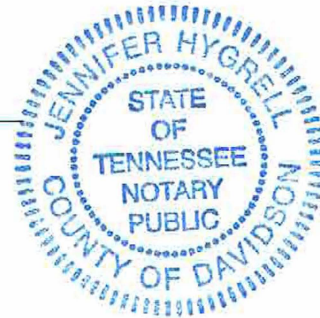
4. I am a physician/hospitalist at Saint Thomas Rutherford and work with the Vanderbilt Cardiologists.

5. Rutherford County needs more hospital access for it's patients and more access to specialists that Vanderbilt can provide. The patient population of Rutherford has a limited number of physical space to be taken care of appropriately in the hospital. Patients have been in waiting rooms in the ER for up to 24hrs and in hallway beds, etc. Vanderbilt is a great provider and will improve quality of care.

[REST OF PAGE INTENTIONALLY BLANK]

6. Rutherford County needs more medical care then what Saint Thomas Rutherford can provide itself. As the county's population grows, the people need good medical care and Vanderbilt is able to provide this service.

FURTHER AFFIANT SAYETH NOT.

U-1P82hSTATE OF TENNESSEE)
COUNTY OF Rutherford)Sworn to and subscribed before me, this the 12th day of July, 2021.Jay Hygell
Notary PublicMy commission expires: 5/9/2023

BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:

**VANDERBILT UNIVERSITY
MEDICAL CENTER, D/B/A
VANDERBILT RUTHERFORD
HOSPITAL**

Petitioner.

**Docket No. 25.00-203133J
CON No. CN2004-012D**

AFFIDAVIT OF BRUCE PLUMMER

I, Bruce Plummer, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.
2. I have been a resident of Rutherford County, Tennessee since 1973. I live in Murfreesboro with my wife Margaret as well as our two grown daughters with their husbands and children also live in Rutherford County.
3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.
4. I am a retired banker with fifty-one years of service in my profession. I have seen the tremendous growth of Murfreesboro and Rutherford County firsthand. My association with VUMC began in 1991 while I was employed as Vice President/ Director of Education for the Tennessee Bankers Association in Nashville. The convenience of my workplace office in Nashville allowed me to easily access VUMC physicians. When I retired in 2010, that convenience went away. Since 1991, I have been receiving medical services from more than twenty-two

physicians affiliated with VUMC. In addition, Margaret was first diagnosed with advanced melanoma at the Vanderbilt-Ingram Cancer Center in 1989. Thirty-two years later, she has fully recovered.

5. Today, I have to travel to Wilson County, Williamson County, and Vanderbilt's One Hundred Oaks campus in order to access the services of Vanderbilt, my provider of choice. I do whatever I can to avoid the Vanderbilt main campus because of the length of the drive, its congestion and my difficulty in navigating that campus. Nevertheless, if I need to be admitted to the hospital, I will travel the 40-45 minutes to get to VUMC because they are my doctors and my healthcare provider. But over the last several years, it has been more and more difficult for Margaret and me to travel to VUMC to main campus due to the congestion on Interstate I-24 and I-440. Having my medical care, including inpatient care, conveniently located in Murfreesboro, will simplify my care and will improve the quality of care for residents in Rutherford County.

6. In addition, I believe our community needs an additional provider. For many years, Rutherford County, according to government and census officials, is the fastest growing county in the state. It is projected to overtake Hamilton County as the fourth largest county in Tennessee in the near future. Having the medical beds and ancillary medical facilities available for servicing the current population as well as plan for the increased need in the very near future is important.

7. Rutherford County and the City of Murfreesboro would greatly benefit from the addition several hundred new jobs the VUMC facility. In addition, the new facility would have increased the demand for housing and created additional retail sales. This would be a tremendous asset to this region.

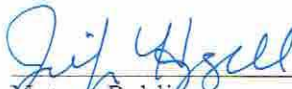
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FURTHER AFFIANT SAYETH NOT.



STATE OF TENNESSEE)
COUNTY OF Rutherford)

Sworn to and subscribed before me, this the 12th day of July, 2021.


Notary Public

My commission expires: 5/9/23



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:	)	
	)	
VANDERBILT UNIVERSITY	)	
MEDICAL CENTER, D/B/A	)	Docket No. 25.00-203133J
VANDERBILT RUTHERFORD	)	CON No. CN2004-012D
HOSPITAL	)	
	)	
	)	
Petitioner.	)	

AFFIDAVIT OF KIMBRO CARL HUDGENS

I, Kimbo Carl Hudgens, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.

2. I have been a resident of Rutherford County, Tennessee since 1965. I live in Murfreesboro with my wife, Patricia Hudgens.

3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.

4. I am the director of Rutherford County EMS. Rutherford County EMS is the primary EMS transport service for the county and the municipalities within Rutherford County.

5. Vanderbilt is good at offering education, and Rutherford County EMS has good relations with Vanderbilt LifeFlight, its crew, and Vanderbilt's emergency department. They receive our Level 1 and Level 2 trauma status patients.

6. Rutherford County has two hospitals. We are the fourth largest county by population in the state, and the fastest growing county in the state with a population of around 350,000, with

expected growth to over 400,000 in the next five to eight years. Having another hospital would be a valuable resource for Rutherford County EMS and very beneficial to the citizens of Rutherford County.

7. Having another hospital in Rutherford County would be beneficial to its citizens and a valuable resource to Rutherford County EMS.

8. In my view, I believe competition is good for the quality of service offered at hospitals, and I believe patients in Rutherford County would benefit from the increased quality of service.

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FURTHER AFFIANT SAYETH NOT.

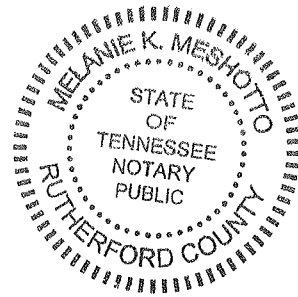
Kembo Carl Hodgson
[INSERT NAME]

STATE OF TENNESSEE)
COUNTY OF Rutherford)

Sworn to and subscribed before me, this the 21 day of June, 2021.

Melanie K. Meskotte
Notary Public

My commission expires: 01/18/2022



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:	)	
	)	
VANDERBILT UNIVERSITY	)	
MEDICAL CENTER, D/B/A	)	Docket No. 25.00-203133J
VANDERBILT RUTHERFORD	)	CON No. CN2004-012D
HOSPITAL	)	
	)	
	)	
Petitioner.	)	

AFFIDAVIT OF Daniel J Duffield

I, Daniel J. Duffield, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.

2. I have been a resident of Rutherford County, Tennessee since 2010. I live in Murfreesboro with. *my wife and 2 sons. DJD*

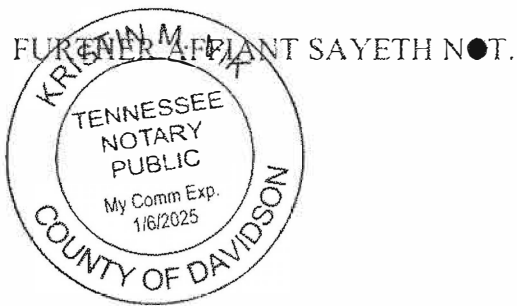
3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.

4. I am a licensed Certified Public Accountant who has lived in the county since 2010 and my parents have lived here since 1988.

5. The growth that I have seen in this community since 1st visiting my parents in the late 1980's and now is incredible. Our experiences with the health care facilities has generally been positive. However, recently our experience with the hospital in Murfreesboro leads me to believe that there is a definite need for additional facilities to accommodate the tremendous growth in our community. We recently had need to take one of our sons to the emergency room and it was

so crowded that we were unable to receive the care we needed for him at the time. We heard while we were there that they were in need of at least 30 beds at that point in the day (around noon) and would need 60 by the end of the day. It has us hesitant to return to this particular ER in the future.

6. Our community has grown beyond the small town that we were once used to and I would submit our healthcare needs in this community could definitely use an additional facility without compromising the economic well being of the existing facilities that we already have.



[Signature]
[INSERT NAME]

STATE OF TENNESSEE)
COUNTY OF Davidson)

Sworn to and subscribed before me, this the 1 day of July, 2021.

[Signature]
Notary Public

My commission expires: 1/6/2025

BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:	)	
	)	
VANDERBILT UNIVERSITY	)	
MEDICAL CENTER, D/B/A	)	Docket No. 25.00-203133J
VANDERBILT RUTHERFORD	)	CON No. CN2004-012D
HOSPITAL	)	
	)	
	)	
Petitioner.	)	

AFFIDAVIT OF RICHARD K. FLUHARTY

I, Richard K. Fluharty, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.

2. I have been a resident of Rutherford County, Tennessee since 2010. I live in Murfreesboro with my wife and three small children.

3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.

4. I am involved in the community on a daily basis through my Vice President position with Smart Bank, so I am well aware of the tremendous growth our community has experienced over just a short amount of time. I have also invested in this community as a place to raise my family, and providing quality healthcare is of the utmost importance to both my wife and myself.

5. While we have been fortunate enough to not have any major emergencies thus far, my son did require the expertise of a pediatric urologist, which we were able to secure through

Vanderbilt. Dr. Clayton's care and attention to detail were unparalleled, as was his calm demeanor and rapport.

6. Within the past year, our neighbors required urgent pediatric care at Vanderbilt for their six-year-old son. The need for Vanderbilt facilities in Murfreesboro was evidenced by the fact that he was transferred from St. Thomas Rutherford immediately upon becoming stable. The fact that our closest hospital is unable to care for residents in its community is frightening. As I'm sure you are aware, in many emergencies, time is crucial, and that time should not have to be spent transporting patients to another facility when the very same facility could be provided within the community.

7. Anything that can be done to improve the well being of the residents of Murfreesboro is crucial. Providing residents with closer access to the services provided by Vanderbilt would greatly benefit one of the fastest growing populations in our country.

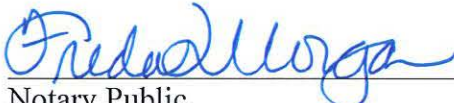
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FURTHER AFFIANT SAYETH NOT.


Richard K. Fluharty

STATE OF TENNESSEE)
COUNTY OF Bushyport)

Sworn to and subscribed before me, this the 9 day of July, 2021.


Notary Public

My Commission Expires

My ~~commission~~ expires: June 12, 2024



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:	)	
	)	
VANDERBILT UNIVERSITY	)	
MEDICAL CENTER, D/B/A	)	Docket No. 25.00-203133J
VANDERBILT RUTHERFORD	)	CON No. CN2004-012D
HOSPITAL	)	
	)	
	)	
Petitioner.	)	

AFFIDAVIT OF Chad Jackson, M.D.

I, Chad Jackson, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.

2. I have been a resident of Rutherford County, Tennessee since 2006
I live in Murfreesboro with my wife and children.

3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.

4. I am a Private Practice Urologist who has been serving this community for the past 15 years.

5. Vanderbilt Urology has been an excellent partner in patient care for those patients that need services that aren't offered in this community.

6. In my 15 years here in Rutherford County, I have witnessed a boom in the population. While our local hospital has certainly grown and tried to keep up with the population boom, it just hasn't been enough. Our hospital is routinely at capacity, which results in a backup

in other facets of patient care. This affects admissions to the hospital from the outpatient setting, delays in getting patients admitted to the floor after surgery, and long Emergency Room Wait Times.

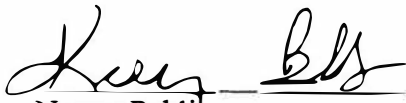
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FURTHER AFFIANT SAYETH NOT.


[INSERT NAME]

STATE OF TENNESSEE)
COUNTY OF Rutherford)

Sworn to and subscribed before me, this the 12th day of July, 2021.

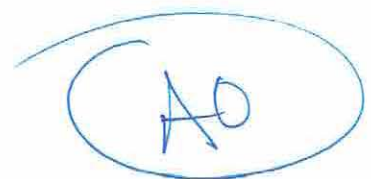

Notary Public

My commission expires: 8/22/21



5. When my family and I have had to travel to Vanderbilt's main campus for care, we have always had a good experience. Being able to access that care closer to home would be a benefit not only for me and my family, but for my employees who deserve an additional option for their care in our home.

[REST OF PAGE INTENTIONALLY BLANK]

A handwritten signature, possibly "AO", is enclosed within a hand-drawn blue oval in the bottom right corner of the page.

FURTHER AFFIANT SAYETH NOT.

[INSERT NAME]

STATE OF TENNESSEE)
COUNTY OF Rutherford)

Sworn to and subscribed before me, this the 12th day of July, 2021.

Jef Hygrel
Notary Public

My commission expires: 5/9/2023



AO

BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:	)	
	)	
VANDERBILT UNIVERSITY	)	
MEDICAL CENTER, D/B/A	)	Docket No. 25.00-203133J
VANDERBILT RUTHERFORD	)	CON No. CN2004-012D
HOSPITAL	)	
	)	
	)	
Petitioner.	)	

AFFIDAVIT OF Natalie K. Rollman, D.O.

I, Natalie K. Rollman, D.O., state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.
2. I have been a resident of Rutherford County, Tennessee since January of 2016. I live in Christiana, TN.
3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.
4. I am an Internal Medicine physician who practiced as a hospitalist at St. Thomas Rutherford Hospital in Rutherford County, TN from March of 2016 to May of 2021. As a hospitalist, I was the primary physician responsible for the care of patients on my daily census. As a hospitalist at the largest medical facility in Rutherford County, I am uniquely qualified to attest to the fact that there is a real and urgent need for the establishment of a VUMC hospital in Rutherford County. When I began working at St. Thomas Rutherford in 2016, I was a part of a seven-member hospitalist team, with each team member seeing on average 15 – 18 patients per

day. As the population of Rutherford County exploded over the last five years, I became a part of a thirteen-member team, with each team member seeing on average 21- 25 patients per day. This is an exceptionally high volume of patients for a hospitalist and indicative of the rapid growth of the area. Over the last several years, we have often had to go on “diversion” at our hospital. Going on diversion is a declaration in which a hospital states they are at physical capacity at their facility and no longer have room or resources to accept anymore patients- other than those who come through their own ER. Even as such, there have been countless times in which I would have patients housed in the ER for literally days awaiting a bed to become available in the hospital. Furthermore, on numerous occasions, overcrowding was so significant that I was asked to admit and care for patients who were still in the waiting room of the ER- not even in an ER bed. Another aspect of my job as a hospitalist physician was to accept the phone calls of physicians from outside hospitals requesting patient transfer to our hospital for a higher level of care. The service area of St. Thomas Rutherford Hospital was expansive, including not just rapidly growing Rutherford County, but also patients from Dekalb, Cannon, Warren, Coffee, Moore, Franklin, Bedford, Lincoln, and Marshall counties. Despite adding additional hospital beds to St. Thomas Rutherford Hospital and expanding our hospitalist program, there were many days in which our hospital was at capacity and we had to turn away patients (go on diversion) from outside hospitals who were seeking a higher level of care for their patients. For the last five years, I practiced medicine on the front line of hospital care at St. Thomas Rutherford Hospital, and I can personally attest that the needs of our patient service area are beyond the capabilities of what one hospital can safely address. By establishing a VUMC hospital in Rutherford County, I fully believe patient access to care would be astronomically improved.

5. On both a professional and personal level, I can speak to the exceptional care delivered by Vanderbilt University Medical Center. When my own parent became sick with an illness that local physicians could not identify, despite being on staff with the St. Thomas Health System, I instead took my parent to Vanderbilt University Medical Center in Nashville, knowing from my past experience with VUMC on a professional capacity that the delivery of care there was top notch. My expectations were not only met but exceeded as someone who is both a daughter and a physician. I continue to personally refer family and friends to VUMC. I have zero hesitation in stating that the establishment of a Vanderbilt University Medical Center hospital in Rutherford County, TN is urgent, necessary, and will improve both the quality of patient care and access to care of the residents of Middle Tennessee.

FURTHER AFFIANT SAYETH NOT.

Natalie K. Rollman D.O.
[INSERT NAME]

STATE OF TENNESSEE)
COUNTY OF Rutherford)

Sworn to and subscribed before me, this the 12th day of July, 2021.

Jennifer Hygrell
Notary Public

My commission expires: 5/9/2023



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:	)	
	)	
VANDERBILT UNIVERSITY	)	
MEDICAL CENTER, D/B/A	)	Docket No. 25.00-203133J
VANDERBILT RUTHERFORD	)	CON No. CN2004-012D
HOSPITAL	)	
	)	
	)	
Petitioner.	)	

AFFIDAVIT OF [Joseph A Little, III, MD]

I, Joseph A. Little, III, MD , state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.
2. I have been a resident of Rutherford County, Tennessee since 1982. I live in Murfreesboro with my wife, Billie Little.
3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.
4. I retired last year after practicing pediatrics here for 38 years. Last year I was awarded the Olin Williams Distinguished Service Award for a lifetime of service to the community presented by St Thomas Rutherford Hospital and voted on by the hospital medical staff. Dr John Dixon and I cared for patients in our office, on the pediatric floor

of the Murfreesboro hospital, in its newborn nursery and its neonatal intensive care unit. Vanderbilt was an essential partner in the care of our patients, no matter the location. Our collaboration with Vanderbilt gave us unique insight into the important, ever-expanding roles in our community that were and are not filled by St Thomas Rutherford Hospital or any other medical provider.

5. Vanderbilt, as noted, has been and continues to be a reliable partner in the care of patients from Rutherford County and with the explosive growth in this region the demand has skyrocketed.

6. From my viewpoint of living in Rutherford County and serving the patient population from here and the surrounding areas since 1982, we have reached the point that a Vanderbilt facility here in the county is necessary to provide the quality of care that the citizens of this area deserve.

7. It is my hope that the Tennessee Health Services and Development Agency will understand that the approval of this request in no way affects the status of St Thomas Rutherford Hospital. They have had many opportunities to consider and invest in a number of the services that the new Vanderbilt Hospital would provide and have freely chosen to invest elsewhere. Finally, where there is some overlap in services, the competition in those specialties will create a robust, creative competition that would only enhance the quality of care received by the citizens of Rutherford County and the surrounding area.

8. Thank you for your consideration of my affidavit.

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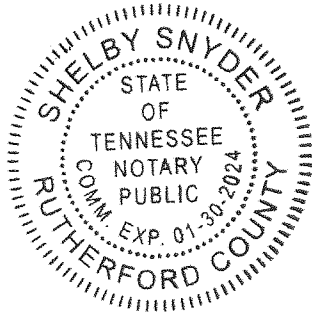
FURTHER AFFIANT SAYETH NOT.

[INSERT NAME]

STATE OF TENNESSEE)

COUNTY OF Rutherford)Sworn to and subscribed before me, this the 14th day of July, 2021.Shelby Snyder

Notary Public

My commission expires: 11/30/2024

BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:	)	
VANDERBILT UNIVERSITY	)	
MEDICAL CENTER, D/B/A	)	Docket No. 25.00-203133J
VANDERBILT RUTHERFORD HOSPITAL	)	CON No. CN 2004-012D
	)	
	)	
Petitioner.	)	

AFFIDAVIT OF MARK A. PIRTLE

I, Mark A. Pirtle, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally know to me.
2. I have been a resident of Rutherford County, Tennessee since 1985. I live in Murfreesboro, TN with Anita Pirtle.
3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.
4. I am a thirty-five-year member of the business and charitable community of Rutherford County. I have been the owner of a successful commercial real estate development business, automobile dealership and manufacturing company. The charitable projects I have been a member of are many.
5. I have enjoyed excellent treatment from Vanderbilt Cardiology for over 20 years, and Vanderbilt Rheumatology in Cool Springs.
6. I refer to my background to assure that I have seen Rutherford County become one of the fastest growing counties in the country. Our populations have exploded, new jobs have been created at a very impressive rate, and new home construction is the fastest growing in the State. I strongly support Vanderbilt's investment of \$135,000,000 for a new hospital on Highway 840 and Veteran's Parkway. We need this additional facility because St. Thomas Hospital is often full and cannot accept new patients. The most vital need Vanderbilt will be providing are the new critical services such as a Neonatal Intensive Care facility our county lacks. Additionally, the hospital will have an expanded cardiology surgery and procedure department. Many emergency cardiology procedures will now be performed in our county instead of a risky transfer to a Nashville hospital. Vanderbilt Rutherford Hospital will bring medical services to the six counties to the South of Rutherford County as well.

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FURTHER AFFIANT SAYETH NOT.

(INSERT NAME)

STATE OF TENNESSEE)
COUNTY OF RUTHERFORD)

Sworn to and subscribed before me, this the 24th day of JUNE, 2021.

Notary Public

May 22, 2022

My commission expires: _____



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:	)	
	)	
VANDERBILT UNIVERSITY	)	
MEDICAL CENTER, D/B/A	)	Docket No. 25.00-203133J
VANDERBILT RUTHERFORD	)	CON No. CN2004-012D
HOSPITAL	)	
	)	
	)	
Petitioner.	)	

AFFIDAVIT OF VIRGIL LEE BIGHAM IV

I, Virgil Lee Bigham IV, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.

2. I have been a resident of Rutherford County, Tennessee since 1997. I live in Murfreesboro.

3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.

4. I am an MD - Pediatrician.

5. I admit most of my patients to Vanderbilt Medical Center. I refer most of my children that require specialty services to Vanderbilt. They have been an essential resource in the community for pediatrics. There are very few resources in Rutherford County without Vanderbilt.

6. I have been in Rutherford County 25 years and seen the exponential growth of the community. When I started as a pediatrician, the community hospital here was sufficient to meet many of my needs for admission. Ascension Saint Thomas Rutherford now has none of the

capability to take care of hospitalized children past the needs of infants. The pediatric community in Rutherford County has approached the hospital on numerous occasions and it is obvious that pediatric care is not a priority for the hospital. Vanderbilt would fill a need in Rutherford County that would allow families to stay in the community should their child need to be hospitalized. Currently any significant hospitalizations require going to Nashville.

7. Ascension Saint Thomas says that they are capable of providing care for the community and another hospital is not needed. This is absolutely not true for pediatrics.

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FURTHER AFFIANT SAYETH NOT.

Virgil Lee Bigham IV
VIRGIL LEE BIGHAM IV

STATE OF TENNESSEE)
COUNTY OF RUTHERFORD)

Sworn to and subscribed before me, this the 29th day of June, 2021.

Jean P. Shearer
Notary Public

My commission expires: 3-3-25



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:	)	
	)	
VANDERBILT UNIVERSITY	)	
MEDICAL CENTER, D/B/A	)	Docket No. 25.00-203133J
VANDERBILT RUTHERFORD	)	CON No. CN2004-012D
HOSPITAL	)	
	)	
	)	
Petitioner.	)	

AFFIDAVIT OF Tara Ann MacDougall

I, Tara Ann MacDougall state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.

2. I have been a resident of Rutherford County, Tennessee since August 1994. I live in Murfreesboro with my husband, Preston J. MacDougall.

3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.

4. I am President and CEO of Discovery Center at Murfree Spring a hands-on children's museum that has been a hub of our community for close to 35 years. With over 130,000 visitors annually, I see first-hand the community's need for the proposed Vanderbilt Rutherford Hospital. As Past-President of the Junior League of Murfreesboro and Past-President of RUTHERFORD Cable – two women's organizations, I am aware of families that want access to a non-religious based health care system for certain procedures proscribed by the Catholic Church.

5. I have had two powerful and memorable interactions with the renowned VUMC team. The first involved life-saving surgery for a four-year-old boy named Kevin. Kevin and his father Manuel flew from Nicaragua and stayed at our home in Murfreesboro for their pre-op time. With thanks to the Vanderbilt physicians and staff, this tiny child is now well over six feet tall, healthy, and plays major league baseball. More recently, I was called to the VUMC emergency room where my daughter's Belmont roommate had been involved in a hit and run drunk driving incident. Since her parents were in Ohio, the Vanderbilt staff acted as the liaison with her parents so I could help make decisions for them in absentia. In both cases I was beyond impressed with the care and compassion that the medical teams showed. I want this same access to expertise available for my friends and family right here in Rutherford County.

6. As a member of the Rutherford County Industrial Development Board, a past Executive Board member of the Rutherford County Chamber of Commerce and a board member of the Convention and Tourism Board, I understand the need for expanded health care facilities and services in our county. Rutherford County is the largest suburb in the Nashville MSA and one of the fastest growing counties in the USA. Murfreesboro is the 8th fastest growing mid-size city in the USA with 20 new residents per day. With the promise of continued growth in our county, it is imperative that access to patient care at our health care facilities keeps pace with our robust development and ever-increasing population. Truth be told, I believe having VUMC here in Rutherford County would be very appealing to companies that are considering a move to Tennessee and would be "healthy" for the economy.

7. This opportunity to have Vanderbilt's nationally recognized and top-notch services and programs right here in our community is critical for patient access to care – especially on the west side of the county. Admittedly we have great care for the people of Rutherford County with the existence of two other hospital systems - however, I know of multiple first-hand accounts of limited services and delayed access with both of these facilities. I am also aware of many families making the trek to VUMC in Nashville to seek regular treatment and care. There are so many barriers to healthcare and the stress of I-24 should not be ANOTHER barrier. It would be life-changing for these families to be able to seek care from Vanderbilt in their own backyard.

8. Healthcare competition is healthy for EVERYONE in Murfreesboro, Rutherford County and the region. Our economy is built on **competition**. Vanderbilt Rutherford Hospital will benefit healthcare consumers by raising the quality and increasing ACCESS and the choice of services for all.

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FURTHER AFFIANT SAYETH NOT.

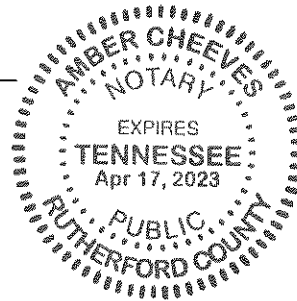
Jana A MacDugall
[INSERT NAME]

STATE OF TENNESSEE)
COUNTY OF Rutherford)

Sworn to and subscribed before me, this the 1st day of July, 2021.

[Signature]
Notary Public

My commission expires: 4/17/23



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:	)	
	)	
VANDERBILT UNIVERSITY	)	
MEDICAL CENTER, D/B/A	)	Docket No. 25.00-203133J
VANDERBILT RUTHERFORD	)	CON No. CN2004-012D
HOSPITAL	)	
	)	
	)	
Petitioner.	)	

AFFIDAVIT OF ROBERT DRAY, M.D.

I, Robert Dray, M.D., state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.

2. I have been a resident of Rutherford County, Tennessee since 1985. I live in Lascassas, Tennessee.

3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.

4. I am a Urologic Surgeon – on staff at St. Thomas Ascension Hospital. I have been a doctor in Community since 1985.

5. I have near weekly experiences with VUMC through mutual patient referrals.

6. Our present hospital is near full census all the time. We are greatly stressed with any Flu or Covid epidemic. Our expanded O.R. facilities are not keeping up with needs. More doctors are coming into the community and need more options for the rapidly growing county and surrounding areas.

7. Vanderbilt would bring a known excellent medical entity and be a good partner for all physicians. The competition would not diminish the St. Thomas opportunities and would encourage them to continue improving service and care.

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FURTHER AFFIANT SAYETH NOT.



[INSERT NAME]

Robert Troy, MS

STATE OF TENNESSEE
COUNTY OF Rutherford

Sworn to and subscribed before me, this the 18th day of June, 2021.

Kelly Babb
Notary Public

My commission expires: 8/22/21

BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:	)	
	)	
VANDERBILT UNIVERSITY	)	
MEDICAL CENTER, D/B/A	)	Docket No. 25.00-203133J
VANDERBILT RUTHERFORD	)	CON No. CN2004-012D
HOSPITAL	)	
	)	
	)	
Petitioner.	)	

AFFIDAVIT OF BILL KETRON

I, Bill Ketron, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.

2. I have been a resident of Rutherford County, Tennessee since 1961. I live in Murfreesboro, Tennessee with my wife, Theresa Ketron.

3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.

4. I am the current Mayor of Rutherford County.

5. As a small business owner in Murfreesboro for 46 years, a County Commissioner for 8 years, a State Senator for 16 years, the current Mayor of Rutherford County representing the citizens of Rutherford County for many years, I know the majority of their thoughts, wishes and needs. I feel they would want free markets, in order to have choices concerning their Medical and Health needs.

6. Rutherford County is one of the fastest growing counties in the United States. Rutherford County has over twenty-eight people a day moving here. It is estimated that Rutherford County will grow from 365,000 citizens to well over 600,000 by 2035. In March of 2021, U-Haul listed Tennessee as its number one destination in the Country. The Rutherford County Chamber of Commerce estimated that Rutherford County will become Tennessee's fourth largest county, once the 2020 Census numbers are revealed. There will be a need for more medical services for years to come.

7. As Mayor, I completely support Vanderbilt Rutherford Hospital. As a free market individual and one who supports free enterprise, I welcome a world class institution into our County. Vanderbilt has a presence here with the Children's Hospital that I am a life member of, as well as their Life Flight Operation.

[REST OF PAGE INTENTIONALLY BLANK]

FURTHER AFFIANT SAYETH NOT.


 Bill Ketron

STATE OF TENNESSEE)
 COUNTY OF Tennessee)

Sworn to and subscribed before me, this the 19 day of July, 2021.


 Notary Public

My commission expires: 10/22/2023



BEFORE THE TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

IN RE:	)	
	)	
VANDERBILT UNIVERSITY	)	
MEDICAL CENTER, D/B/A	)	Docket No. 25.00-203133J
VANDERBILT RUTHERFORD	)	CON No. CN2004-012D
HOSPITAL	)	
	)	
Petitioner.	)	

AFFIDAVIT OF ZAKARIA M. BOTROS, MD

I, Zakaria M. Botros, MD, state and affirm that the following is true and correct to the best of my knowledge:

1. I am over eighteen years of age, and I provide this affidavit based upon facts personally known to me.
2. I have been a resident of Williamson County, Tennessee since 2014. I live in City of Brentwood with my small family.
3. I am submitting this affidavit in support of Vanderbilt University Medical Center's (VUMC) application to establish a hospital in Murfreesboro, Tennessee.
4. I have been practicing as an Internal Medicine Hospitalist Physician in Rutherford County, Tennessee since 2013. I have been serving to provide patient care to our Middle Tennessee Community in inpatient settings. I have been working for Ascension Saint

Thomas Rutherford hospital serving patients from 8 counties; Rutherford, Bedford, Coffee, Cannon, Dekalb, White, Warren and Franklin County.

5. I definitely witness the struggle and misery that our patients encounter to be evaluated in our emergency room because of the extremely high number of patients seeking medical attention through our emergency room. The wait time can be extremely very long exceeding several hours until the patient gets evaluated by a medical provider. This places our sick patients in a situation that may increase their illness and place them in a critical condition. Some patients try to escape from the wait time by calling 911 to come to our facility by an ambulance to give them a priority to be seen regardless of the severity of illness. This is another way to misuse our community resources. Some patients opt to seek help in other hospitals in other counties such as Williamson County and Davidson County. Even after patients get admitted to the hospital, they may stay held in the emergency room waiting for empty beds. The wait for the patients may exceed 24 hours, laying on uncomfortable stretchers and may not be provided by the appropriate nursing staff. Number of patients held in the emergency room may exceed 30 patients in many days of the year.

6. Also, Ascension Saint Thomas Rutherford Hospital is becoming a Level 2 Trauma Hospital. This upgrade may not be the best for our med-surg patients. Trauma cases will likely take the attention away from the patients of our community, causing further misery for our patients who are already suffering.

7. Also, the number of patients per a medical provider has been dangerously high inside our facility. This may affect patient's care and negatively influence provider's

ability to provide best care for the patient. This may definitely increase patient's hospital length of stay, readmission rate, patient's morbidities and mortality. This is beside the overwhelming load on our surgeons, other medical subspecialties such as cardiologists, neurologists, nephrologists and gastroenterologists on-call with the high number of cases and consults needed to be seen per day. Also the turnover of the nursing staff has been remarkably high looking at unfair nursing. Patient ratio. This is besides to our imaging technicians who have been quitting their job because of work load.

8. I have been lucky enough to rotate for 4 weeks in VUMC during my Residency in Meharry Medical College. It's one of the best in Nephrology all over the nation. VUMC gives an access to some rare subspecialties such as Immunology and Rheumatology that most of the hospitals lack. VUMC has been our last resort to manage and investigate rare cases that can't be really managed anywhere other than VUMC. VUMC is a great institution that provide research and science in the Southeast. This beside the excellence and advancement in heart disease, cancer and surgical subspecialties.

9. Definitely, Rutherford County now is not as the same as 10 years ago. Rutherford County is one of the most popular counties in Tennessee. It's expected to be the largest county in Tennessee by population by 2050. Rutherford County has become a location of choice for over 700 new residents each month. It has been an attractive destination to numerous corporations and financial institutions such as Nissan North America, Amazon, State Farm, Ingram Content Group, Verizon Wireless, General Mills, and Bridgestone/Firestone. Construction is everywhere in the county. These corporations bring employees and their families to reside in Rutherford county or the surrounding counties. This is

besides to the immigrants who have found Rutherford county a safe place to reside and to ensure good education for their kids with high-rated school system and the excellence of Middle Tennessee State University. For example, The Coptic Egyptian community has now a church in Murfreesboro City. The Egyptian community is one of the biggest communities among the immigrants in Greater Nashville. Having a church in Murfreesboro City will result in a magnetic attraction to the Egyptian Community to move to Murfreesboro City in a very fast pace.

10. Considering all the facts mentioned above, I believe that Rutherford county is in an urgent need for another hospital in Murfreesboro City. Having one hospital for this rapidly growing population is really unfair for our community. Another hospital will will relieve the congestion in our emergency rooms. Having another hospital will improve quality of care and provide patients with medical resources in timely manner. It will decrease hospitals length of stay and improve utilization of our resources. It will build an atmosphere of competition between medical institutions with the main winner is the patient himself. Having another hospital in Murfreesboro City will help to create further job opportunities in Middle Tennessee. There will be more programs to accommodate more interns, nurse students and nurse practitioner students. To my knowledge, Middle Tennessee State University is starting a Physician Assistant program very soon. These PA students will need an Academic institution that can accommodate these students.

11. I definitely support VUMC's proposed Vanderbilt Rutherford Hospital. Having Vanderbilt Hospital in Rutherford County will provide the county with an excellent academic medical care. It will build a bridge between Nashville and Murfreesboro City. It

will provide an access to the southern counties to an academic institution and a port for management of rare and difficult medical and surgical cases without commuting to Nashville. This may provide some relief to VUMC in Nashville with by cutting the flow from the southern counties, this is turn will help to improve stressful congestion in Emergency rooms in Nashville itself.

12. Having Vanderbilt Rutherford Hospital will definitely help to relieve the monopoly of the health care system in Nashville. This will offer various job opportunities to the medical providers, nursing staff and all the workers in the medical field.

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FURTHER AFFIANT SAYETH NOT.

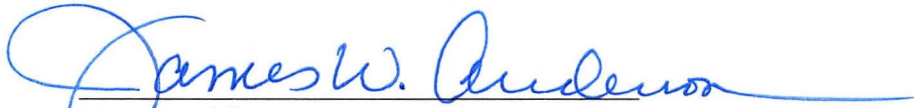


[INSERT NAME]

STATE OF TENNESSEE)

COUNTY OF RUTHERFORD)

Sworn to and subscribed before me, this the 29 day of July, 2021.



Notary Public

My commission expires: 5/22/2022



6. I am an independent physician. No hospital has all the best physicians for my patients. Therefore, I send many of my patients to Nashville hospitals for their care. I support Ascension St. Thomas Rutherford; however, I believe that VUMC's proposed 56-bed hospital would only enhance the quality of care in Murfreesboro.

7. Additionally, my practice includes a great number of out-of-county patients from the southern counties in Middle Tennessee. It would be to their benefit to reduce their travel time to Nashville, especially my elderly patients that sometimes drive up to 60 miles to see me. VUMC's proposed facility in Murfreesboro would benefit patients in these southern counties, in addition to patients in rapidly-growing Rutherford County.

[REST OF PAGE INTENTIONALLY BLANK]

FURTHER AFFIANT SAYETH NOT.

[Signature]
[INSERT NAME]

STATE OF TENNESSEE
COUNTY OF Rutherford)

Sworn to and subscribed before me, this the 30 day of June, 2021.

Tammy Woodard
Notary Public

My commission expires: _____



Attachment 4E.

Moveable Equipment

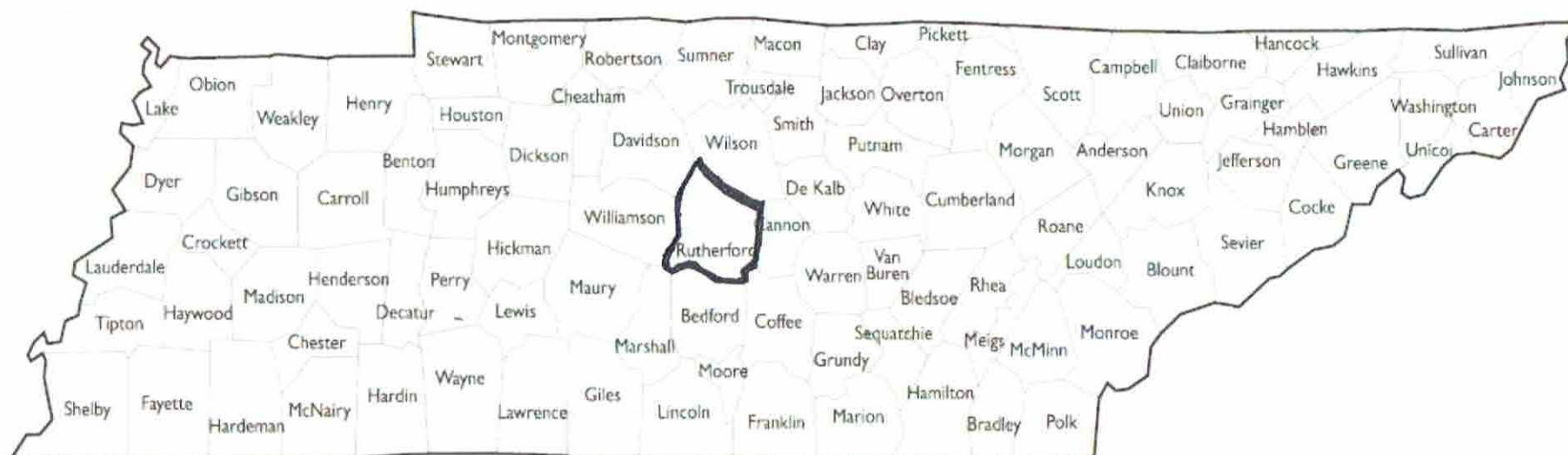
Equipment List Summary with Costs**Project Name: VUMC Freestanding Hospital****Facility Name: VUMC Freestanding Hospital**

Item #	N	E	F	L	Item Description	Manufacturer	Vendor	RESP	Model	Unit Cost	Ext Cost	Cost after 7.5% discount	Total 2021/2022
ANS00026	7	0	0	0	Anesthesia Machine, 3 Gas	Draeger Medical	Draeger Medical	OFVI	Apollo Workstation (Full Config)	\$95,000.00	\$665,000.00	\$615,125.000	\$712,967.91
LZR00010	1	0	0	0	Laser, Surgical	Spectranetics	S & S X-Ray Products	OFVI	CVX-300 Eximer Laser System	\$250,000.00	\$250,000.00	\$231,250.000	\$268,033.05
MED00106	7	0	0	0	Cart, Medication Dispenser, Anesthesia Mobile Workstation G4	OmniCell	OmniCell	OFVI	AWS XT G4	\$70,000.00	\$490,000.00	\$453,250.000	\$525,344.78
MON00272	1	0	0	0	Monitor, Physiologic, MRI	Philips Healthcare	Philips Healthcare	OFVI	Expression MR400	\$90,000.00	\$90,000.00	\$83,250.000	\$96,491.90
SCP00088	2	0	0	0	C-MAC Video Laryngoscope Intubation Platform w/Cart, Monitor, Blades, Scopes	Karl Storz Endoscopy - America		OFVI	C-Mac (9700VIP)	\$55,500.00	\$111,000.00	\$102,675.000	\$119,006.67
SYS00124	6	0	0	0	Arthroscopic, Surgical System, Tower	Arthrex, Inc.	Arthrex, Inc.	OFVI	Synergy HD3 System	\$87,500.00	\$525,000.00	\$485,625.000	\$562,869.41
TBL00454	6	0	0	0	Table, Surgical (1,000 lbs)	Berchtold (Acquired by Stryker)	Stryker Medical	OFOI	D830	\$82,000.00	\$492,000.00	\$455,100.000	\$527,489.04
ULT00053	1	0	0	0	Ultrasound, Imaging, Multipurpose	GE Healthcare - Imaging Systems	GE Healthcare - Imaging Systems	OFVI	LOGIQ E9	\$180,000.00	\$180,000.00	\$166,500.000	\$192,983.80
ULT00123	2	0	0	0	Ultrasound, General	SonoSite (FujiFilm)	SonoSite (FujiFilm)	OFOI	X-Porte Kiosk System with Stand	\$50,000.00	\$100,000.00	\$92,500.000	\$107,213.22
ULT00125	3	0	0	0	Ultrasound, Portable	SonoSite (FujiFilm)	SonoSite (FujiFilm)	OFOI	Edge II	\$90,000.00	\$270,000.00	\$249,750.000	\$289,475.69
ULT00132	1	0	0	0	Ultrasound, Women's Health, OB	Philips Healthcare (Imaging)	Philips Healthcare	OFOI	Affiniti 70 WHC	\$80,700.00	\$80,700.00	\$74,647.500	\$86,521.07
ULT00153	1	0	0	0	Ultrasound, OB/GYN	GE Healthcare - Imaging Systems	GE Healthcare - Imaging Systems	OFVI	Voluson P8	\$85,000.00	\$85,000.00	\$78,625.000	\$91,131.24
ULT00197	7	0	1	0	Ultrasound, General Purpose, w/ Mobile Cart	SonoSite (FujiFilm)	SonoSite (FujiFilm)	OFOI	SII	\$50,000.00	\$350,000.00	\$323,750.000	\$375,246.27
ULT00202	1	0	0	0	Ultrasound, General Purpose	Philips Healthcare	Philips Healthcare	OFOI	EPIQ Elite	\$158,840.00	\$158,840.00	\$146,927.000	\$170,297.48
XRY00271	2	0	0	0	X-Ray Unit, C-Arm, Mobile	GE Healthcare - Imaging Systems	GE Healthcare - Imaging Systems	OFVI	OEC 9900 Elite	\$215,540.00	\$431,080.00	\$398,749.000	\$462,174.75
XRY00485	3	0	0	0	X-ray Unit, Mobile, Digital, Collapsible, 40 kW Generator, 14x17 Detector	Samsung Healthcare	Vendor To Be Determined	OFVI	GM85 (DGR-MB1BA1/WR)	\$280,000.00	\$840,000.00	\$777,000.000	\$900,591.05

Attachment 2N.

Service Area Map

TENNESSEE COUNTY MAP



Attachment 6N.I

List of Community Hospital MSDRGs

COMMUNITY HOSPITAL MSDGS**MSDRG AND MSDRG_DESCRIPTION**

4 TRACHEOSTOMY WITH MECHANICAL VENTILATION 96+ HOURS OR PRINCIPAL DIAGNOSIS EXCEPT FACE
 65 INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC
 75 VIRAL MENINGITIS W CC/MCC
 76 VIRAL MENINGITIS W/O CC/MCC
 100 SEIZURES W MCC
 101 SEIZURES W/O MCC
 102 HEADACHES W MCC
 103 HEADACHES W/O MCC
 134 OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W/O CC/MCC
 152 OTITIS MEDIA & URI W MCC
 153 OTITIS MEDIA & URI W/O MCC
 158 DENTAL & ORAL DISEASES W CC
 159 DENTAL & ORAL DISEASES W/O CC/MCC
 177 RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC
 189 PULMONARY EDEMA & RESPIRATORY FAILURE
 190 CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC
 191 CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC
 193 SIMPLE PNEUMONIA & PLEURISY W MCC
 194 SIMPLE PNEUMONIA & PLEURISY W CC
 195 SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC
 202 BRONCHITIS & ASTHMA W CC/MCC
 203 BRONCHITIS & ASTHMA W/O CC/MCC
 204 RESPIRATORY SIGNS & SYMPTOMS
 207 RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT 96+ HOURS
 208 RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS
 247 PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC
 254 OTHER VASCULAR PROCEDURES WITHOUT CC/MCC
 280 ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE WITH MCC
 281 ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE WITH CC
 287 CIRCULATORY DISORDERS EXCEPT ACUTE MYOCARDIAL INFARCTION, WITH CARDIAC CATHETERIZATION
 WITHOUT MCC
 291 HEART FAILURE & SHOCK W MCC
 292 HEART FAILURE & SHOCK W CC
 299 PERIPHERAL VASCULAR DISORDERS WITH MCC
 300 PERIPHERAL VASCULAR DISORDERS WITH CC
 308 CARDIAC ARRHYTHMIA AND CONDUCTION DISORDERS WITH MCC
 309 CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC
 310 CARDIAC ARRHYTHMIA AND CONDUCTION DISORDERS WITHOUT CC/MCC
 312 SYNCOPE AND COLLAPSE
 314 OTHER CIRCULATORY SYSTEM DIAGNOSES WITH MCC
 328 STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC
 329 MAJOR SMALL AND LARGE BOWEL PROCEDURES WITH MCC
 330 MAJOR SMALL AND LARGE BOWEL PROCEDURES WITH CC
 338 APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W MCC
 339 APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC

340 APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC/MCC
 341 APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W MCC
 342 APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC
 343 APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC/MCC
 378 G.I. HEMORRHAGE W CC
 391 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC
 392 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC
 470 MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC
 480 HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC
 481 HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC
 482 HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC
 483 MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W CC/MCC
 492 LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC
 493 LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC
 494 LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC
 510 SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC
 511 SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC
 512 SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC
 533 FRACTURES OF FEMUR W MCC
 534 FRACTURES OF FEMUR W/O MCC
 602 CELLULITIS W MCC
 603 CELLULITIS W/O MCC
 607 MINOR SKIN DISORDERS W/O MCC
 637 DIABETES W MCC
 638 DIABETES WITH CC
 639 DIABETES W/O CC/MCC
 640 NUTRITIONAL & MISC METABOLIC DISORDERS W MCC
 641 MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC
 682 RENAL FAILURE W MCC
 683 RENAL FAILURE W CC
 689 KIDNEY AND URINARY TRACT INFECTIONS WITH MCC
 690 KIDNEY & URINARY TRACT INFECTIONS W/O MCC
 698 OTHER KIDNEY AND URINARY TRACT DIAGNOSES WITH MCC
 742 UTERINE AND ADNEXA PROCEDURES FOR NONMALIGNANCY WITH CC/MCC
 743 UTERINE AND ADNEXA PROCEDURES FOR NONMALIGNANCY WITHOUT CC/MCC
 765 CESAREAN SECTION WITH CC/MCC
 766 CESAREAN SECTION WITHOUT CC/MCC
 767 VAGINAL DELIVERY WITH STERILIZATION AND/OR D&C
 774 VAGINAL DELIVERY WITH COMPLICATING DIAGNOSES
 775 VAGINAL DELIVERY WITHOUT COMPLICATING DIAGNOSES
 785 CESAREAN SECTION W STERILIZATION W/O CC/MCC
 787 CESAREAN SECTION W/O STERILIZATION W CC
 788 CESAREAN SECTION W/O STERILIZATION W/O CC/MCC
 789 NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY
 792 PREMATUREITY WITHOUT MAJOR PROBLEMS
 794 NEONATE WITH OTHER SIGNIFICANT PROBLEMS
 795 NORMAL NEWBORN
 806 VAGINAL DELIVERY W/O STERILIZATION/D&C W CC

807 VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC
809 MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC
812 RED BLOOD CELL DISORDERS W/O MCC
853 INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC
864 FEVER OF UNKNOWN ORIGIN
865 VIRAL ILLNESS W MCC
866 VIRAL ILLNESS W/O MCC
870 SEPTICEMIA OR SEVERE SEPSIS WITH MECHANICAL VENTILATION 96+ HOURS
871 SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC
872 SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W/O MCC
917 POISONING & TOXIC EFFECTS OF DRUGS W MCC
918 POISONING & TOXIC EFFECTS OF DRUGS W/O MCC
951 OTHER FACTORS INFLUENCING HEALTH STATUS

Attachment 2C.

In-Network Payors

Aetna

Aetna (Excludes First Health, except Medical Mutual of Ohio)
 Aetna Behavioral Health
 Aetna Medicare Advantage
 Aetna National Advantage Program
 Aetna Select VHAN (Premier Care Network)
 Aetna Signature Administrators
 Aetna TN Preferred
 Aetna Transplants
 Aetna Whole Health
 Meritain Health
 Meritain Behavioral Health

Ambetter of Tennessee – Commercial Exchange plans

Amerigroup of Tennessee

Amerigroup Behavioral Health
 Amerigroup CoverKids
 Amerigroup TennCare
 Amerigroup Transplant Medicaid & Medicare Advantage
 Amerivantage Medicare Advantage & Dual Special Needs Program (DSNP)

Ascension Health

Ascension Health
 Ascension Behavioral Health

Beacon Health

Beacon Health Options

BlueCross BlueShield

BlueCross BlueShield BlueCard (for out-of-state plans with “suitcase”) – includes High Performance Network
 BlueCross BlueShield of Tennessee Behavioral Health
 BlueCross BlueShield of Tennessee - Networks P & S (Includes individual exchange plans)
 BlueCross Medicare Advantage PPO (not Blue Essential HMO)

BlueCross BlueShield TennCare

BCBST CoverKids
 BCBST CoverKids Behavioral Health
 BlueCare
 BlueCare Plus DSNP
 BlueCare Behavioral Health
 TennCare Select
 TennCare Select Behavioral Health

Center Care

Center Care
 Center Care Behavioral Health

Cigna Healthcare of Tennessee

Cigna* - Includes PPO, POS and HMO (Networks Local Plus, Open Access, and Great West)
 Cigna Connect Exchange

Cigna SureFit

*Excludes Limited Network Benefit plans and MD Only Benefit plans

Cigna Behavioral Health

Cigna Behavioral Health

Cigna HealthSpring

Cigna HealthSpring Medicare Behavioral Health

Cigna HealthSpring Medicare Advantage PPO and HMO (excludes Alliance Direct IPA unless PCP referral obtained)

Cigna + OSCAR

Deaconess Health Benefit Plan

Deaconess Employee Health Benefit Plan

Farm Bureau

Farm Bureau (Individual off-exchange, non-ACA compliant plan through United Healthcare/UMR)

HealthOne Alliance

HealthOne Alliance (Alliant Health Plans)

Health Partners

Health Partners

Health Partners Behavioral Health

Humana

Cariten Medicare Advantage HMO and PPO

ChoiceCare (includes PPO and National POS, Excludes Local POS)

Humana (Includes HMO, National POS and PPO. Excludes Local POS)

Humana Behavioral Health

Humana Medicare Advantage (HMO, PPO, and POS)

Integrated Solutions Health Network (ISHN)

ISHN CrestPoint

Magellan Healthcare

Magellan Behavioral Health

NAMCI

NAMCI

Novanet

Novanet

Novanet Behavioral Health

Optum

Optum Behavioral Health (aka United Behavioral Health) – Commercial

Optum Behavioral Health (aka United Behavioral Health) – TennCare

Optum VA CCN

PHCS

PHCS* (Excludes Multiplan, Megalife, Midwest, limited benefit plan designs)

PHCS Behavioral Health

*Excludes MD Only and MD + Ancillary Only Plans

Prime Health Plan

Prime Health PPO

Prime Health Behavioral Health

TRICARE

TRICARE East Humana Military

TRICARE Humana Military Behavioral Health

TRICARE West (HealthNet Federal Services)

UNITEDHEALTHCARE

UnitedHealthcare AllSavers

UnitedHealthcare Medicare Advantage Plans

UnitedHealthcare Medicare Complete/AARP

UnitedHealthcare (Excludes Oxford HMO, Pacificare)

United Core Network

UnitedHealthcare - HCA employees (Prior Authorization required for highest benefit level)

United Healthcare Heritage Choice and Heritage Select

UnitedHealthcare NEXUS (referrals required on some products)

UnitedHealthcare Options PPO

UnitedHealthcare – United Medical Resources (UMR)

UnitedHealthcare - BIND

UnitedHealthcare Community Plan

UnitedHealthcare Community CoverKids

UnitedHealthcare Community Plan

UnitedHealthcare Dual Complete Plans (DSNP)

USA MCO

USA MCO

USA MCO Behavioral Health

USA MCO MEDICARE SELECT

Veterans Affairs (VA)

VA CCN

Veterans Affairs (VA)

Veterans Affairs (VA) Transplants

Wellcare TN

Wellcare Medicare Advantage Behavioral Health

Wellcare Medicare Advantage

Worker's Compensation Plans

CorVel

Heritage Summit

Metro Government

Metro Schools

Prime Health

Sedgwick
USA MCO
Nashville Predators
Nashville Sounds

1. General Information Section, Item 4.A., Purpose of Review

Does the applicant intend to serve pediatric patients age 14 and under with the MRI unit located at the proposed facility? If so, please include a response to MRI criteria and standards with the application. If not, please indicate where pediatric patients will be referred to for imaging services if they are patients at Vanderbilt Rutherford Hospital?

RESPONSE: Vanderbilt Rutherford Hospital does not currently intend to offer pediatric MRI services. Vanderbilt operates a pediatric MRI at the Monroe Carrell Jr. Children's Hospital Surgery and Clinics Murfreesboro campus on West Northfield Boulevard. If a pediatric patient requires an MRI scan, the patient will be referred to the existing Vanderbilt pediatric MRI located approximately 10 minutes away.

2. General Information Section, Item 9.A., Legal Interest in Site

The attached deed does not establish a relationship between the applicant, and any of the applicant's listed parent or affiliate entities. Please provide documentation demonstrating the relationship between - Project Holding Company, LLC and the applicant.

RESPONSE: Attached as 2.A.6 is a copy of the Operating Agreement for Project Holding Company, LLC which demonstrates that Vanderbilt is the sole member of the LLC with 100% ownership.

3. General Information Section, Item 2.E. Rationale for Approval (Need)

Please provide a statewide rate for bed population per 1,000 for reference if available.

RESPONSE: Please see the chart below. Psychiatric, substance abuse disorder, and rehabilitation beds have been removed from the staffed beds total.

General Acute Care Hospitals			
	Staffed Beds	2020 Census Population	Bed/Population per 1,000
Tennessee	15,496	6,910,840	2.24

Sources:

Staffed Beds: Tennessee Hospital Association

Population: United States Census – 2020 Census Results

Please confirm whether psychiatric beds have been removed from the bed/population table for all counties and not just Rutherford County.

RESPONSE: Confirmed. The chart provided on page 7 of the application does not include psychiatric, substance abuse disorder, or rehabilitation beds. The chart only includes staffed acute care beds.

4. Executive Summary Section, Item 1.E. Bed Compliment Data

Please attach a bed compliment chart for the proposed facility. It can be located on the HSDA website under Forms – CON Application – Attachment Bed Count.

RESPONSE: Please see below.

Attachment – Bed Complement Data

	<u>Current Licensed</u>	<u>Beds Staffed</u>	<u>Beds Proposed</u>	<u>*Beds Approved</u>	<u>**Beds Exempted</u>	<u>TOTAL Beds at Completion</u>
1) Medical/ Surgical	_____	_____	<u>26</u>	_____	_____	<u>26</u>
2) Surgical	_____	_____	_____	_____	_____	_____
3) ICU/CCU	_____	_____	<u>4</u>	_____	_____	<u>4</u>
4) Obstetrical	_____	_____	<u>6</u>	_____	_____	<u>6</u>
5) NICU	_____	_____	_____	_____	_____	_____
6) Pediatric	_____	_____	<u>6</u>	_____	_____	<u>6</u>
7) Adult Psychiatric	_____	_____	_____	_____	_____	_____
8) Geriatric Psychiatric	_____	_____	_____	_____	_____	_____
9) Child/Adolescent Psychiatric	_____	_____	_____	_____	_____	_____
10) Rehabilitation	_____	_____	_____	_____	_____	_____
11) Adult Chemical Dependency	_____	_____	_____	_____	_____	_____
12) Child/Adolescent Chemical Dependency	_____	_____	_____	_____	_____	_____
13) Long-Term Care Hospital	_____	_____	_____	_____	_____	_____
14) Swing Beds	_____	_____	_____	_____	_____	_____
15) Nursing Home – SNF (Medicare only)	_____	_____	_____	_____	_____	_____
16) Nursing Home – NF (Medicaid only)	_____	_____	_____	_____	_____	_____
17) Nursing Home – SNF/NF (dually certified Medicare/Medicaid)	_____	_____	_____	_____	_____	_____
18) Nursing Home – Licensed (non-certified)	_____	_____	_____	_____	_____	_____
19) ICF/IID	_____	_____	_____	_____	_____	_____
20) Residential Hospice	_____	_____	_____	_____	_____	_____
TOTAL	_____	_____	<u>42</u>	_____	_____	<u>42</u>

*Beds approved but not yet in service

**Beds exempted under 10% per 3 year provision

5. General Criteria Section - Need, Item 2.N. Service Area

Historical patient origin data in the JAR shows other adjacent or nearby counties such as Williamson and Maury that may have areas that are closer in proximity to the proposed facility than to VUMCs main campus or other VUMC acute care facilities. Since both Williamson and Maury County appear to have significant historical outmigration to VUMC in Nashville, please provide additional detail regarding the methodology, e.g. different levels of care required, or differences in population density, etc. used for identifying Rutherford County exclusively as the project service area. Zip code level data for other nearby areas similar to the projected Vanderbilt Rutherford Hospital market share data on page 15 of the application would be helpful.

Response: Williamson County and Maury County residents routinely travel to receive medical services at Vanderbilt's main campus. However, patients from Williamson and Maury counties rarely travel to Murfreesboro for care. According to the 2020 Joint Annual Report of Hospitals, only 1.8% of Williamson County discharges (238 total non-psych discharges) and 0.7% of Maury County discharges (78 non-psych discharges) sought medical care in Rutherford County. Hardly any of Saint Thomas Rutherford's discharges originated from Williamson or Maury counties in 2020 - 0.55% and 0.3% respectively. Similarly, only 1.1% and 0.05% of Rutherford County patients sought care in Williamson County or Maury County, respectively. From a health planning perspective, these communities are historically separate and distinct with very little patient population overlap.

Vanderbilt does not believe that the proposed Vanderbilt Rutherford Hospital will alter these historic patient migration patterns because the proposed hospital will not be substantially more convenient than Vanderbilt main campus for the majority of residents of Williamson and Maury counties. Travel from Franklin, TN to Vanderbilt University Medical Center requires 26 minutes, while travel to Vanderbilt Rutherford Hospital will require 31 minutes. While the eastern edge of Williamson County will be closer to Vanderbilt Rutherford Hospital than to Vanderbilt University Medical Center, the eastern Williamson County zip codes are not heavily populated. Travel from Columbia, TN to Vanderbilt University Medical Center requires 49 minutes. Travel from Columbia, TN to Vanderbilt Rutherford Hospital will be only slightly shorter - 41 minutes.

As noted in the original application, Vanderbilt Rutherford Hospital projects that 18% of its patients will originate from counties other than Rutherford County, and it is likely that a few patients from Williamson and Maury counties will travel to Vanderbilt Rutherford Hospital for care. Given the likely small number of patients, however, it is not justified

to include these counties as part of the Vanderbilt Rutherford Hospital service area.

6. General Criteria Section - Need, Item 5.N. Historical Utilization

Please complete the following tables demonstrating Historical Emergency Department and Historical Surgical Suite Utilization for the service area:

RESPONSE: Please find the charts completed below. As noted in the application, the COVID-19 pandemic caused a reduction in many medical services in 2020, including emergency department and surgical utilization. Although 2021 data has not been submitted, anecdotal reporting suggests that ED utilization has rebounded. In fact, as summarized in the affidavits submitted with the application, the Saint Thomas Rutherford ED is routinely overcrowded with patients experiencing extended wait times to receive care.

Historical Emergency Department Utilization 2018-2020

County	Facility	2018 Total Cases	2019 Total Cases	2020 Total Cases	'18-'20 % Change
Rutherford	St. Thomas Rutherford	84,792	82,917	74,842	-12%
Rutherford	TriStar Stonecrest	51,232	51,223	41,923	-18%
TOTAL		136,024	134,140	116,765	-14%

Historical Surgical Suite Utilization 2018-2020

County	Facility	2018 Total Cases	2019 Total Cases	2020 Total Cases	'18-'20 % Change
Rutherford	St. Thomas Rutherford	12,718	14,375	13,903	9%
Rutherford	TriStar Stonecrest	8,893	8,157	7,173	-19%
TOTAL		21,611	22,532	21,076	-2%

Source:
2018-2020 Joint Annual Reports

Please clarify the methodology used in the licensed and staffed occupancy tables on page 14. The data does not appear to match the Joint Annual Reports for 2018-2020. If the totals include observation patients, please revise to match JAR data which does not include observation patients. Please revise page 14 and resubmit (labeled as page 14R).

Note: Tables with observation patients and without observation patients can be presented separately. The revised table(s) should also be modified on page 8 of the response to the Acute Bed Criteria.

RESPONSE: The data included in the application was sourced from the Joint Annual Reports of Hospitals, Schedule G, Utilization, #2, Utilization by Major Diagnostic Categories. The charts provided below have been revised to use Schedule G, Utilization, #4, Number of Patients by Age Group, and page 14R has been provided as well. "Utilization by Major Diagnostic Categories" includes normal newborns whereas "Number of Patients by Age Group" does not include normal newborns. Observation patients are not included in these data.

Facility	Licensed Beds			Discharges				Patient Days				Length of Stay			Licensed Occupancy			
	2018	2019	2020	2018	2019	2020	% Change	2018	2019	2020	% Change	2018	2019	2020	2018	2019	2020	% Change
Saint Thomas Rutherford Hospital*	286	286	286	19,298	18,644	20,158	4%	77,747	74,336	84,121	8%	4.0	4.0	4.2	74%	71%	81%	8%
TriStar Stonecrest Medical Center	119	119	119	6,193	6,388	6,564	6%	19,819	21,220	22,324	13%	3.2	3.3	3.4	46%	49%	51%	13%
TrustPoint Hospital	101	217	217	3,028	4,059	4,708	55%	32,157	40,539	48,939	52%	10.6	10.0	10.4	87%	51%	62%	-29%

Facility	Staffed Beds			Discharges				Patient Days				Length of Stay			Staffed Occupancy			
	2018	2019	2020	2018	2019	2020	% Change	2018	2019	2020	% Change	2018	2019	2020	2018	2019	2020	% Change
Saint Thomas Rutherford Hospital*	286	286	286	19,298	18,644	20,158	4%	77,747	74,336	84,121	8%	4.0	4.0	4.2	74%	71%	81%	8%
TriStar Stonecrest Medical Center	109	109	115	6,193	6,388	6,564	6%	19,819	21,220	22,324	13%	3.2	3.3	3.4	50%	53%	53%	7%
TrustPoint Hospital	100	155	160	3,028	4,059	4,708	55%	32,157	40,539	48,939	52%	10.6	10.0	10.4	88%	72%	84%	-5%

Source:

2018-2020 Joint Annual Reports

* The Saint Thomas Rutherford's 72-bed tower expansion is not included as it was not reported on Saint Thomas Rutherford's 2020 JAR.

To appreciate the true inpatient occupancy of these facilities, however, observation patients who are treated in inpatient staffed beds should be included. The below chart includes observation patient days reported in the JARs to be treated in an inpatient bed according to Schedule F, Beds and Bassinets, 5.A.

Patient Days for Inpatient + Observation (Inpatient Staffed Beds for Observation Patients)												
Facility	Staffed Beds			Patient Days (IP + OBS)				Staffed Occupancy				
	2018	2019	2020	2018	2019	2020	% Change	2018	2019	2020	% Change	
Saint Thomas Rutherford Hospital*	286	286	286	89,071	82,495	91,180	2%	85%	79%	87%	2%	
TriStar Stonecrest Medical Center	109	109	115	25,463	26,566	26,742	5%	64%	67%	64%	0%	
TrustPoint Hospital	100	155	160	32,157	40,539	48,939	52%	88%	72%	84%	-5%	

Source:

2018-2020 Joint Annual Reports

* The Saint Thomas Rutherford's 72-bed tower expansion is not included as it was not reported on Saint Thomas Rutherford's 2020 JAR.

7. General Criteria Section - Need, Item 6.N. Projected Utilization

Please include projections for the Vanderbilt Rutherford Hospital surgical suite in the Year 1 and Year 2 projections.

RESPONSE: Please see the chart below.

	<u>Year 1</u>	<u>Year 2</u>
Inpatient Surgical Volume	359	484
Outpatient Surgical Volume	2,050	2,707

Does the projected occupancy table on page 15 include observation bed patients?

RESPONSE: No. The projected occupancy table on page 15 only includes projected total inpatient discharges. Vanderbilt Rutherford Hospital intends to operate 8 observation beds as part of its total bed complement but the observation bed census is not included in the projected total discharges.

Does this table represent staffed or licensed occupancy for Vanderbilt Rutherford Hospital?

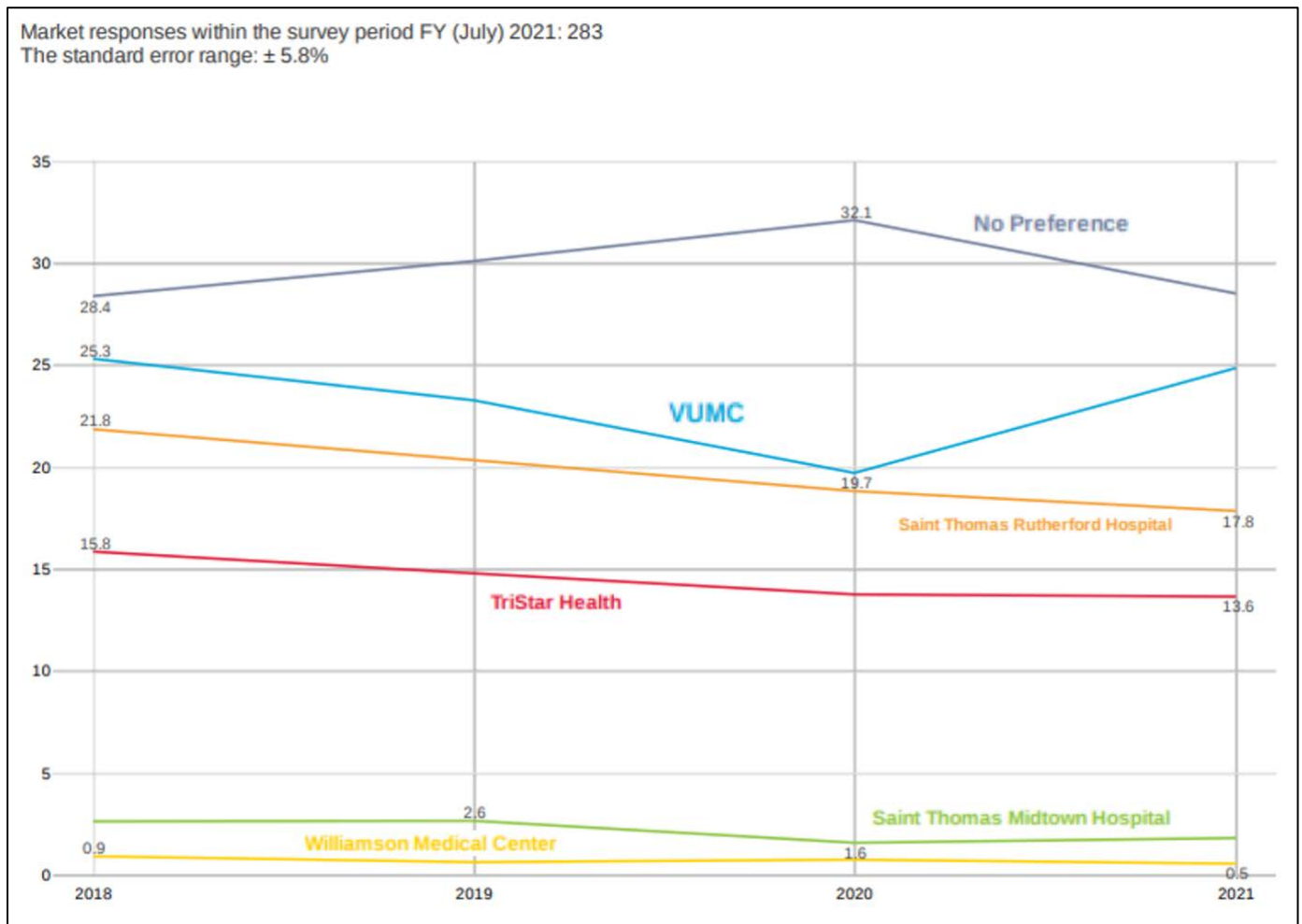
RESPONSE: Vanderbilt Rutherford Hospital intends to staff all 42 licensed beds so the 56.4% and 76.0% occupancies would be both staffed and licensed occupancy (for 2027 - $(11,654 \text{ inpatient days} / 365) / 42 \text{ licensed/staffed beds}$).

8. General Criteria Section - Consumer Advantage 3.C. Effects of Competition and/or Duplication

The patient, provider and other stakeholder affidavits are noted. Does the applicant maintain any patient survey, or other data that documents VUMC patient's reasons for choosing to out-migrate from Rutherford or other area counties to VUMC in Davidson County?

RESPONSE: Although Vanderbilt utilizes patient surveys, those surveys do not specifically ask patients to identify their reasons for out-migrating from their home county to Vanderbilt for care.

Vanderbilt does utilize NRC Health, which is a patient experience company that surveys between 35 and 50 million patients nationwide annually. NRC has performed provider preference and experience surveys of Rutherford County residents, most recently in July 2021. As shown in the below graph, Vanderbilt scored higher than all other providers on patient preference:



Similarly, Vanderbilt ranked the highest of all providers in almost every qualitative patient care metric surveyed including:

- Best Doctors;
- Best Nurses;
- Best Overall Quality;
- Highest Patient Safety;
- Care For Those Unable to Pay; and
- Widest Range of Services.

What, if any, differences are expected in the payer sources accepted by Vanderbilt Rutherford Hospital as opposed to those accepted by Saint Thomas Rutherford and TriStar Stonecrest Medical Center?

RESPONSE:

Vanderbilt is in network with the following plans that TriStar Stonecrest Medical Center does not participate in:

1. BCBST Blue Select, a State of TN employee offering
2. BlueCare and TennCare Select
3. Aetna Select VHAN
4. Aetna Whole Health
5. Cigna Connect
6. Cigna Local Plus
7. United Nexus ACO
8. United Core and Heritage Select

Vanderbilt is in network with the following plans that Saint Thomas Rutherford does not participate in:

1. United Nexus ACO

Vanderbilt does not currently participate in following plans with which TriStar Stonecrest Medical Center or Saint Thomas Rutherford participates:

1. Humana Local POS
2. United Compass (Exchange)
3. BCBST Blue Advantage (Medicare Advantage)

In addition to enhanced pediatric acute care and expanded adult acute care capacity, please list any other specific services that will be available at Vanderbilt Rutherford Hospital that are not currently available in the service area.

RESPONSE: The proposed Vanderbilt Rutherford Hospital will add needed acute care, ICU, emergency and cardiac catheterization capacity to the community. Although these services are already provided by Saint Thomas Rutherford, capacity constraints at STR impede residents' ability to access these services in an efficient and timely manner.

Moreover, Vanderbilt was the only Tennessee hospital to be nationally ranked in U.S. News and World Report's 2021-2022 Best Hospitals Ranking for the high quality of its medical care. Vanderbilt intends to bring the excellence established through its unique model of care to Rutherford

County. Having recently purchased three community hospitals in the past 24 months, Vanderbilt is still developing its telemedicine capabilities. But Vanderbilt plans to make available many of its advanced subspecialties to the Vanderbilt Rutherford Hospital through telemedicine, including neurology, infectious disease, and psychiatry.

9. General Criteria Section – Consumer Advantage 6.C. Projected Data Chart

Please define Adjusted Discharges as the Specific Unit of Measure.

RESPONSE: Adjusted Discharges is calculated by Total Gross Revenue divided by Inpatient Gross Revenue times Discharges (Admissions).

10. General Criteria Section – Quality Standards, 3.Q. Accreditation, Certification and Licensure Plans

Please indicate the intention to pursue Joint Commission Accreditation in response to question 3.Q. Please revise page 23 and resubmit (labeled as page 23R).

RESPONSE: Please see revised page 23R attached.

11. General Criteria Section – Quality Standards, 7.Q. Regulatory Actions

The applicant's response to Question 7Q is noted. However, it appears that the applicant was involved in a settlement within the past 5 years - *D'Alessio et al v. Vanderbilt University, et al*, Case No. 3:11-cv-00467, in the U.S. District Court for the Middle District of Tennessee. Please confirm the status of this case, explain, provide relevant documentation, and identify any other such occurrences.

RESPONSE: Vanderbilt University Medical Center (“VUMC”) entered into a settlement in 2017 in the matter of *D'Alessio et al v. Vanderbilt University, et al*, Case No. 3:11-cv-00467, in the U.S. District Court for the Middle District of Tennessee. VUMC did not pay any criminal fines, civil monetary penalties or administrative monetary penalties in this matter. A summary of the case is below:

VUMC was a defendant in connection with a qui tam lawsuit that was unsealed in the U.S. District Court for the Middle District of Tennessee on September 9, 2013. The lawsuit alleged VUMC submitted claims for certain surgical, anesthesia and intensive care unit services that were not in compliance with the reimbursement requirements of the Medicare and TennCare programs. VUMC cooperated with the U.S. Department of Justice

regarding a civil inquiry into the allegations, and the Department of Justice declined to intervene in the case.

VUMC vigorously defended the lawsuit and both sides were proceeding with discovery in the matter. After engaging a mediator and conducting several mediation sessions, the parties reached a settlement, which was approved by the U.S. Government and the State of Tennessee. The case was dismissed on July 27, 2017.

12. Service Specific Criteria (Acute Care Beds) 1. (Page 2)

For the table at the bottom of page 2, please include a projected need/surplus for both of the first two rows of the table - 1) Rutherford Patient Days (non-psych) and 2) Rutherford Outmigration (non-psych) in addition to the Total Patient Days Row.

RESPONSE: See the chart below.

COUNTY	2019		2019 Need	SERVICE AREA POPULATION			Projected		Projected		2021 Actual Beds		2026 Shortage/ Surplus	
	NON-PSYCH	ADC		2019	2021	2026	ADC 2021	NEED 2021	ADC 2026	NEED 2026	Licensed	Staffed	Licensed	Staffed
	INPATIENT DAYS													
Rutherford Patient Days	70,532	193	242	332,937	349,087	389,816	203	253	226	283	467	457	(184)	(174)
Rutherford Outmigration	58,978	162	202	332,937	349,087	389,816	169	212	189	236	467	457	(231)	(221)
Rutherford Total Patient Days	129,510	355	444	332,937	349,087	389,816	372	465	415	519	467	457	52	62

Excludes psychiatric beds and inpatient days.

Includes Saint Thomas Rutherford's 72-bed addition in staffed beds

Sources:

Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics.

Hospital Data from Final JAR-Hospitals Schedule F.

TN Pop Projections: Boyd Center for Business and Economic Research, University of Tennessee, Knoxville

Inpatient Days: Tennessee Hospital Association

Please provide detail regarding which facilities Rutherford County residents are out-migrating to for inpatient care.

RESPONSE: Below is a chart summarizing the non-Rutherford County hospitals which discharged more than 100 Rutherford County residents in 2019. Vanderbilt University Medical Center treated 40% of the Rutherford County residents that out-migrated for inpatient care.

Hospital Name	Hospital County	Discharges
Vanderbilt University Medical Center	Davidson	3,853
TriStar Centennial Medical Center	Davidson	1,867
Saint Thomas Midtown Hospital	Davidson	1,049
Saint Thomas West Hospital	Davidson	877
TriStar Southern Hills Medical Center	Davidson	359
Williamson Medical Center	Williamson	321
TriStar Summit Medical Center	Davidson	247
TriStar Skyline Madison Campus	Davidson	228
TriStar Skyline Medical Center	Davidson	202
Vanderbilt Wilson County Hospital	Wilson	136
Saint Thomas Stones River Hospital	Cannon	129

Source: 2019 Joint Annual Report of Hospitals

For the table at the top of page 3, please clarify whether this discharge data includes psychiatric beds and long-term acute care hospital beds.

RESPONSE: The table at the top of page 3 includes all beds defined by the Tennessee Department of Health as a “General or Specialty Hospital.” It does not include mental health institutes or long term care hospitals. Some of the “General or Specialty Hospitals,” however, include psychiatric beds.

13. Service Specific Criteria (Acute Care Beds) 1.a.i.

What chart is being referenced in the first bullet point on page 4 of Application Part 5?

RESPONSE: The chart being referenced is the occupancy percentage chart located at the top of page 8 of the need criteria attachment. The chart is reproduced below (as revised) for convenience:

Facility	Licensed Beds			Discharges				Patient Days				Length of Stay			Licensed Occupancy			
	2018	2019	2020	2018	2019	2020	% Change	2018	2019	2020	% Change	2018	2019	2020	2018	2019	2020	% Change
Saint Thomas Rutherford Hospital*	286	286	286	19,298	18,644	20,158	4%	77,747	74,336	84,121	8%	4.0	4.0	4.2	74%	71%	81%	8%
TriStar Stonecrest Medical Center	119	119	119	6,193	6,388	6,564	6%	19,819	21,220	22,324	13%	3.2	3.3	3.4	46%	49%	51%	13%
TrustPoint Hospital	101	217	217	3,028	4,059	4,708	55%	32,157	40,539	48,939	52%	10.6	10.0	10.4	87%	51%	62%	-29%

Facility	Staffed Beds			Discharges				Patient Days				Length of Stay			Staffed Occupancy			
	2018	2019	2020	2018	2019	2020	% Change	2018	2019	2020	% Change	2018	2019	2020	2018	2019	2020	% Change
Saint Thomas Rutherford Hospital*	286	286	286	19,298	18,644	20,158	4%	77,747	74,336	84,121	8%	4.0	4.0	4.2	74%	71%	81%	8%
TriStar Stonecrest Medical Center	109	109	115	6,193	6,388	6,564	6%	19,819	21,220	22,324	13%	3.2	3.3	3.4	50%	53%	53%	7%
TrustPoint Hospital	100	155	160	3,028	4,059	4,708	55%	32,157	40,539	48,939	52%	10.6	10.0	10.4	88%	72%	84%	-5%

14. Service Specific Criteria (Acute Care Beds) 1.a.iii.

Please provide a utilization Table for VUMC in the same format as the tables provided on page 8, both with and without observation days included.

RESPONSE: Please find the chart below for VUMC. Like the charts above, the charts provided below use Schedule G, Utilization, #4, Number of Patients by Age Group.

Patient Days for Inpatient Only

Facility	Licensed Beds			Discharges				Patient Days				Length of Stay			Licensed Occupancy			
	2018	2019	2020	2018	2019	2020	% Change	2018	2019	2020	% Change	2018	2019	2020	2018	2019	2020	% Change
VUMC	1,051	1,072	1,175	57,511	60,854	59,051	3%	324,343	345,305	342,820	6%	5.6	5.7	5.8	85%	88%	80%	-5%

Facility	Staffed Beds			Discharges				Patient Days				Length of Stay			Staffed Occupancy			
	2018	2019	2020	2018	2019	2020	% Change	2018	2019	2020	% Change	2018	2019	2020	2018	2019	2020	% Change
VUMC	1,051	1,058	1,174	57,511	60,854	59,051	3%	324,343	345,305	342,820	6%	5.6	5.7	5.8	85%	89%	80%	-5%

Patient Days for Inpatient + Observation (Inpatient Staffed Beds for Observation Patients)

Facility	Staffed Beds			Patient Days				Staffed Occupancy			
	2018	2019	2020	2018	2019	2020	% Change	2018	2019	2020	% Change
VUMC	1,051	1,058	1,174	337,931	358,440	355,110	5%	88%	93%	83%	-6%

The charts above are for all three components of VUMC's main campus – Vanderbilt Adult Hospital, Vanderbilt Psychiatric Hospital, and Monroe Carell Jr. Children's Hospital at Vanderbilt. Occupancy Data for only Vanderbilt Adult Hospital is set forth below:

Patient Days for Inpatient Only

Facility	Licensed Beds				Patient Days					Licensed Occupancy				
	FY2018	FY2019	FY2020	FY2021	FY2018	FY2019	FY2020	FY2021	% Change	FY2018	FY2019	FY2020	FY2021	% Change
VUAH	672	692	698	735	215,252	233,487	229,232	256,631	19%	88%	92%	90%	96%	9%

15. Service Specific Criteria (Acute Care Beds) 2 – Quality Considerations

Please address this criterion for Vanderbilt University Medical Center.

RESPONSE: Please find the chart below from Centers for Disease Control & Prevention's (CDC) National Healthcare Safety Network (NHSN) Measures for VUMC.

Centers for Disease Control & Prevention's (CDC) National Healthcare Safety Network (NHSN) Measures					
Measure	Source	National Benchmark	Hospital Standardized Infection Ratio (SIR)	Hospital Evaluation (above, at, or below national benchmark)	Date Range
Catheter associated urinary tract infection (CAUTI)	NHSN	Standardized infection ratio (SIR) national benchmark = 1.	0.835	Better than the NHSN Benchmark	7/1/20-6/30/21
Central line associated blood stream infection (CLABSI)	NHSN	Standardized infection ratio (SIR) national benchmark = 1.	0.816	Better than the NHSN Benchmark	7/1/20-6/30/21
Methicillin resistant staphylococcus aureus (MRSA)	NHSN	Standardized infection ratio (SIR) national benchmark = 1.	1.377	Worse than the NHSN Benchmark	7/1/20-6/30/21
Clostridium difficile (C.diff.)	NHSN	Standardized infection ratio (SIR) national benchmark = 1.	0.284	Better than the NHSN Benchmark	7/1/20-6/30/21
Surgical Site Infections (SSI)					
SSI: Colon	NHSN	Standardized infection ratio (SIR) national benchmark = 1.	0.727	Better than the NHSN Benchmark	7/1/20-6/30/21
SSI: Hysterectomy	NHSN	Standardized infection ratio (SIR) national benchmark = 1.	0.736	Better than the NHSN Benchmark	7/1/20-6/30/21

16. Service Specific Criteria (Acute Care Beds) 4 - Relationship to Existing Services

This data does not appear to match the JARs for 2018-2020. See Supplemental Question for 5N. Please revise page 8 and resubmit (labeled as page 8R).

RESPONSE: Please find the updated page attached.

What surgical capabilities will be included at the proposed facility?

RESPONSE: The surgical suite will include two (2) major operating rooms and four (4) general operating rooms for a total of 6 operating rooms as well as two (2) endoscopy procedure rooms. Vanderbilt Rutherford Hospital intends to offer the full spectrum of non-tertiary surgical capabilities including general surgery, gynecology and obstetrics, ophthalmic surgery, plastics, orthopaedic surgery, ENT, neurosurgery, and pediatric surgery.

What is the pediatric bed capacity in Rutherford County currently and what is the projected staffed occupancy for the pediatric unit at the proposed facility in Year 1 and Year 2 of the project.

RESPONSE: Although Saint Thomas Rutherford reports that it staffs 13 pediatric beds, the statements provided below from several of the affidavits of practicing pediatricians in Rutherford County confirm that Saint Thomas Rutherford provides little if any pediatric care beyond newborns:

Dr. Derek Johnson states “We are seeing long waits for Emergency Rooms at both hospitals in Rutherford County. As a Pediatrician, we are having to transfer 99% of our patients to Vanderbilt Children’s Hospital in Nashville secondary to lesser quality and poor experiences from the in-patients and emergent medical providers at both hospitals in Rutherford County.”

Dr. Lisa Lowe also stated, “My concern for Rutherford County is that we do not have advanced pediatric care for our children. Our county is too large and has too many families to not have a pediatric inpatient facility here. Saint Thomas Rutherford lacks pediatric anesthesia and pediatric nursing that is adequate to treat our pediatric patient population. Vanderbilt Rutherford Hospital will provide pediatric care to this community that does not currently exist and that is desperately needed.”

Dr. Margaret Routh states, “The providers at VUMC are always willing to provide professional input for any specialty needs or consultations that are required. My patients’ parents report excellent experiences and good communication with their VUMC physicians. These parents’ only complaint is that they have to travel into Nashville to receive these necessary services. The only hospital provider in our community is Saint Thomas Rutherford. Saint Thomas Rutherford does not provide dedicated pediatric care except for newborns. Saint Thomas Rutherford cannot treat even basic pediatric inpatient needs such as bronchitis or severe asthma. Saint Thomas Rutherford lacks adequate pediatric anesthesiologists or dedicated pediatric nursing. All of these patients must be sent into Nashville to receive appropriate treatment. With Rutherford County’s growing population, and

growing population of younger families, requiring patients to incur expense and burden of traveling into Nashville is contrary to the healthcare needs of this community. The Vanderbilt Rutherford Hospital will provide needed care for this community, especially dedicated pediatric care that my patients need and deserve. I fully support the Vanderbilt Rutherford Hospital application."

Dr. Brent Andrew Rosser states, "There has not been an option in Rutherford County to admit pediatric hospital patients for many years despite the Murfreesboro pediatricians' requests for St. Thomas Rutherford to have a designated pediatric inpatient area. The inpatient staff is not adequately trained for pediatric care, and the pediatricians lost confidence in the care our patients were receiving years ago. All of the pediatric patients in Rutherford County and the surrounding counties must go to Nashville for any inpatient care... Rutherford County is one of the fastest growing counties in Tennessee. St. Thomas Rutherford commonly is on diversion because there are no open beds in the hospital, and wait times in the ER are increasing. The community needs more options for medical care, especially the pediatric population due to the fact that no hospitals in Rutherford County have pediatric inpatient care."

Finally, Dr Virgil Lee Bigham states "Ascension Saint Thomas Rutherford now has none of the capability to take care of hospitalized children past the needs of infants. The pediatric community in Rutherford County has approached the hospital on numerous occasions and it is obvious that pediatric care is not a priority for the hospital. Vanderbilt would fill a need in Rutherford County that would allow families to stay in the community should their child need to be hospitalized. Currently any significant hospitalizations require going to Nashville."

Regarding the projected occupancy of the pediatric beds, Vanderbilt Rutherford Hospital projects it will treat 160 pediatric discharges (736 patient days) in Year 1 and 216 pediatric discharges (992 patient days) in Year 2. This would result in a 45% occupancy of the Vanderbilt Rutherford Hospital pediatric unit in Year 2.

17. Service Specific Criteria (Cardiac Catheterization)

When was the cardiac catheterization lab at Vanderbilt Heart Murfreesboro established?

RESPONSE: Vanderbilt Heart Murfreesboro does not operate and independent cardiac catheterization lab. In FY2021, approximately 59% of the Vanderbilt Heart Murfreesboro cardiac catheterizations were performed

at Vanderbilt University Medical Center in Nashville. The remaining 41% were performed at Saint Thomas Rutherford.

18. Service Specific Criteria (Cardiac Catheterization), 3 – Emergency Transfer Plan

What is the distance to St. Thomas Rutherford?

RESPONSE: The distance from Vanderbilt Rutherford Hospital to Saint Thomas Rutherford is approximately 6.2 miles with an estimated travel time of 9-14 minutes (source Google Maps).

Does the applicant intend to establish aeromedical transport capacity to the hospital in the future?

RESPONSE: The campus for Vanderbilt Rutherford Hospital will include a helicopter pad. VUMC operates LifeFlight, a robust aeromedical transport program with 9 helicopters and 1 fixed wing aircraft. In 2011, VUMC added an American Eurocopter EC130 in Murfreesboro. This helicopter will be readily available to serve Vanderbilt Rutherford Hospital.

19. Service Specific Criteria (Cardiac Catheterization), 8 - Definition of Need

What is the asterisk in reference to on the 2019 Cardiac Cath Capacity Table on Page 2?

RESPONSE: The asterisk was included as a footnote and states “as of its 2020 JAR report, Saint Thomas Rutherford now reports that it has two additional previously undisclosed cardiac catheterization labs. These were included in the 2019 catheterization numbers for evaluation purposes even though they were not reported by Saint Thomas Rutherford in its 2019 JAR.”

20. Service Specific Criteria (Cardiac Catheterization), 10 - Access

No response is provided to Criterion 10.b. Please respond if the applicant is requesting special consideration for this criterion.

RESPONSE: The applicant is not requesting special consideration under 10.b. While unnecessary for approval, special consideration is appropriate under 10.c and 10.d. Vanderbilt Rutherford Hospital itself will not be a “safety net” hospital as defined in 10.c, but VUMC is a “safety net” hospital and Vanderbilt Rutherford Hospital will be owned by VUMC. In addition, Vanderbilt Rutherford Hospital qualifies for special consideration under 10.d. based on its commitment to serve TennCare patients.

**OPERATING AGREEMENT
of
PROJECT HOLDING COMPANY, LLC**

This Operating Agreement (the “**Agreement**”) of Project Holding Company, LLC (the “**Company**”), is entered into and shall be effective as of September 21, 2016 (the “**Effective Date**”), by the undersigned members of the Company (the “**Member(s)**”).

In consideration of the mutual promises made herein and other good and valuable consideration the receipt and sufficiency of which are hereby acknowledged, the parties hereto, intending to be legally bound, hereby agree as follows:

1. Organization and Purposes.

a. The Company is a limited liability company organized pursuant to the Tennessee Revised Limited Liability Company Act, as the same may be amended from time-to-time (the “**Act**”). Articles of Organization of the Company were filed with the Tennessee Secretary of State on September 21, 2016.

b. For so long as the Company is eligible to do so, the Company shall take such actions as are necessary to be classified as a Nonprofit Limited Liability Company as provided in the Tennessee Revised Nonprofit Limited Liability Company Act, as the same may be amended from time-to-time.

c. The purpose of the Company, and the nature of the business to be conducted and promoted by the Company, is to engage in any lawful act or activity for which a limited liability company may be formed under the Act.

2. Principal Business Office. The principal business office of the Company shall be located at such location as may hereafter be determined by the Members.

3. Member. The Members are the sole members (as such term is defined in the Act) of the Company. The name and the mailing address of each Member is set forth on Schedule 1 attached hereto.

4. Limited Liability. Except as otherwise provided by the Act, the debts, obligations and liabilities of the Company, whether arising in contract, tort or otherwise, shall be solely the debts, obligations and liabilities of the Company, and the Members shall not be obligated personally for any such debt, obligation or liability of the Company solely by reason of being a member of the Company.

5. Capital Contributions. Each Member has contributed to the Company cash in the amount set forth opposite such Member’s name on Schedule 1 attached hereto, and no other property. The Members are not required to make any additional capital contribution to the Company. However, the Members may at any time make additional capital contributions to the Company, in such amounts as are proportionate to their initial capital contributions to the Company. A Member’s “**Net Capital Contributions**” shall be such Member’s cumulative

capital contributions to the Company reduced by the cumulative distributions to the Member from the Company. The Company shall have a total of one hundred (100) Member Units (the “Units”), to be held by the Members proportionate to their Net Capital Contributions.

6. Allocation of Profits and Losses. The Company's profits and losses shall be allocated among the Members in such amounts as are proportionate to their Units as of the conclusion of the period with respect to which such allocations are made.

7. Distributions. Distributions shall be made to the Members at the times and in the amounts determined by the Members. All distributions shall be made to the Members in such amounts as are proportionate to their Units as of the date of authorization of the distributions. Notwithstanding any provision to the contrary contained in this Agreement, the Company shall not make a distribution to the Members on account of its interest in the Company if such distribution would violate Section 48-249-306 of the Act or other applicable law.

8. Management.

a. Pursuant to Section 48-249-401 of the Act, the management of the Company shall be vested in the Members, who shall have the power, authority, obligations, and duties of a member of a member-managed limited liability company as set forth in the Act. All documents, contracts, conveyances, and other instruments to be executed on behalf of the Company may be signed by only a single Member.

b. The Members may appoint from time to time one or more officers of Company (the “Officers”) with such titles, powers, duties, compensation and other terms as the Members may determine to be necessary or appropriate. Any such Officers shall serve, subject to the provisions of this Agreement, until their respective successors are duly appointed and qualified. Any Officer may be removed by the Members at any time with or without cause; but such removal shall not itself affect the contractual rights, if any, of the officer so removed. The compensation of all Officers shall be fixed by the Members or as prescribed by this Agreement. The current Officers and their titles are as set forth on Schedule 2 attached hereto.

c. Unless otherwise provided herein, all decisions to be made by the members hereunder shall be made by a Majority in Interest of the Members. As used herein, a “**Majority in Interest**” of the Members shall be those Members who hold a majority of the Units as of the applicable time.

9. Exculpation and Indemnification. To the full extent permitted by applicable law, (a) the Members and the Officers shall not be liable to the Company or any other person or entity who has an interest in the Company for any loss, damage or claim incurred by reason of any act or omission performed or omitted by the Members or the Officers on behalf of the Company, and (b) the Members and the Officers shall be indemnified by the Company for any loss, damage or claim incurred by the Members or the Officers by reason of any act or omission performed or omitted by the Members or the Officers on behalf of the Company.

10. Other Business Ventures. The Members may engage in or possess an interest in other business ventures (unconnected with the Company) of every kind and description, independently or with others. The Company shall not have any rights in or to such other

ventures or income or profits therefrom by virtue of this Agreement or a Member's status as a member of the Company.

11. Assignments. Without the prior consent of a Majority in Interest of the Members, a Member may not assign in whole or in part its membership interest in the Company. If a Member transfers all or part of its interest in the Company in a manner permitted by this Section 11, the transferee shall be admitted to the Company upon its execution of an instrument signifying its agreement to be bound by the terms and conditions of this Agreement. Such admission shall be deemed effective immediately prior to the transfer. If the Member transfers all of its interest in the Company in a manner permitted by this Section 11, then, immediately following the admission of the transferee as a member, the transferor Member shall cease to be a member of the Company.

12. Admission of Additional Members. One or more additional members of the Company may be admitted to the Company by the written consent of a Majority in Interest of the Members.

13. Dissolution.

a. The Company shall dissolve and its affairs shall be wound up upon the first to occur of the following: (i) the written consent of a Majority in Interest of the Members, or (ii) the close of the Company's business on the date specified in the Company's Articles of Organization as the latest date on which the Company is to dissolve.

b. The bankruptcy of a Member shall not cause the Member to cease to be a member of the Company and upon the occurrence of such an event, the business of the Company shall continue without dissolution.

c. In the event of dissolution, the Company shall conduct only such activities as are necessary to wind up its affairs (including the sale of the assets of the Company in an orderly manner), and the assets of the Company shall be applied in the manner, and in the order of priority, set forth in Section 48-249-620 of the Act.

14. Severability of Provisions. Each provision of this Agreement shall be considered separable, and if for any reason any provision or provisions herein are determined to be invalid, unenforceable or illegal under any existing or future law, such invalidity, unenforceability or illegality shall not impair the operation of or affect those portions of this Agreement that are valid, enforceable and legal.

15. Governing Law. This Agreement shall be governed by, and construed under, the laws of the State of Tennessee (without regard to conflict of laws principles), all rights and remedies being governed by said laws.

16. Entire Agreement; Amendments. This Agreement is the entire agreement among the Members with respect to the subject matter hereof, and supersedes all prior discussions, negotiations, and agreements with respect to such subject matter, including without limitation

any prior operating agreement for the Company. This Agreement may be modified, altered, supplemented or amended only by the written consent of a Majority in Interest of the Members.

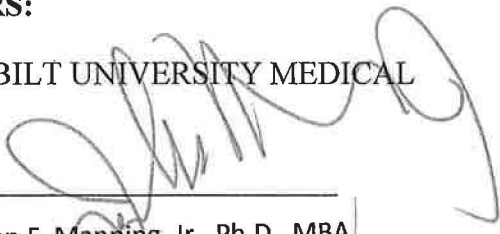
17. Sole Benefit of Members. The provisions of this Agreement are intended solely to benefit the Members and, to the fullest extent permitted by applicable law, shall not be construed as conferring any benefit upon any creditor of the Company (and no such creditor shall be a third-party beneficiary of this Agreement), and the Members shall not have any duty or obligation to any creditor of the Company to make any contributions or payments to the Company.

[Signature Page Follows]

IN WITNESS WHEREOF, the undersigned, intending to be legally bound hereby, have duly executed this Agreement as of the Effective Date.

MEMBERS:

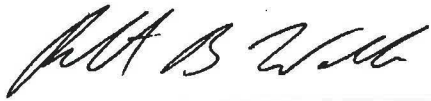
VANDERBILT UNIVERSITY MEDICAL
CENTER

By: 

Name: John F. Manning, Jr., Ph.D., MBA
Title: Chief Operating Officer
Corporate Chief of Staff

The undersigned hereby withdraws and resigns as Organizer of the Company, effective as of the Effective Date.

ORGANIZER:



Robert B. Womble

Schedule 1**Members, Capital Contributions, and Units**

Name and Address	Capital Contributions	Units
Vanderbilt University Medical Center c/o Office of Counsel 2525 West End Avenue, Suite 700 Nashville, Tennessee 37203	\$100	100
Total	\$ 100	100

Schedule 2**Officers**

Name	Title
John Manning	President
Cecelia Moore	Treasurer
Michael Regier	Secretary
Alaine Zachary	Asst Treasurer

Facility	Licensed Beds			Discharges				Patient Days				Length of Stay			Licensed Occupancy			
	2018	2019	2020	2018	2019	2020	% Change	2018	2019	2020	% Change	2018	2019	2020	2018	2019	2020	% Change
Saint Thomas Rutherford Hospital*	286	286	286	19,298	18,644	20,158	4%	77,747	74,336	84,121	8%	4.0	4.0	4.2	74%	71%	81%	8%
TriStar Stonecrest Medical Center	119	119	119	6,193	6,388	6,564	6%	19,819	21,220	22,324	13%	3.2	3.3	3.4	46%	49%	51%	13%
TrustPoint Hospital	101	217	217	3,028	4,059	4,708	55%	32,157	40,539	48,939	52%	10.6	10.0	10.4	87%	51%	62%	-29%

Facility	Staffed Beds			Discharges				Patient Days				Length of Stay			Staffed Occupancy			
	2018	2019	2020	2018	2019	2020	% Change	2018	2019	2020	% Change	2018	2019	2020	2018	2019	2020	% Change
Saint Thomas Rutherford Hospital*	286	286	286	19,298	18,644	20,158	4%	77,747	74,336	84,121	8%	4.0	4.0	4.2	74%	71%	81%	8%
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TrustPoint Hospital	100	155	160	3,028	4,059	4,708	55%	32,157	40,539	48,939	52%	10.6	10.0	10.4	88%	72%	84%	-5%

Source: Joint Annual Report of Hospitals, 2018-2020

* As set forth above, these charts do not include the 72- bed addition to Saint Thomas Rutherford.

RESPONSE: The Vanderbilt Rutherford Hospital project is a natural extension of the broad range of medical services that Vanderbilt has introduced to the greater Rutherford County area over the past decade. Vanderbilt currently has more than 140 physicians and advanced practitioners providing care in the service area. Monroe Carell Jr. Children's Hospital at Vanderbilt offers a variety of services across two locations in Murfreesboro, including clinic appointments for 12 different subspecialties, imaging, urgent and after-hours care and outpatient surgical capacity in ENT, gastroenterology, orthopedics, and urology.

The proposed project would achieve three discrete goals. First, it will permit Vanderbilt's existing patient base in Rutherford County to access Vanderbilt's physicians and inpatient care model without having to travel into downtown Nashville. The travel distance from the proposed location in Rutherford County to Vanderbilt's main campus can vary from 30-35 minutes in light traffic to 45-60 minutes in heavy traffic each way. The Vanderbilt Rutherford Hospital would ease the burden for the patients who currently endure significant travel times to access their preferred provider.

Second, Vanderbilt Rutherford Hospital will improve access to care for the residents of Rutherford County. As described above, the primary existing provider of acute care services in the service area, Saint Thomas Rutherford Hospital, is routinely full and patients who seek care at Saint Thomas Rutherford are experiencing unacceptable delays in waiting rooms and hallways before being admitted to the hospital for care. Vanderbilt Rutherford Hospital will provide additional inpatient capacity and another treatment option for patients. Moreover, through telemedicine physician consults, Vanderbilt will be able to transition some of its subspecialties to the Vanderbilt Rutherford Hospital, bringing to the community medical services provided by highly advanced specialists in many fields of medicine. In addition, there is a dearth of high-quality pediatric care in the region. In 2019, there were over 1,800 pediatric patients from the service area who had to travel into Nashville hospitals for anything but the most basic inpatient medical services. In conjunction with the expertise of the Monroe Carell Jr. Children's Hospital at Vanderbilt, the Vanderbilt Rutherford Hospital will fill a void for pediatric care that currently exists in the market.

Third, Vanderbilt's adult hospital operated above 96% capacity in the most recent fiscal year – essentially full by any reasonable metric. By redirecting appropriate patients from the community to be treated at Vanderbilt Rutherford Hospital instead of coming downtown to Vanderbilt's main campus, additional capacity will be opened at Vanderbilt to allow it treat sicker and more acute residents of the community.

1. Services to High-Need and Underserved Populations: Special consideration shall be given to applicants providing services fulfilling the unique needs and requirements of certain high-need populations, including uninsured, low-income, and underserved geographic regions, as well as other underserved population groups.

RESPONSE: Vanderbilt Rutherford Hospital will provide care to all patients regardless of sex, race, ethnicity or income. The proposed facility will also provide care to uninsured and low-

Facility	Licensed Beds			Discharges				Patient Days				Length of Stay			Licensed Occupancy			
	2018	2019	2020	2018	2019	2020	% Change	2018	2019	2020	% Change	2018	2019	2020	2018	2019	2020	% Change
Saint Thomas Rutherford Hospital*	286	286	286	19,298	18,644	20,158	4%	77,747	74,336	84,121	8%	4.0	4.0	4.2	74%	71%	81%	8%
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TrustPoint Hospital	101	217	217	3,028	4,059	4,708	55%	32,157	40,539	48,939	52%	10.6	10.0	10.4	87%	51%	62%	-29%

Facility	Staffed Beds			Discharges				Patient Days				Length of Stay			Staffed Occupancy			
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TrustPoint Hospital	100	155	160	3,028	4,059	4,708	55%	32,157	40,539	48,939	52%	10.6	10.0	10.4	88%	72%	84%	-5%

Source: Joint Annual Report of Hospitals

- 6N.** Provide applicable utilization and/or occupancy statistics for your institution services for each of the past three years and the project annual utilization for each of the two 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.

RESPONSE: The proposed project is for a new Vanderbilt Rutherford Hospital that does not have utilization and occupancy statistics for the past three years. Vanderbilt Rutherford Hospital has the following utilization projections for the first two years of operation:

<u>Service Units</u>	<u>Year One 2026</u>	<u>Year Two 2027</u>
Inpatient Admissions	2,160	2,913
Inpatient Days	8,642	11,654
ED Visits	14,785	19,723
Diagnostic Cardiac Caths	569	584
Therapeutic Cardiac Caths	142	146
Total Cardiac Caths	711	730

These utilization projections are based on the following methodology:

ACUTE CARE UTILIZATION

The project's utilization projections for acute care admissions were determined as follows:

- In 2019¹, Rutherford County had a total of 26,993 discharges for all patients. Of those, 14,605 discharges would be considered appropriate discharges for treatment at a community hospital similar to the scope of services to be offered by Vanderbilt Rutherford Hospital. This represents 54 percent of all hospital discharges for residents of Rutherford County and was calculated by using community hospital appropriate MSDRGs developed by Vanderbilt which are included herewith as Attachment 6N.I. Although this is not an exhaustive list of the types of patients who will present to Vanderbilt Rutherford Hospital, these MSDRGs constitute a reasonable health planning assumption on which to base utilization projections. Vanderbilt Rutherford will not refuse care to any patient, and it will likely have some admissions coded with a MSDRG not included on the planning list.
- Next, the 2019 community-level use rate per 1,000 population for each Rutherford County zip code was applied to the projected population (sourced from Claritas) to determine projected community-

¹ Given the impact on hospital utilization due to COVID-19, 2019 was used as the base year for utilization projections.

345
QUALITY STANDARDS

- 1Q.** Per PC 1043, Acts of 2016, any receiving a CON after July 1, 2016, must report annually using forms prescribed by the Agency concerning appropriate quality measures. Please attest that the applicant will submit an annual Quality Measure report when due.

RESPONSE: Vanderbilt Rutherford Hospital attests that it will submit an annual Quality Measure report when due.

- 2Q.** The proposal shall provide health care that meets appropriate quality standards. Please address each of the following questions.

- Does the applicant commit to maintaining the staffing comparable to the staffing chart presented in its CON application?
- Does the applicant commit to obtaining and maintaining all applicable state licenses in good standing?
- Does the applicant commit to obtaining and maintaining TennCare and Medicare certification(s), if participation in such programs are indicated in the application?

RESPONSE: Vanderbilt Rutherford Hospital attests that it will maintain staffing comparable to the staffing chart presented in its CON application, obtain and maintain all applicable state licenses in good standing and obtain and maintain TennCare and Medicare certifications as indicated.

- 3Q.** Please complete the chart below on accreditation, certification, and licensure plans.
Note: if the applicant does not plan to participate in these type of assessments, explain why since quality healthcare must be demonstrated.

Credential	Agency	Status (Active or Will Apply)	Provider Number or Certification Type
Licensure	○ Health ○ Intellectual & Developmental Disabilities ○ Mental Health & Substance Abuse Services	Will apply	Will apply
Certification	○ Medicare ○ TennCare/Medicaid ○ Other: _____	Will apply	Will apply
Accreditation(s)	Joint Commission		

- 4Q.** If checked "TennCare/Medicaid" box, please list all Managed Care Organization's currently or will be contracted.

RESPONSE: Vanderbilt Rutherford Hospital intends to contract with all TennCare MCOs consistent with its operation of other regional hospitals.

- 5Q.** Do you attest that you will submit a Quality Measure Report annually to verify the license, certification, and/or accreditation status of the applicant, if approved?

☒ Yes ☐ No

- 6Q.** For an existing healthcare institution applying for a CON:

- Has it maintained substantial compliance with applicable federal and state regulation for the three years prior to the CON application. In the event of non-compliance, the nature of non-compliance and corrective action should be discussed to include any of the following: suspension of admissions, civil monetary penalties, notice of 23-day or 90-day termination proceedings from Medicare/Medicaid/TennCare, revocation/denial of accreditation, or other similar actions and what measures the applicant has or will put into place to avoid similar findings in the future.

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DavidsonNAME OF FACILITY: Vanderbilt University Medical Center d/b/a
Vanderbilt Rutherford Hospital

I, Anna Felts, 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.

Anna Felts
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 8th day of October, 2021,
witness my hand at office in the County of Davidson, State of Tennessee.

Jessie Howell
NOTARY PUBLIC

My commission expires May 9, 2023

HF-0043

Revised 7/02



1. General Criteria Section - Need, Item 2.N. Service Area

Please provide the number of projected patients for each county of patient origin representing 5% or more of the projected patient base in Year 1 of the project.

RESPONSE: In Year 1, Rutherford County is projected to generate 1,772 admissions to Vanderbilt Rutherford Hospital (82% of total admissions). Warren County is projected to generate 130 admissions (6% of total admissions). No other county is projected to generate more than 5% of the projected patient base in Year 1 of the project.

2. General Criteria Section - Need, Item 5.N. Historical Utilization

It appears that some of the historical emergency department utilization and surgical suite utilization does not match the Joint Annual Report data. Specifically data submitted for the following:

Historical Emergency Department Utilization:

- 2018 Total Cases - St. Thomas Rutherford and TriStar Stonecrest,
- 2019 Total Cases - TriStar Stonecrest,
- 2020 Total Cases - TriStar Stonecrest.

Historical Surgical Suite Utilization:

- 2020 Total Cases - TriStar Stonecrest.

Please revise and resubmit the tables in response to Supplemental #1 Question #6.

RESPONSE: The emergency department utilization data was pulled from JAR Schedule I - On Campus Emergency Department, Question 4 - Emergency Department Visits by Payer. The charts below have been revised to provide emergency department utilization data from JAR Schedule I - On Campus Emergency Department, Question 10B - Total number treated in your Emergency Department. Vanderbilt would submit, however, that the original data source - which reflects the number of instances the facility billed for providing ED services - is likely the more accurate measure of utilization.

Historical Emergency Department Utilization:

County	Facility	2018 Total Cases	2019 Total Cases	2020 Total Cases	'18-'20 % Change
Rutherford	St. Thomas Rutherford	85,914	82,917	74,842	-13%
Rutherford	TriStar Stonecrest	48,939	49,844	40,559	-17%
TOTAL		134,853	132,761	115,401	-14%

Historical Surgical Suite Utilization:

County	Facility	2018 Total Cases	2019 Total Cases	2020 Total Cases	'18-'20 % Change
Rutherford	St. Thomas Rutherford	12,718	14,375	13,903	9%
Rutherford	TriStar Stonecrest	8,893	8,157	7,178	-19%
TOTAL		21,611	22,532	21,081	-2%

3. Service Specific Criteria (Acute Care Beds) 1. (Page 2)

Please provide additional detail for the calculations presented in response to Supplemental #1 Question #12 including the following items:

- Individual facility data used to arrive at the number of (Non-Psych Inpatient Days) for each of the three rows.
- The calculations used in the 2021 Actual Beds (Licensed and Staffed) columns of the table.

RESPONSE: The Tennessee Department of Health, Division of Policy, Planning, and Assessment - Hospital Discharge Data system was queried for Rutherford County inpatient days. Normal newborns (MSDRG 795) and facilities classified as psych hospitals and TrustPoint Hospital were excluded.

The below chart contains the facilities used to arrive at the number of non-psych inpatient days. Facilities with fewer than 1,000 patient days are aggregated into the "Others" row. All "Other" facilities are located outside Rutherford County.

<u>Hospital Name</u>	<u>2019 Days</u>	<u>% of Total</u>
Saint Thomas Rutherford Hospital	51,133	39.48%
Vanderbilt University Medical Center	22,984	17.75%
TriStar Stonecrest Medical Center	19,399	14.98%
TriStar Centennial Medical Center	13,023	10.06%
Saint Thomas West Hospital	5,823	4.50%
Saint Thomas Midtown Hospital	5,597	4.32%
TriStar Southern Hills Medical Center	2,438	1.88%
Saint Thomas Stones River Hospital	1,404	1.08%
TriStar Summit Medical Center	1,305	1.01%
TriStar Skyline Medical Center	1,216	0.94%
Williamson Medical Center	1,013	0.78%
Others	4,175	3.22%
Total	129,510	100.00%

The 2021 Actual Beds were derived from the 2020 Joint Annual Reports for Saint Thomas Rutherford and Stonecrest Medical Center and include the additional 72 beds added by Saint Thomas Rutherford through its CN1707-021A. The original total contained a typographical error for Stonecrest Medical Center. A corrected chart for Supplemental Question 12 is below and a revised pg. 2R to attachment 1.Na is also attached revising the initial application chart.

COUNTY	2019		2019 Need	SERVICE AREA POPULATION			Projected		Projected		2021 Actual Beds		2026 Shortage/ Surplus	
	NON-PSYCH	ADC		2019	2021	2026	ADC 2021	NEED 2021	ADC 2026	NEED 2026	Licensed	Staffed	Licensed	Staffed
	INPATIENT DAYS													
Rutherford Patient Days	70,532	193	242	332,937	349,087	389,816	203	253	226	283	477	473	(194)	(190)
Rutherford Outmigration	58,978	162	202	332,937	349,087	389,816	169	212	189	236	477	473	(241)	(237)
Rutherford Total Patient Days	129,510	355	444	332,937	349,087	389,816	372	465	415	519	477	473	42	46

There appears to be an error in the number of discharges listed for TriStar Summit Medical Center. Please revise and resubmit the table in response to Supplemental Question #12.

RESPONSE: See revised chart below.

Hospital Name	Hospital County	Discharges
Vanderbilt University Medical Center	Davidson	3,853
TriStar Centennial Medical Center	Davidson	1,867
Saint Thomas Midtown Hospital	Davidson	1,049
Saint Thomas West Hospital	Davidson	877
TriStar Southern Hills Medical Center	Davidson	359
Williamson Medical Center	Williamson	321
TriStar Summit Medical Center	Davidson	264
TriStar Skyline Madison Campus	Davidson	228
TriStar Skyline Medical Center	Davidson	202
Vanderbilt Wilson County Hospital	Wilson	136
Saint Thomas Stones River Hospital	Cannon	129

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DavidsonNAME OF FACILITY: Vanderbilt University Medical Center aka
Vanderbilt Rutherford HospitalI, Ginna Feltz, 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.Ginna Feltz
Signature/TitleSworn to and subscribed before me, a Notary Public, this the 13th day of October, 2021,
witness my hand at office in the County of Davidson, State of Tennessee.Jennifer Hygrel
NOTARY PUBLICMy commission expires May 9, 2023.

HF-0043

Revised 7/02



General Acute Care Hospitals				
Hospital County	2019 Staffed Beds	2020 Census Population	Bed/Population per 1,000	Number of Hospitals
Madison	632	98,823	6.40	2
Sullivan	693	158,163	4.38	3
Davidson	3,094	715,884	4.32	9
Washington	535	133,001	4.02	2
Hamilton	1,380	366,207	3.77	7
Shelby	2,280	929,744	2.45	10
Knox	842	478,971	1.76	4
Rutherford	467*	341,486	1.37	2
Williamson	185	247,726	0.75	1
Total	10,108	3,470,005	2.91	

*Includes Saint Thomas Rutherford's 72-bed addition although not reported in 2019 or 2020 JARs
Excludes psychiatric and long-term rehabilitation beds.

Sources:

Staffed Beds: Tennessee Hospital Association

Population: United States Census – 2020 Census Results

- **The Bed Need Formula fails to account for outmigration from the proposed Rutherford County service area. Patients may out-migrate due to a lack of convenient or timely access (the existing providers are full) or because of quality concerns with the existing providers in a service area. By ignoring outmigration, the Bed Need Formula overlooks the need for more medical resources in precisely those communities that may need them most. This shortcoming in the Bed Need Formula is inconsistent with the broader goals of the Tennessee State Health Plan which encourages providing access to acute care locally.**

In 2019, based on non-psych patient days, approximately 46 percent of Rutherford County outmigrated for inpatient care. For non-psych discharges, approximately 36 percent outmigrated in 2019. In a community that contains what purports to be a tertiary level medical center in Saint Thomas Rutherford, such a substantial level of outmigration suggests a need for additional inpatient resources in the community that is not being accurately reflected by the Bed Need Formula.

As set forth in the below chart, if TrustPoint's beds and patient days are removed from the bed need formula, but the patient days of those Rutherford County patients who are currently leaving Rutherford County to seek care are added, the bed need formula shows a shortage of 46 staffed beds by 2026 in Rutherford County – VRH's projected first full year of operation.

COUNTY	2019		2019 Need	SERVICE AREA POPULATION			Projected		Projected		2021 Actual Beds		2026 Shortage/ Surplus	
	NON-PSYCH	ADC		2019	2021	2026	ADC 2021	NEED 2021	ADC 2026	NEED 2026	Licensed	Staffed	Licensed	Staffed
	INPATIENT DAYS													
Rutherford Patient Days	70,532													
Rutherford Outmigration	58,978													
Rutherford Total Patient Days	129,510	355	444	332,937	349,087	389,816	372	465	415	519	477	473	42	46

Excludes psychiatric beds and inpatient days.

Includes Saint Thomas Rutherford's 72-bed addition in staffed beds

Sources:

Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics.

Hospital Data from Final JAR-Hospitals Schedule F.

TN Pop Projections: Boyd Center for Business and Economic Research, University of Tennessee, Knoxville

Inpatient Days: Tennessee Hospital Association