HEALTH FACILITIES COMMISSION
AUGUST 27, 2025
APPLICATION REVIEW

NAME OF PROJECT:	TriStar Stonecrest Medical Center
PROJECT NUMBER:	CN2505-016
ADDRESS:	2490 S. Church Street Murfreesboro (Rutherford County), TN 37127
LEGAL OWNER:	HCA Health Services of Tennessee, Inc. One Park Plaza Nashville (Davidson County), TN 37203
OPERATING ENTITY:	N/A
CONTACT PERSON:	Louis Caputo, CEO, TriStar Stonecrest Medical Center (615) 768-2000
DATE FILED:	June 2, 2025
PROJECT COST:	$18,885,948
PURPOSE FOR FILING:	Establishment of a freestanding emergency department (FSED)

Note to Commission members: This staff review is an analysis of the statutory criteria of Need, Consumer Advantage Attributed to Competition, and Quality Standards, including data verification of the original application and, if applicable, supplemental responses submitted by the applicant. Any Health Facilities Commission Staff comments will be presented as a "Note to Commission members" in bold italic.

PROJECT DESCRIPTION:

This application is for the establishment of a freestanding emergency department (FSED) located at 2490 S. Church Street, Murfreesboro, (Rutherford County), Tennessee 37127. The FSED will consist of approximately 11,500 square feet on 2.87 acres with 11 exam rooms, including 1 trauma room, lab, imaging department, nurse station, and associated support spaces.

Executive Summary

- If approved, the applicant projects the proposed project will open for service in May 2027.
- The proposed FSED will be a satellite of TriStar Stonecrest Medical Center, a 119-bed acute care hospital, located approximately 22 minutes from the proposed project site.
- The proposed FSED will be a full-service hospital ED able to care for all acuity levels of ED patients.
- The three ZIP Code service area includes approximately 198 square mile in the southern portion of Rutherford County: 37127 – Murfreesboro, 37128 – Murfreesboro and 37037 – Christiana.
- There is one emergency department within the service area located at Ascension Saint Thomas Westlawn, which is a satellite of Ascension Saint Thomas Rutherford Hospital, the largest hospital in Rutherford County.
- There are three total emergency departments in Rutherford County: TriStar Stonecrest Medical Center is 16.5 driving miles from the proposed FSED; Ascension Saint Thomas Rutherford Hospital is 5.1 driving miles, and Ascension Saint Thomas Westlawn is 9.6 driving miles from the proposed FSED site. The proposed FSED will be the southernmost ED facility in Rutherford County.
- The FSED will include a 3-bay Ground Transport Base to provide transport to the FSED as well as transfer services for patients in surrounding counties who require intra-facility transport to inpatient services.
- Vanderbilt Rutherford Hospital (VRH") currently has a CON for a 42-bed hospital with 14 emergency treatment rooms in the northwest corner of 37128 (Murfreesboro). However, the CON is currently challenged by STRH in an appeal pending in the Chancery Court of Davidson County, Tennessee.
- The TriStar Murfreesboro FSED will be staffed by approximately 28.8 FTEs, consisting of physicians, RNs, EMT/Paramedics, radiology, and lab tech, and nonclinical support staff to meet all acuity levels of ED services.
- Please see application Item 1E. on Page 7 for the applicant's executive summary overview that includes project description, ownership, service area, existing similar service providers, project cost, and staffing.

Consent Calendar: □ Yes √ No

- Executive Director's Consent Memo Attached: □ Yes √ Not applicable

Facility Information

- The applicant has included a warranty deed for the proposed site as Attachment 9A-1.
- The FSED will have a CT, X-ray, and ultrasound as well as lab and pharmacy support equipment. All equipment will be available 24/7. The Emergency Department room configurations are detailed in Attachment 10A – Floor Plan.
- The project site it part of a parcel located at 2490 South Church Street, Murfreesboro (Rutherford County), TN 37127 on 2.87 acres.

Ownership

- TriStar StoneCrest Medical Center ("TriStar StoneCrest") is owned by HCA Health Services of Tennessee, Inc. The Applicant is ultimately owned by HCA Healthcare, Inc. through several wholly owned subsidiary corporations.

Project Cost Chart

- The total project cost is $18,885,948. Of this amount, the highest line-item costs of the project are Construction Costs ($7,684,000), Acquisition of the Land ($3,345,000), Moveable Equipment ($2,000,000), and Fixed Equipment ($1,740,000).
- For additional information, please refer to the Project Cost Chart on Page 10 of the original application.

NEED

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

- The need to increase emergency department capacity in Rutherford County and the service area ZIP Codes as there are fewer emergency departments and emergency rooms per population that other large counties in the state as detailed in the following tables:

Emergency Departments per 100,000 Population

County	Emergency Departments	2025 Population	ER per 100,000 Population
Rutherford	3	388,909	0.77
Shelby	12	911,049	1.32
Knox	7	508,654	1.38
Davidson	11	728,443	1.51
Hamilton	9	385,843	2.33
Weighted Avg.	**42**	**2,922, 898**	**1.44**

Source: CN2505-016, Attachment 1N, Exhibit 1N-7, Page 8

Emergency Treatment Rooms per 1,000 Population

County	Hospital Based	FSED	Total	2025 Population	ER Rooms per 1,000 Population
Rutherford	121	0	121	388,909	0.31
Shelby	394	8	402	911,049	0.44
Knox	233	8	241	508,654	0.47
Hamilton	205	22	227	385,843	0.59
Davidson	398	38	436	728,443	0.60
Weighted Avg.	1,351	76	1,427	2,922,898	0.49

Source: CN2505-016, Attachment 1N, Exhibit 1N-9, Page 9

- To increase geographic access to emergency services for area residents through the establishment of a centrally located FSED facility. The three ZIP Code Service Area has 8 of the 121 total emergency treatment rooms.
- The need to accommodate population growth within the service area which is projected to increase by 11,543 residents from 2025-2029. This population growth is expected to generate an additional 6,000 ED visits from southern Rutherford County by 2030.
- To provide patients with an additional choice of location to receive emergency care at a facility that will ensure financial access for all patients.
- The applicant has provided 178 letters of support (Attachment 4-N) from medical professionals, elected officials, service area residents and other community stakeholders.

(For applicant discussion, see the Original Application, Item 2.E., Pages 8 & 9 as well as the responses to Item 1N through 4N)

SERVICE SPECIFIC CRITERIA AND STANDARD REVIEW

Freestanding Emergency Departments:

All applicable criteria and standards were met:

Note to Commission members: The staff review has been revised to incorporate updated CMS Quality of Care Data pertaining to Criterion #4 which was identified as not being met in the original posting on September 15, 2025.

Criterion #4 requires evaluation of the following: "Host Hospital Emergency Department Quality of Care. The quality of the host hospital should be in the top quartile of the state in order to be approved for the establishment of an FSED. It is the responsibility of the applicant to provide data on the host hospital ED and what quartile is applicable for each measure."

Updated CMS data, which became available after the original application documents were deemed complete, reflect that the applicant is bordering on the top quartile of the

state ranking fifth out of the nineteen "high-volume" emergency departments in Tennessee for the only available CMS Quality of Care Measure (OP-18 Median Time from ED Arrival to Departure for Discharged ED Patients) at 163 minutes.

Facility Name	OP-18b Score	Rank
TRISTAR SOUTHERN HILLS MEDICAL CENTER	127	1
TRISTAR HORIZON MEDICAL CENTER	133	2
HIGHPOINT HEALTH-SUMNER WITH ASCENSION SAINT THOMAS	145	3
ST FRANCIS HOSPITAL	158	4
TRISTAR STONECREST MEDICAL CENTER	163	5
TRISTAR HENDERSONVILLE MEDICAL CENTER	164	6
WILLIAMSON MEDICAL CENTER	182	7
TRISTAR SKYLINE MEDICAL CENTER	183	8
WELLMONT BRISTOL REGIONAL MEDICAL CENTER	187	9
AFFILIATE OF VITRUVIAN HEALTH	196	10
MORRISTOWN HAMBLEN HOSPITAL ASSOCIATION	200	11
BLOUNT MEMORIAL HOSPITAL	205	12
MAURY REGIONAL HOSPITAL	205	13
LECONTE MEDICAL CENTER	209	14
WELLMONT HOLSTON VALLEY MEDICAL CENTER	226	15
COOKEVILLE REGIONAL MEDICAL CENTER	232	16
FORT SANDERS REGIONAL MEDICAL CENTER	248	17
PARKWEST MEDICAL CENTER	256	18
REGIONAL ONE HEALTH	298	19

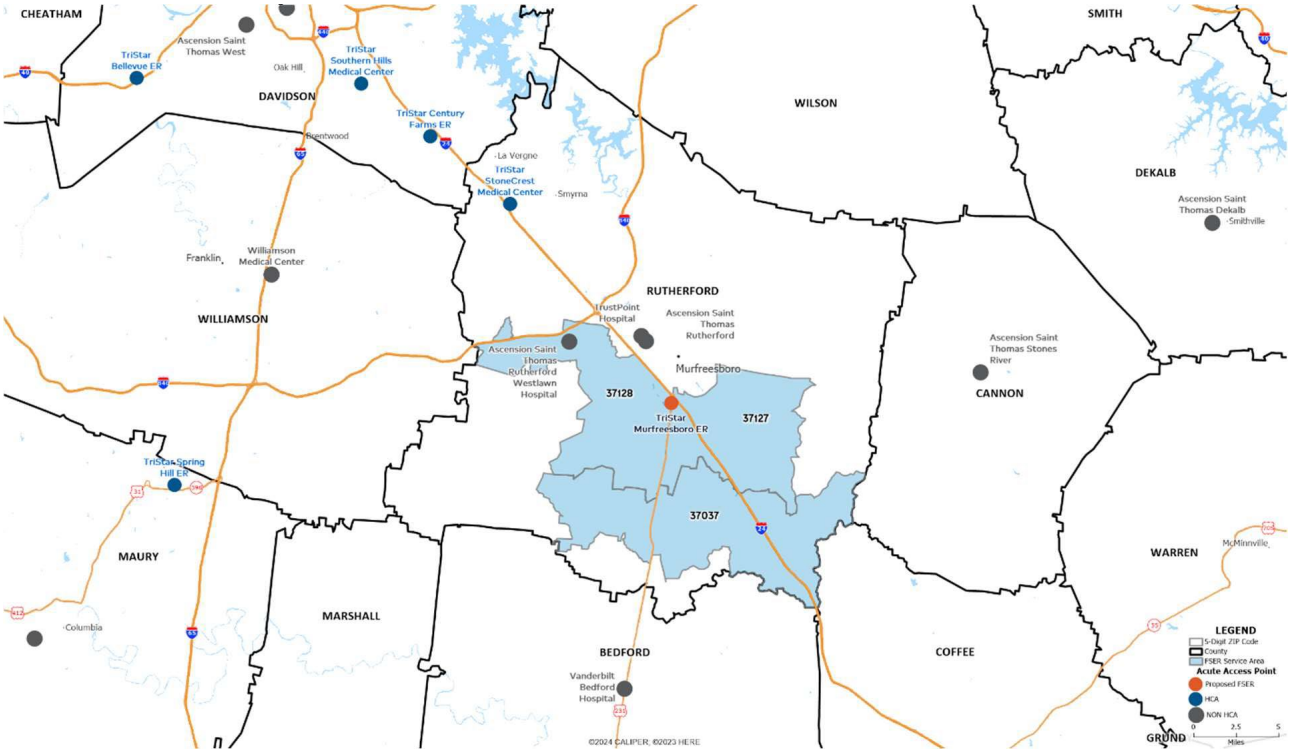
Source: CMS Hospital Compare, 12-month period ending September 2024. HFC Staff generated 9/17/2025.

The following Criterion appear to be met. However, HFC staff comments are provided for member context given the optional nature of the specific standards:

- ***Criteria #1-Determination of Need in the Service Area: The applicant is required to demonstrate that the population in the proposed service area has inadequate access to emergency services due to Geographic Isolation, Capacity Challenges, or Low-Quality of Care. The applicant has requested consideration under Geographic Isolation only and not under Capacity Challenges or Low Quality of Care. The applicant has provided data under Other Applicable Data Related to Need and Capacity demonstrating the level of higher acuity patients, behavioral health patients and patients over age 65 served in the three ZIP Code Service Area.***

  Geographic Isolation*: There is no objective measurement of geographic isolation defined by the Criteria and Standards for Freestanding Emergency Departments. However, need is supported by the potential to reduce distances and drive time to emergency services from*

certain regions of the service area. The applicant has provided supporting data on distances and travel times to support this portion of the criteria being met.



Source: CN2505-016, Attachment 1N, Page 7

Driving Distances and Times for ZIP Codes and City Centroids to Existing Emergency Departments and Proposed TriStar Murfreesboro FSED

Emergency Department	37037 - Christiana	37127 - Murfreesboro	37128 – Murfreesboro	Distance in miles to Proposed TriStar Murfreesboro FSED Site
TriStar Murfreesboro FSED*	11.0 miles / 15 min	6.6 miles / 14 min	4.5 miles / 10 min	0.0 miles / 0 min
TriStar Stonecrest Medical Center	26.7 miles / 32 min	22.6 miles / 29 min	18.2 miles / 29 min	16.5 miles / 22 min
St. Thomas Rutherford Hospital	15.6 miles / 25 min	8.2 miles / 22 min	5.7 miles / 19 min	5.1 miles / 15 min
Ascension St. Thomas Westlawn*	20.0 miles / 23 min	15.9 miles / 23 min	7.7 miles / 15 min	9.6 miles / 13 min

Source: CN2505-016, Attachment 1N, Exhibit 1N-13, Page 11
*Ascension St. Thomas Westlawn and the proposed TriStar Murfreesboro FSED are located in the three ZIP Code Service Area of the project. The other two hospitals are located in Rutherford County, but not in the proposed service area.

- *The distances from other existing emergency services to the proposed TriStar Murfreesboro FSED site range from 16.5 miles (TriStar Stonecrest Medical Center) to 5.1 miles (Ascension Saint Thomas Rutherford Hospital). The proposed FSED will be the closest emergency department from the centroids of each of the service area ZIP Codes. The potential drive time savings are between 8-17 minutes for 37037 – Christiana, 8-15 minutes for 37127 – Murfreesboro, and 5-19 minutes for 37128 – Murfreesboro.*

- ***The applicant states that it is not seeking consideration under the Capacity Challenges or Low Quality of Care considerations in response to Criterion #1. However, it provides data relevant to these considerations in the "Other Applicable Data" portion of the response as detailed below:***

- ***Other Applicable Data Related to Need and Capacity:*** *The applicant has provided data demonstrating the percentage of behavioral health visits, the percentage of Level I or Level II (higher acuity patients), and the percentage of patients over the age of 65 all exceed statewide averages for its host hospital.*

Service Area ZIP Code Level Behavioral Health, Level I & II and Patients 65+ for Stonecrest Medical Center (Host Hospital)

Emergency Services Provider	% of Behavioral Health	Tristar Stonecrest	% of Patients Level I or Level II	Tristar Stonecrest	% of Patients Ages 65+	Tristar Stonecrest
37037 – Christiana	3.1%	3.0%	53.8%	54.1%	19.3%	14.8%
37127 – Murfreesboro	3.9%		48.7%		21.6%	
37128 - Murfreesboro	3.7%		48.1%		18.6%	
Service Area	3.7%		48.7%		19.3%	

Source: CN2505-016, Attachment 1N, Exhibit 1N-19, Page 23. 2023 THA Data
For Percentage Level I or II, Emergency Department cases identified by CPT codes 99281, 99282, 99283, 99284, 99285 - Outpatient Only.
Level I and II cases identified by CPT codes 99285, 99284 - Outpatient Only.
For Behavioral Health and Percent Elderly, ER Flag utilized so includes both inpatient and outpatient ED visits.

- ***Capacity Challenges (Visits per Treatment Room)*** *TriStar Stonecrest Medical Center beginning to exceed the ACEP ranges for a High-Range hospital in 2024 and 2025 according to the applicant's internal data. The applicant rates itself as a Mid-Range Hospital per ACEP standards. See Attachment 1N, Exhibit 1N-17, Page 22.*

TriStar Stonecrest Emergency Department Utilization and ACEP Ranges 2021-2023

Year	# of Visits	# of Rooms	# Vists per Room	ACEP Low Range	ACEP Mid Range	ACEP High Range
TriStar Stonecrest 2021	47,731	39	1,224	1,613	1,432	1,250
TriStar Stonecrest 2022	49,854	39	1,278	1,613	1,432	1,250
TriStar Stonecrest 2023	50,621	39	1,298	1,613	1,432	1,250
TriStar Stonecrest 2024	51,861	39	1,330	1,613	1,432	1,250
TriStar Stonecrest 2025 Budget	53,832	39	1,380	1,613	1,432	1,250

Source: CN2505-016, Attachment 1N, Exhibit 1N-18, Page 23 2021-2023 Joint Annual Report; 2024 & 2025 Internal Data. American College of Emergency Physician (ACEP), Emergency Department Design -A Practical Guide to Planning for the Future, Second Edition, pages 116-117; note that "low range" assumes a higher number of annual visits per room than the "high range." Also, ACEP does not have a "mid-range." Mid-range is the mid-point between low and high range.

- ***Capacity Challenges (Wait Times):*** *Data for this portion of the Criterion is provided by the applicant. The "Median Time from ED Arrival to ED Departure for Discharged ED Patients" scores per CMS are detailed in the table below demonstrating scores that are better than the state and national averages for peer hospitals:*

OP-18 Median Time from ED Arrival to ED Departure for Discharged ED Patients

Emergency Department	ED Time/Score	Tennessee Avg.	National Avg.
TriStar Stonecrest Medical Center	161 minutes	198 minutes	215 minutes
St. Thomas Rutherford	180 minutes	183 minutes	193 minutes

Source: CN2505-016, Attachment 1N, Page 24.

Please see Attachment 1N for a full listing of the criteria and standards and the applicant's responses.

Service Area Demographics

- The service area is defined as zip codes 37037 (Christiana), 37127 (Murfreesboro), and 37128 (Murfreesboro), all in Rutherford County. (*see Attachment 2N for a ZIP Code level map*).
- The only emergency rooms in the service area are located at Ascension Saint Thomas Westlawn which is approximately 9.6 miles northwest from the proposed FSED site. The host hospital is located approximately 16.5 miles to the northwest from the proposed FSED site up I-24.
- The target population is the total population of the service area. (*See Attachment 3N).*

Service Area ZIP Code / County	2025 Population	2029 Population	% Change	Median Household Income	% Living Below Poverty Level	TennCare %
37073 – Christiana	10,241	11,031	7.7%	$95,912	3.4%	
37127 – Murfreesboro	22,736	24,255	6.7%	$81,495	6.1%	
37128 - Murfreesboro	81,155	88,080	8.5%	$87,186	3.0%	
Service Area (ZIP Code Level)	**114,132**	**123,366**	**8.1%**		**3.7%**	
Rutherford County	388,909	424,308	9.1%	$82,588	9.1%	16.0%
Tennessee Total	**7,242,733**	**7,462,831**	**3.0%**	**$67,097**	**14.0%**	**19.5%**

Source: CN2505-016, Attachment 3N, Page 21, 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.
**TennCare Enrollment Data is not available at a ZIP Code level which is the population data included in the table above.

- The proposed three ZIP Code service area projects a 4-year growth rate of (8.1%) compared to a statewide rate of (3.0%).
- The percentage of service area residents enrolled in the TennCare program is not available at a ZIP Code level. However, the county-level rate is available for Rutherford County overall (16.0%) is lower than the statewide rate of (19.5%).
- The three service area ZIP Codes all have higher median household incomes than the statewide median household income.
- The percentage of residents living below the poverty level is also lower than for each of the service area ZIP Codes than the statewide percentage.
- The applicant also provides ZIP code level service area population data on page 18 of the application as detailed in the following table:

Service Area Population by Age Group (2025-2030)

Zip Code	Age 0-18	Age 18-44	Age 45-64	Age 65+	Total
2025					
37037 – Christiana	2,480	3,752	2,638	1,371	10,241
37127 – Murfreesboro	4,993	8,844	5,642	3,257	22,736
37128 – Murfreesboro	19,584	33,464	19,195	8,912	81,155
Total Service Area	**27,057**	**46,060**	**27,475**	**13,540**	**114,132**
2030					
37037 – Christiana	2,493	4,041	2,961	1,734	11,229
37127 – Murfreesboro	5,227	9,203	6,149	4,056	24,635
37128 – Murfreesboro	20,309	35,392	22,409	11,701	89,811
Total Service Area	**28,029**	**48,636**	**31,519**	**17,491**	**125,675**
Percent Growth 2025-2030					
37037 – Christiana	0.5%	7.7%	12.2%	26.5%	9.6%
37127 – Murfreesboro	4.7%	4.1%	9.0%	24.5%	8.4%
37128 – Murfreesboro	3.7%	5.8%	16.7%	31.3%	10.7%
Total Service Area	**3.6%**	**5.6%**	**14.7%**	**29.2%**	**10.1%**

Source: CN2505-016, Attachment 3N, Exhibit 6, Page 18

- The proposed service area ZIP codes are projected to experience (10.1%) growth from 2025-2030 with the 37128 – Murfreesboro experiencing the highest rate of growth with (10.7%).
- The population age 65 and over is projected to grow by (29.2%) in the service area.

Service Area - Historical Utilization

- The following table indicates the utilization of Emergency Departments in Rutherford County overall. There is one ED located within the applicant's three ZIP Code service area – Ascension Saint Thomas Westlawn.

Historical Utilization of EDs in Rutherford County 2021-2023

County	Facility	FY2021 ED Visits	FY2022 ED Visits	FY2023 ED Visits	Change FY2021-2023
Rutherford	Ascension St. Thomas Westlawn	-	-	1,379	-
	Total ED Visits in Service Area	**-**	**-**	**1,379**	**-**
	EDs in Rutherford County – Not in ZIP Code Service Area				
Rutherford	TriStar Stonecrest Medical Center	47,731	49,854	50,621	6.1%
Rutherford	St. Thomas Rutherford Hospital	70,592	76,554	79,813	13.1%
	Total Rutherford County ED Visits	**118,323**	**126,408**	**131,813**	**11.4%**

Source: CN2505-016, Attachment 1N, Exhibit 26, Page 27, Joint Annual Reports for 2021-2023.

- Each of the three Rutherford County Emergency Departments reported increases in ED patient volume from 2021-2023, with Ascension Saint Thomas Rutherford Hospital experiencing the largest increase (13.1%). TriStar Stonecrest Medical Center experienced a (6.1%) increase.
- Overall, ED utilization increased from (11.4%) from 2021-2023.

Applicant's Historical and Projected Utilization

The following tables indicate the applicant's historical and projected Emergency Department utilization by ZIP code of patient residence.

TriStar Stonecrest Medical Center (Host Hospital) Patient Origin by ZIP Code 2024

ZIP Code and City	ER Visits	% Distribution	Cumulative %
37167 – Smyrna	18,294	35.3%	35.3%
37086 – LaVergne	11,179	21.6%	56.8%
37013 – Antioch	5,555	10.7%	67.5%
37129 – Murfreesboro	3,346	6.5%	74.0%
37130 – Murfreesboro	2,157	4.2%	78.2%
37128 – Murfreesboro	1,837	3.5%	81.7%
37135 – Nolensville	895	1.7%	83.4%
37211 – Nashville	816	1.6%	85.0%
37127 – Murfreesboro	598	1.2%	86.2%
37127 – Nashville	536	1.0%	87.2%
37122 – Mt Juliet	335	0.6%	87.8%
37037 – Christiana	249	0.5%	88.3%
All Other (1,200 + ZIP Codes)	6,062	11.7%	100%
Total	51,859	100%	-

Source: CN2505-016, Attachment 1N, Table 9A1, Page 41

- Approximately (5.2%) of ED visits to the host hospital in CY 2024 were from the three service area ZIP Codes with the highest number (1,837) coming from ZIP Code 37128.

CY 2023 Service Area ZIP Code Utilization by Hospital

ZIP Code / County	Service Area EDs	Other Rutherford County ED				Out of County EDs						
	St. Thomas Westlawn	TriStar Stonecrest	St. Thomas Rutherford	Subtotal of County EDs	Vanderbilt University Medical Center	Vanderbilt Bedford	TriStar Southern Hills	Williamson Medical Center	TriStar Centennial	TriStar Summit	Other Hospital Centers	Total
37037 – Christiana	-	296	-	2,074	-	-	18	-	28	-	-	-
37127 – Murfreesboro	279	614	4,989	5,882	440	112	71	70	69	75	422	7,071
37128 – Murfreesboro	2,841	1,754	13,254	17,849	1,490	192	231	402	252	143	1,288	21,445
Total Service Area	3,120	2,664	18,243	25,805	1,930	304	320	472	349	225	1,919	31,292
Overall % by Hospital	10.0%	8.5%	58.3%	82.5%	6.2%	1.0%	1.0%	1.5%	1.1%	0.7%	6.1%	100%
% Distribution within the County	12.1%	10.3%	70.7%	100%								

Source: CN2505-016, Attachment 1N, Page 42, Hospital Discharge Data System (HDDS) CY2023 for 37127 and 37128. 37037 – Christiana data is based on THA data due to HDDS data suppression.

- The highest number of ED visits (18,243) from the service area ZIP Codes were treated at Ascension Saint Thomas Rutherford in CY2023.

Projected ED Utilization – Total Service Area
Year 1 (2027) – Year 4 (2030)

	2027	2028	2029	2030
Christiana – 37073	3,090	3,163	3,236	3,310
Murfreesboro – 37127	7,726	7,877	8,029	8,180
Murfreesboro – 37128	24,080	24,678	25,275	25,873
Total Proposed Service Area Visits	**34,895**	**35,718**	**36,540**	**37,363**

Source: CN2505-016, Attachment 6N, Exhibit 16, Page 33

- The largest number of ED visits from the service area are projected to come from ZIP Code 37218.
- The applicant's projections assume that a service area weighted average of (19.7%) of all ED utilization will be treated in the TriStar Murfreesboro FSED in Year 2 (2028) – Year 4 (2030).

Projected ED Utilization – TriStar Stonecrest Medical Center (Murfreesboro FSED)
Year 1 – 2027 and Year 2 - 2028

Service Area ZIP Codes	Projected Utilization - Murfreesboro FSED (2027)	% of Total	Projected Utilization - Murfreesboro FSED (2028)	% of Total
Christiana – 37037	433	6.6%	696	6.9%
Murfreesboro – 37127	1,236	19.0%	1,891	18.8%
Murfreesboro - 37128	2,890	44.4%	4,442	44.2%
Service Area Subtotal	**4,558**	**70.0%**	**7,028**	**70.0%**
All Other	1,954	30.0%	3,012	30.0%
Total	**6,512**	**100%**	**10,040**	**100%**

Source: CN2505-016, Attachment 2N, Page 16

- In Year One, the applicant projects that (44.4%) of the patient visits to the new Murfreesboro FSED will be residents of ZIP Code 37128. Approximately (30%) of ED visits are projected to originate from outside of the service area.
- The applicant states that none of the out-of-area ZIP Codes are expected to represent more ED visits than any of the three service area ZIP Codes. See Supplemental #1, Question 1, Page 2.
- The applicant details the projected utilization by acuity level of the TriStar Murfreesboro FSED in the table below.

Projected Acuity Level at Murfreesboro FSED

Acuity Level	% of Total
CPT Code 99281 (non-urgent)	3.2%
CPT Code 99282 (less urgent)	8.7%
CPT Code 99283 (urgent)	46.4%
CPT Code 99284 (emergent)	33.7%
CPT Code 99285 (resuscitation)	8.0%
ER Critical Level – CPT 99291	0.1%
TOTAL	**100%**

Source: CN2505-016, Attachment 6N, Page 35

- The applicant's projected utilization for the Murfreesboro FSED reflects a combined percentage of (41.7%) for the two highest acuity levels 99284 (Emergent) and 99285 (Resuscitation).

Note to Commission members: The Current Procedural Terminology (CPT) code range for Emergency Department Services 99281-99285 is a medical code set maintained by the American Medical Association. CPT® Code range 99281- 99285 represents New or Established Patient Emergency Department Services with 99281 representing least acute and 99285 representing most acute.

- In 2024 there were over 91,000 total visits to TriStar FSEDs for a wide range of service lines including cardiac medical (5,908 patient visits), other cardiac (189 patient visits), neurology (3,714 patient visits), diabetes (650 patient visits), spine (2,455 patient visits), behavioral health (1,874 patient visits), and general medicine (1,711 patient visits). Based on admissions to TriStar FSEDs from 2022-2024 there were more than 6,500 different principal diagnoses.
- The top five diagnoses representing only 12.2% of total cases were for 1) acute upper respiratory infection, unspecified, 2) viral infection, unspecified, 3) other chest pain, 4) nausea with vomiting, unspecified, and 5) urinary tract infection, site not specified.
- The applicant states that the majority of FSED patients are expected to be walk-in patients.

CONSUMER ADVANTAGE ATTRIBUTED TO COMPETITION

The applicant identifies the following consumer benefits of this project:

- The addition of an access point closer to the service area in southern Rutherford County will ensure patient access within 5 to 19 minutes.
- Expanding the emergency room capacity of Rutherford County which has a lower ratio of rooms per population than other large counties in the state.
- The proposed FSED will be a satellite of a TriStar Stonecrest Medical Center which has many recognitions for high quality services including low rates of patients leaving the ER without being seen and low median times from arrival to departure. The host hospital is also a Level III Trauma Center and Joint Commission Accredited with many disease-specific certifications.
- Reducing ambulance response and transport times, especially to southern Rutherford, Coffee, and Bedford Counties. The proposed Ground Transport Base will accommodate up to three ambulances to provide intra-facility transport for patients from Rutherford and surrounding counties to Rutherford and Davidson County hospitals.

- The applicant highlights its Charity and Indigent Care Policies which it states are the most generous in the region and states that it will treat all patients regardless of race, ethnicity or socioeconomic status.
- The project will address population growth in Rutherford County where the population aged 65+ is projected to grow 29% from 2025-2030.
- The applicant cites a community survey with responses from residents of the three ZIP Code service area confirming the following:
    - 62 percent are concerned about timely access to emergency care.
    - 67 percent believe a new ER would improve access.
    - 70 percent indicated access to the nearest emergency room would take longer than 15 minutes.
    - 82 percent agree that an additional emergency room would provide resources needed for quick medical care in the event of a disaster or incident.
    - 82 percent agree that the south end of Murfreesboro should have access to an ER.
    - When considering traffic congestion, 90 percent agree that a new emergency room on the south end of Murfreesboro would improve response times when seconds matter. See Attachment 1N – Page 13.

Charges

In Year One and Two of the proposed project, the average patient charges per visit for the proposed FSED are as follows:

	Projected Data Chart	
	Year 1 (2027)	**Year 2 (2028)**
Gross Charges	$8,450	$9,126
Deduction from Revenue	$7,578	$8,230
Average Net Charges	$872	$896

Source: CN2505-016, Application, Page 25

- The applicants' proposed average net charges per visit are projected to increase from $872 in Year 1 (2027) and $896 in Year 2 (2028). The applicants' proposed total charges are listed on Page 25.
- The applicant also states that the No Suprises Act limits emergency providers to billing patients the cost-sharing, deductibles, and out-of-pocket maximum that they would have paid if they had sought services through an in-network provider.
- A full list of contracted commercial and managed care organizations is included as Attachment 2.C. The applicant states that the facility will be in-network for most major insurance plans except for Blue Cross Blue Shield of Tennessee Network S.

Average of Standard Gross Charges by CPT Codes (Current)

Facility	99281	99282	99283	99284	99285
TriStar Stonecrest Medical Center	$866	$1,305	$2,325	$3,980	$4,828
St. Thomas Rutherford	$692	$1,143	$1,393	$1,817	$2,209

Source: CN2505-016, Application, Page 26
Hospital Chargemasters, 2025

- The host hospital's public chargemaster gross charges are higher than those listed by Ascension Saint Thomas Rutherford Hospital for all CPT Codes 99281-99285.

Project Payor Mix

The applicant's projected payor mix for Year 1 (FY2027) total gross operating revenue of $55,026,400 is as follows:

	Percentage of Gross Operating Revenue (FSED Project Only)						
	Medicare	Medicaid	Commercial	Self-Pay	Other		Charity Care
Year 1	22.6%	17.5%	46.2%	13.7%	0.0%		2.0%

Source: CN2505-016, Application, Page 27.

- Medicaid (TennCare) and Self-Pay are projected to represent a combined (31.2%) of gross operating revenue for the project. The applicant projects Charity Care will be equivalent to approximately (2.0%) of Gross Operating Revenue in Year 1 (2027) of the project. Please refer to Item 10C. in the Consumer Advantage section on Page 27 of the application for additional Payor Mix information.
- The applicant is contracted with all TennCare Managed Care Organizations.
- The applicant states that it offers a prompt pay discount of 20% for patients paying estimated deductible and co-pays at the time of service.
- The applicant states that its charity care policy applies to patients on a sliding scale up to 400% of the federal poverty level. See Attachment 4N-1 for the applicant's Uninsured Discount, Charity Care Write-Off Policies and Discount Policy for Patients.
- The applicant states that in CY 2024, TriStar StoneCrest wrote off approximately $112 million in charity care dollars.
- The table below represents payor sources by patient origin ZIP codes. It is included in Attachment 1N-Page 40.

Payor Mix for Service Area ZIP Codes and Host Hospital CY2023

Payor	37073* Christiana		37127 Murfreesboro		37182 Murfreesboro		Service Area		TriStar Stonecrest Medical Center Total	% of Total
	Total ED Patients	% of Total	Total ED Patients	% of Total	Total ED Patients	% of Total	Total ED Patients	% of Total		
Medicare/Medicare Advantage	576	20.7%	1,701	24.1%	4,437	20.7%	42,180	26.5%	8,610	17.0%
TennCare/Medicaid	489	17.6%	1,529	21.6%	4,356	20.3%	41,070	25.8%	16,933	33.4%
Commercial	1,395	50.3%	2,722	38.5%	9,768	45.5%	57,706	36.3%	17,316	34.2%
Self-Pay	305	11.0%	1,056	14.9%	2,684	12.5%	15,450	9.7%	7,433	14.7%
Medically Indigent/Free	11	0.4%	34	0.5%	89	0.4%	2,074	1.3%	330	0.7%
Other	0	0%	29	0.4%	111	0.5%	407	0.3%	0	0.0%
Total	**2,775**	**100%**	**7,071**	**100%**	**21,445**	**100%**	**158,887**	**100%**	**50,622**	**100%**

Source: CN2505-016, Attachment 1N Page 40, TDH 2023 HDDS Data, note the total is higher due to HDDS data suppression. This may or may not have a significant impact on the payor mix for each ZIP Code.
*Note: Tennessee Hospital Association (THA) data is utilized for the Christiana (37073) is used in place of HDDS data which is used for the remainder of the table due to suppression of data in the ZIP Code with fewer than 20,000 population.

- The three ZIP Code service area has a lower reported percentage of TennCare patients than the host hospital (25.8% vs 33.4%), a higher percentage of commercially insured patients (36.3% vs 34.2%) and a lower combined percentage of Self Pay patients (9.7% vs. 14.7%).

Agreements

- A list of healthcare providers with transfer agreements with the applicant is included in Attachments 1C-1, 1C-2, and 1C-3.
- A list of community partners including affiliated urgent care and primary care practices is included as Attachment 4N, Pages 23 & 24.
- The applicant states that it refers patients in need of inpatient behavioral health services to Trustpoint Hospital in Rutherford County as well as Pinewood Springs in Maury County and TriStar Centennial Medical Center in Davidson County.

Staffing

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

	Year One
Direct Patient Care Positions	20.9
Non-Patient Care Positions	3.7
Contractual Staff	4.2
Total	**28.8**

Source: CN2505-016, Application, Page 31

- Direct Care positions includes the following: Nurses (11.5 FTEs); Radiology Techs (4.2 FTEs); Lab Techs (4.2 FTEs); Ultra sonographer (0.5 FTE); and Pharmacist (0.5 FTE).
- Non-Patient Care positions includes the following: Security (2.1 FTEs) and Environmental Services (1.6 FTEs).

- Contractual staff includes the following: Physicians (4.2 FTEs).
- The Medical Director of the TriStar StoneCrest Emergency Department is M. Colleen Tran, DO.
- The applicant's parent company, CHA Healthcare operates 183 FSED nationally. The FSED will be staffed by staffed by HCA-EmCare Holdings, LLC d/b/a Valesco Ventures.
- The applicant states that the presence of at least one Board-certified Emergency Physician and RN at all times, 24/7/365; staffing with RN's; operation under the same bylaws, hospital medical staff and nursing staff organizations, and hospital standards of care and written policies and procedures.
- The applicant states that it will be able to staff the proposed hospital through TriStar Health extensive network of affiliations.
- The applicant highlights its opening of the Galen College of Nursing in 2021 which operates campuses in Tennessee, Kentucky, Ohio, Virginia, South Carolina, Florida and Texas and is currently enrolling approximately 700 new students annually in either its BSN, AND, of LPN to AND Bridge Programs. The applicant states that approximately 55% of graduates have chosen to join an HCA affiliated hospital for employment.
- The applicant also highlights the recent opening of the Thomas F. Frist, Jr. College of Medicine at Belmont University in Nashville, which is a new medical school, whose first class commenced in Fall of 2024.
- Please refer to Items 4C. and 8Q. of the application for additional detail regarding project staffing.
- Please refer to Item 8Q. on Page 31 of the application for additional detail regarding project staffing.

QUALITY STANDARDS

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

Licensure	Certification	Accreditation
Health Facilities Commission	Medicare/TennCare	The Joint Commission

Source: CN2505-016, Application, Page 29.

- The applicant maintains Licensure through the Tennessee Health Facilities Commission, Certification through Medicare and TennCare, and Accreditation through The Joint Commission (TJC). A full list of major accreditations and recognitions for TriStar Stonecrest Medical Center are included in the Attachment 2Q-1.
- The host hospital is certified as a Level III Trauma Center, Joint Commission Certified in Advanced Primary Stroke Center, Advanced Chest Pain Center,

Certified Total Joint Replacement Center – Hip, Certified Total Joint Replacement – Knee, and Certified Spine Surgery, Accredited Center of Excellence, hernia surgery by the Surgical Review Corporation, Commission on Cancer Accredited Oncology Program Sarah Cannon at TriStar StoneCrest, Blue Distinction Center for knee and hip replacement by Blue Cross Blue Shield, Blue Distinction Center Plus for spine surgery by Blue Cross Blue Shield, Gold Seal of Approval® from The Joint Commission, Honored Leapfrog "A" Safety Score, Fortune/Merative® 100 Top Hospitals, Healthgrades Top 100 Hospitals and Outstanding Achievement Award — Commission on Cancer.

- The applicant highlights its rate of emergency department patients who left without being seen as the lowest in the state at 0% as well as its low median time from ED arrival to departure for discharged emergency department patients which is the sixth lowest among high volume emergency departments in the state.
- The applicant has provided a copy of its Emergency Medical Treatment and Labor Act ("EMTALA") policy as Attachment 4C-2, a copy of its Plan for Improvement of Organizational Performance and Clinical Excellence as Attachment 5C-3 and a copy of its Joint Commission Accreditation and Medicare Certification as Attachment 2Q-1.
- All physicians working at the FSED will be required to have PALS (Pediatric Advanced Life Support) certification.
- The applicant addresses OIG settlement agreements in response to Item 7Q. See Attachment – "Supplemental Responses to Questions in Main Application."

Application Comments
Application Comments may be filed by the Department of Health, Department of Mental Health, and Substance Abuse Services, and the Department of Disability and Aging. The following department(s) filed comments with the Commission and are attached:

☐ Department of Health
☐ Department of Mental Health and Substance Abuse Services
☐ Department of Disability and Aging
☒ **No comments were filed**

Should the Commission vote to approve this project, the CON would expire in **three** years.

CERTIFICATE OF NEED INFORMATION FOR THE APPLICANT:
There are no other Letters of Intent or for this applicant.

There are no other Letters of Intent on file for this applicant.

HCA Healthcare, Inc. has an ownership interest in this proposed project and in the following pending or outstanding applications or projects:

Denied Applications:

Project Name	**TriStar Hendersonville Medical Center – Gallatin Freestanding Emergency Department CN2305-012D**
Project Cost	$16,704,501
Denied Date	9/27/2023
Description	The establishment of a freestanding emergency department ("FSED") in the city of Gallatin in Sumner County, Tennessee. The FSED will consist of approximately 11,900 square feet with 12 exam rooms, including 1 trauma room, a lab, an imaging department, a nurse station, and associated support spaces. The FSED will have two covered entry canopies, one for emergency vehicle access/drop off and one for public drop off. The proposed project will be located on a tract of vacant land that is approximately 2.3 acres in size and is located at the northeast corner of Harris Lane and Green Lea Boulevard in Gallatin (Sumner County), TN and being part of a larger parcel having Parcel ID Number 125 034.00 000. The service area includes ZIP Codes (37066, 30748, and 37075) within Hendersonville, Gallatin, and Cottontown TN in Sumner County. The applicant is owned by HCA Health Services of Tennessee, Inc.
Reasons for Denial	This project was denied for failing to satisfy the need criteria.

Pending Applications:

Project Name	**TriStar Centennial Medical Center, CN2508-031**
Project Cost	$25,082,059
Deemed Complete Date	September 11, 2025
Description	To establish a 15-bed hospital-based inpatient rehabilitation unit on its campus, which will be operated and reimbursed as an Inpatient Rehabilitation Facility (“IRF”). The address of the project will be 2410 Patterson St., Nashville, Davidson, Tennessee, 37203. The service area is defined as Davidson, Cheatham, Dickson, Hickman, Marshall, Maury, Montgomery, Robertson, Rutherford, Sumner, Williamson, and Wilson. The applicant is owned by HCA Health Services of Tennessee, Inc.
Meeting Date	October 22, 2025

Project Name	**TriStar Summit Medical Center, CN2506-022**
Project Cost	$18,060,545
Deemed Complete Date	June 12, 2025
Description	The establishment of a freestanding emergency department ("FSED") in Lebanon, Tennessee, located on a portion of the property identified as Lot 3 of Parcel No. 095081-00215. The FSED will contain 11 exam rooms, including 1 trauma room, a lab, imaging department, a nurse station, and associated support spaces. The address of the project will be an approximate two and one-half (2.5) acre tract of unaddressed vacant land located near 125 Willard Hagan Drive, approximately 400 feet north of the intersection of Willard Hagan Drive and S. Hartman Drive, Lebanon, Wilson County, Tennessee, 37090. The service area is defined as Wilson County. The applicant is owned by HCA Health Services of Tennessee, Inc.
Meeting Date	September 24, 2025 (Simultaneous Review with CN2506-020 Sumner Regional Medical Center).

Outstanding Applications:

Project Name	**Lebanon Center for Outpatient Surgery, CN2504-013A**
Project Cost	**$15,870,573**
Approval Date	June 25, 2025
Description	The establishment of a multi-specialty ambulatory surgical treatment center (ASTC) located at 125 Willard Hagan Drive, Lebanon (Wilson County), TN 37090. The ASTC will consist of approximately 17,350 square feet with two (2) operating rooms and one (1) procedure room. The surgical specialties to be offered at the ASTC will be General Surgery, ENT surgery, GI/Endoscopy, Orthopedic Surgery, Total Joint Replacement, Orthopedic Spine Surgery, Podiatry, and Pain Management Procedures. The facility will replace the existing TriStar Summit Hospital Outpatient Department. The service area is defined as Wilson County. The applicant will be wholly owned by Lebanon Surgicenter, LLC, whose ultimate parent is HCA Healthcare, Inc. Following approval of the CON, the physicians on the medical staff at LCOS will have the opportunity to collectively own up to 49% of Lebanon Surgicenter, LLC, not to exceed 5% ownership individually.
Project Status	Project Status Update – This project was recently approved.
Expiration	August 1, 2027

Project Name	TriStar Hendersonville White House Freestanding Emergency Department, CN2407-020A
Project Cost	**$17,832,032**
Approval Date	October 23, 2024
Description	The establishment of a freestanding emergency department (FSED) located at an unaddressed site on an approximate three (3) +/- acre tract of vacant land on the north side of TN-258/Raymond Hirsch Parkway, located approximately 650 +/- feet west of the intersection of Raymond Hirsch Parkway and Highway 31W, White House (Robertson County), Tennessee 37188. The service area is defined by the ZIP codes of White House (37188), Greenbrier (37073), Cross Plains (37049), and Cottontown (37048). Zip codes 37188 (White House), 37073 (Greenbrier), and 37049 (Cross Plains) are located primarily in Robertson County, and Cottontown (37048) primarily in Sumner County.
Project Status	Project Status Update May 2025 – Groundbreaking has occurred and the projected opening date is in 2026.
Expiration	December 1, 2027

Project Name	TriStar Spring Hill Hospital, CN2404-010A
Project Cost	**$250,000,000**
Approval Date	6/26/2024
Description	The establishment of a full-service acute care hospital with 68 licensed beds. The project also seeks to initiate diagnostic and therapeutic cardiac catheterization services, magnetic resonance imaging (MRI) services, and will include a Level II neonatal intensive care unit (NICU). The facility will encompass the existing TriStar Spring Hill Emergency Room. The address of the project will be 3001 Reserve Boulevard, Spring Hill (Maury County), Tennessee 37174. The proposed service area consists of three ZIP codes: 37174 (Spring Hill) in both Maury and Williamson Counties, 38401 (Columbia) in Maury County, and 37179 (Thompson's Station) in Williamson County. The applicant is owned by Spring Hill Hospital, Inc.
Project Status	Project Status Update May 2025: TriStar Spring Hill Hospital was approved for a CON for a new hospital on June 26, 2024. Vanderbilt University Medical Center and Williamson Medical Center commenced contested case proceedings on June 28, 2024. VUMC dismissed its opposition on April 24, 2025. Both VUMC and WMC dismissed their challenges in May 2025, and on May 14, 2025, the Administrative Procedures Divisions entered its Initial Order of Dismissal dismissing the challenge to the CON. Accordingly, TriStar Spring Hill Hospital is proceeding with the planning and development of this hospital.
Expiration	August 1, 2027

Project Name	**TriStar Southern Hills Medical Center – Nolensville Freestanding Emergency Department CN2304-010A**
Project Cost	$16,995,153
Approval Date	6/28/2023
Description	The establishment of a freestanding emergency department ("FSED") located at an unaddressed site on Ava Place near the intersection of Burkitt Place Drive and Nolensville Road, Nolensville (Williamson County), TN 37135. The entrances to the proposed FSED are expected to be accessible from Ava Place. The proposed project will be located on approximately 2.8 acres further described as a portion of Lot 3 of the Final Plat of Burkitt Commons II, of record in Plat Book P74, Page 90 in the Register's Office of Williamson County, Tennessee. The service area includes the following ZIP Codes in Davidson County, Tennessee: 37013 and 37211, and the following ZIP Codes in Williamson County, Tennessee: 37135 and 37027. The applicant is owned by HCA Health Services of Tennessee, Inc.
Project Status	Project Status Update May 2025: TriStar Southern Hills Nolensville FSED was approved for a new FSED in Nolensville, Williamson County, Tennessee on June 28, 2023. Construction plans are in development, and construction is expected to begin in February 2025 with a October 2025 opening.
Expiration	August 1, 2026

Project Name	**TriStar Skyline Medical Center – East Nashville Freestanding Emergency Department, CN2302-006A**
Project Cost	**$20,876,000**
Approval Date	4/26/2023
Description	The establishment of a freestanding emergency department (FSED) in the East Nashville community in Metropolitan Nashville (Davidson County), Tennessee. The FSED will consist of approximately 11,900 square feet with 11 exam rooms including 1 trauma room, a lab, an imaging department, a nurse's station, and associated support spaces. The proposed project will be located on seven combined parcels located generally at the intersection of Dickerson Pike and Whites Creek Pike. Nashville, TN 37207 on approximately 1.32 acres. The proposed service area consists of four ZIP codes in Davidson County including: 37206, 37207, 37213, and 37216. The applicant is owned by is owned by HTI Memorial Corporation, whose ultimate parent company is HCA Healthcare, Inc.
Project Status	Project Status Update May 2025 - TriStar Skyline East Nashville FSED was approved on April 26, 2023. The CON has been issued and is valid through June 1, 2026. The project has been delayed by the inability to acquire the land for the project due to litigation between a tenant and the current owner. Relocation of the CON was approved March 25, 2025 and development of the new site is now underway.
Expiration	June 1, 2026

Project Name	Chattanooga East Surgicenter, LLC, CN2308-020A
Project Cost	**$23,203, 827**
Approval Date	10/25/2023
Description	This application is for the establishment of a multi-specialty ASTC in Hamilton County, Chattanooga Tennessee with 5 operating rooms and 4 procedure rooms. The ASTC will provide General Surgery, ENT, GYN Surgery, Orthopedic Surgery, Plastics, Podiatry, Urology, Spinal/Neurosurgery, GI/Endoscopy, and Pain Procedures. The address of the project will be 3745 Jenkins Road, Chattanooga (Hamilton County), Tennessee, 37421. The proposed service area consists of Bradley, Hamilton, and Marion Counties. The applicant is wholly owned by Surgicare of Chattanooga East, LLC, which is wholly owned by Medical Care America, LLC, whose ultimate parent company is HCA Healthcare, Inc. The applicant states that pending CON approval, (49%) of the applicant's parent company, Surgicare of Chattanooga East, LLC, will be owned by Erlanger Health Inc., and (49%) of the applicant entity, Chattanooga East Surgicenter, LLC, will be owned by local physician owners, while (51%) is to be owned by the parent company (HCA Healthcare, Inc.).
Project Status	Project Status Update May 2025: Chattanooga East Surgicenter was approved on October 25, 2023. It is currently in the development phase.
Expiration	December 1, 2025

Project Name	Stonecrest Surgery Center, CN1707-023AEEEE
Project Cost	**$10,556,553**
Approval Date	10/25/2017
Description	The establishment of a multi-specialty ambulatory surgical treatment center (ASTC) with two operating rooms and one procedure room located at an unaddressed site within the campus of StoneCrest Medical Center at 200 StoneCrest Boulevard, Smyrna, (Rutherford County), TN 37167. The proposed service area consists of ten ZIP codes in Rutherford, southeast Davidson, and East Williamson County.
Project Status	Project Status Update May 2025: The StoneCrest Surgery Center CON has an extension through June 1, 2026, to evaluate the impact of the acquisition of an existing surgery center in Rutherford County and the impact of the pandemic.
Expiration	June 1, 2026

CERTIFICATE OF NEED INFORMATION FOR OTHER SERVICE AREA FACILITIES:

There are no other, denied applications, pending applications or Outstanding Certificates of Need for other health care organizations proposing a related service type.

Letters of Intent

Project Name	**Ascension Saint Thomas Rutherford Hospital**
Project Cost	$19,080,334
Letter of Intent Submitted Date	September 12, 2025
Description	The establishment of a freestanding emergency department (FSED) in Murfreesboro, Rutherford County, Tennessee on 2.05 acres. The FSED will consist of approximately 11,250 square feet with 10 exam rooms, including 1 trauma room, imaging services, lab, and associated support space. There will be two canopied entrances, one for the general public and one for emergency vehicles. The address of the project will be an unaddressed site on Highway 96 in the northeast quadrant of the intersection of Highway 96 and East Pitts Lane behind Bethlehem Church of Christ, Murfreesboro, Rutherford County, Tennessee, 37130. The applicant is owned by Saint Thomas Health.

TPP
(9/17/2025) REVISED

CRITERIA AND STANDARDS

Freestanding Emergency Department (FSED) Standards and Criteria – Application Guide

As required, TriStar StoneCrest Medical Center ("TriStar StoneCrest") is using this document as a portion of the application process to address the Certificate of Need (CON) Criteria and Standards for Freestanding Emergency Departments (FSED).

1. Determination of Need in the Proposed Service Area

The applicant must demonstrate need for an emergency department in **at least one** of the following ways: *geographic isolation, capacity challenges, and/or low quality of care at existing emergency department (ED) facilities in the proposed service are* Applicants are not required to address and provide data for all three categories. However, the applicant's ability to demonstrate need in multiple categories may strengthen the application.

A. Geographic Isolation

Check the Box that Applies:

☒ The applicant is demonstrating geographic isolation for the proposed service area. If this box is checked the applicant must provide the information below.

☐ The applicant is not demonstrating geographic isolation for the proposed service area.

Data:

Utilizing the following table, provide the number of existing ED facilities in the proposed service area, as well as the distance of the proposed FSED from these facilities. This distance should be measured from the center of the county or zip code. If the proposed service area is comprised of contiguous Zip Codes, the applicant shall provide this information on all ED facilities located in the county or counties in which the service area Zip Codes are located. Add as many rows and/or columns to the table as necessary to adequately address this portion of the Determination of Need Standard.

The Project

The Project is a proposed freestanding emergency department ("FSED") known as TriStar Murfreesboro FSED. It will be located at 2490 S. Church Street, Murfreesboro, TN 37127. This location is in south Murfreesboro about ¼ mile south of the intersection of US 231, also known as Shelbyville Highway ("Highway 231") and Interstate 24, with ready access for Southern Rutherford County ("Southern Rutherford") residents. This intersection is the second busiest intersection in Rutherford County.

The Applicant, TriStar StoneCrest, operates its host hospital in Smyrna, Rutherford County, approximately 22 minutes from the proposed FSED. The proposed FSED will enhance access for Southern Rutherford residents through establishing a new ED access point, increasing the number of ED treatment rooms, improving travel times, and shortening wait times.

In addition to the proposed FSED, the Project also includes a Ground Transport Base that will accommodate three ambulances to provide intra-facility transport of patients from Rutherford and surrounding counties to Rutherford and Davidson County hospitals. It is an additional advantage for

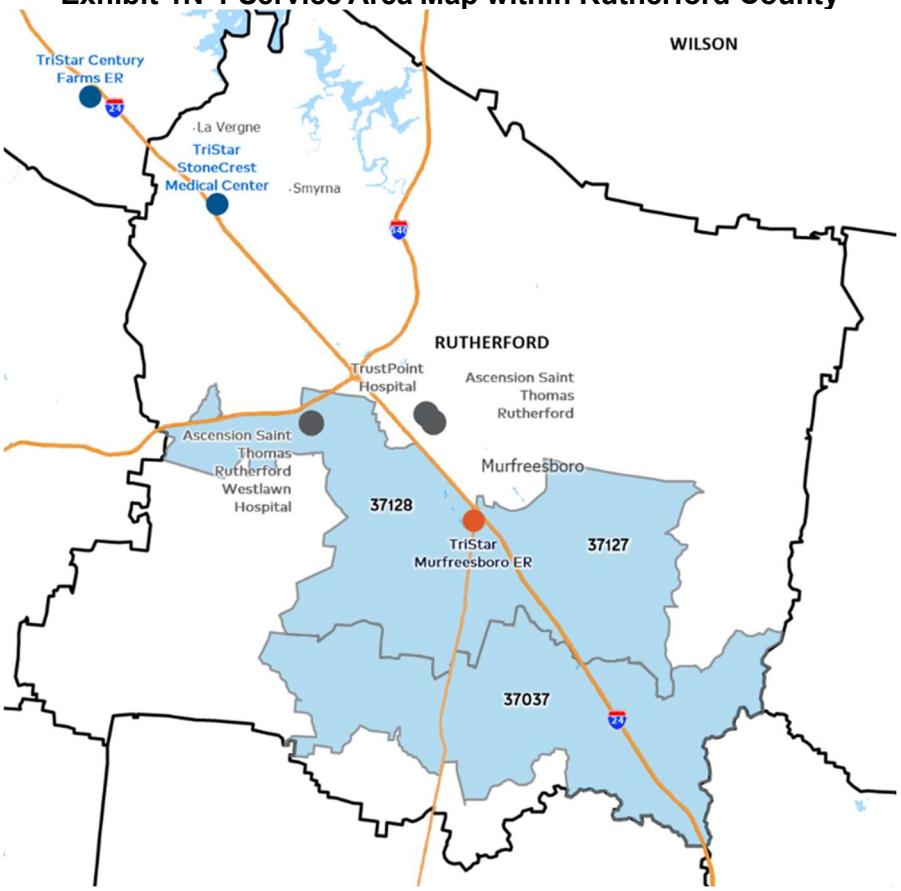
the proposed FSED patients, as transport wait time for those patients requiring transfer for inpatient services will be minimal.

The Service Area

The proposed TriStar Murfreesboro FSED is centrally positioned within the defined three zip code service area of 37037 (Christiana), 37127 (Murfreesboro), and 37128 (Murfreesboro). The service area encompasses Southern Rutherford with each of the three zip codes fully located within the county limits.

There is only one existing 8 bed emergency room in the northwest portion of the service area. There are no other emergency services located within the service area's 198 square miles, indicating a vast area which is geographically isolated from emergency services. See Service Area Map below and how the proposed FSED is situated within Rutherford County.

Exhibit 1N-1 Service Area Map within Rutherford County



The proposed FSED is located at the intersection of Highway 231 and Interstate 24, both of which traverse the service area and provide easy access to the proposed FSED. TriStar StoneCrest acquired this location approximately six years ago with a long-term plan to establish an additional access point for the community through renovation/in-fill of this building which was formerly a Rite Aid Pharmacy. Given the population growth of Southern Rutherford and the anticipated continuation of that growth, it is important for residents of these three zip codes to have an emergency care access point nearby. In emergency care where timeliness of care can determine medical outcomes, the proposed FSED not only saves time to treatment but also eliminates the need for patients to go into the more congested areas of Murfreesboro.

TriStar StoneCrest's objective in this project is to shorten service area residents' travel time to emergency care, thereby reducing the isolation experienced by patients during a critical time when every minute is important for an emergency intervention. The proposed FSED will enhance geographic access to emergency services for patients in the service area and thus improve outcomes for patients with life threatening conditions. Geographic isolation is confirmed by community members.

The Applicant

The Applicant is TriStar StoneCrest, a 119-bed acute care hospital located at 200 StoneCrest Boulevard, Smyrna, Rutherford County, Tennessee. It has been serving Rutherford County residents for more than 20 years. The hospital is Joint Commission accredited, certified Chest Pain Center, Advanced Primary Stroke Center, Joint Commission Certified in Total Knee and Total Hip Replacement Surgery and Spine Surgery, and Tennessee's first American College of Surgeons ("ACS") verified Level III Trauma Center – the only trauma center in Rutherford County. Its key services include cardiology, critical care, emergency, gastroenterology, general surgery, gynecology, neonatology, obstetrics, orthopedics, oncology, outpatient physical rehabilitation, pulmonology, radiation oncology, robotic-assisted surgery, spine surgery, trauma, urology, vascular surgery, and wound care.

TriStar StoneCrest operates the Spine Surgery Institute and Center for Joint Replacement, which specializes in Minimally Invasive Robotic Surgical options including thoracic, urologic, gynecologic and general surgery. Its OB/GYN program features private suites, breastfeeding support, Level II NICU and OB/GYN emergency care. In addition, TriStar StoneCrest is the only hospital in Rutherford County with 24/7 laborist coverage and a midwifery program specialized in obstetric services.

TriStar StoneCrest has approximately 740 associates and is regularly recognized for its outstanding quality; please see **Question 1N Criterion 22** below for a listing of TriStar StoneCrest's quality achievements.

The proposed FSED will be a much-needed addition to Southern Rutherford's emergency health care options. For service area residents, it offers significant relief – the ability to receive care closer to home, eliminating the need for travel to other areas of Murfreesboro, Smyrna, or out of the county. This convenience is a key factor in improving patient experience and reducing stress during emergencies, providing peace of mind and a sense of reassurance in times of need.

Need for the Proposed TriStar Murfreesboro FSED

As will be demonstrated throughout this CON Application, the need for the proposed Murfreesboro FSED is demonstrated by a series of planning metrics. These include:

- Relieving geographic isolation and enhancing access as each of the service area zip codes are within 10 to 15 minutes of the proposed FSED, an improvement of up to 19 minutes depending on the zip code and emergency room;
- Addressing population growth in the highest growth county in the state, both historically and projected;
- Meeting the needs of the service area population, which increased 87 percent between 2010 and 2025, and is projected to continue growing 10.1 percent by 2030;
- Ensuring ED services are more readily available to the 65 and older population, which is expected to grow by 29 percent from 2025 to 2030;
- Addressing the ED treatment needs of this underserved population through increased availability and improved accessibility to ED services; and
- Delivering quality ED services to its patients, with both shorter wait times and lower LWOTs, closer to where they live.

Overview of the Area

The TriStar Murfreesboro FSED service area comprises the three zip codes situated in the southern half of Rutherford County. These zip codes include the two southern Murfreesboro zip codes of 37127 and 37128, which include the communities of Barfield and Salem, and 37037, which includes Christiana, a growing suburb of Murfreesboro. This is a non-rural area as classified by Department of Health and Human Services that is suburban in nature.

The three zip codes are wholly located within Rutherford County. Rutherford County has been the fastest growing county in the state since 2010 and is expected to continue to be the fastest growing county through 2030. **Exhibit 1N-2** summarizes the County population and its changes for these periods.

Exhibit 1N-2
Rutherford County Population

Year	<18	18-44	45-64	65+	Total
2010	68,784	114,342	58,803	21,811	263,740
2025	92,742	157,561	91,454	47,152	388,909
2030	101,823	172,163	102,204	56,584	432,774
Chg 2010-2025	34.8%	37.8%	55.5%	116.2%	47.5%
Chg 2025-2030	9.8%	9.3%	11.8%	20.0%	11.3%

Source: Tennessee Boyd Center, TN_2022 Projection

Today, the service area comprises 29 percent of the county's overall population. Since 2010, its population of the service area increased from 61,064 to 114,132, an increase of nearly 87 percent – far greater than the county's rate of 47.5 percent.

Exhibit 1N-3
Service Area Population, 2010 to 2025

	2010				
Service Area Zip Code	**0-17**	**18-44**	**45-64**	**65+**	**Total**
37037 - Christiana	1,825	2,489	1,598	400	6,312
37127 - Murfreesboro	3,957	6,160	4,099	1,570	15,786
37128 - Murfreesboro	10,820	17,358	8,249	2,539	38,966
Total	16,602	26,007	13,946	4,509	61,064
	2025				
Service Area Zip Code	**0-17**	**18-44**	**45-64**	**65+**	**Total**
37037 - Christiana	2,480	3,752	2,638	1,371	10,241
37127 - Murfreesboro	4,993	8,844	5,642	3,257	22,736
37128 - Murfreesboro	19,584	33,464	19,195	8,912	81,155
Total	27,057	46,060	27,475	13,540	114,132
	Percent Growth: 2010 to 2025				
Service Area Zip Code	**0-17**	**18-44**	**45-64**	**65+**	**Total**
37037 - Christiana	35.9%	50.7%	65.1%	242.8%	62.2%
37127 - Murfreesboro	26.2%	43.6%	37.6%	107.5%	44.0%
37128 - Murfreesboro	81.0%	92.8%	132.7%	251.0%	108.3%
Total	63.0%	77.1%	97.0%	200.3%	86.9%

Source: Census.gov for 2010; Claritas for 2025.

Reflected above, the individual zip codes increased between 44 and 108 percent during the past 15 years. By age cohort, children increased 63 percent while seniors increased more than 200 percent. During the next five years, the service area is expected to grow an additional 10 percent to more than 125,000 people. **Exhibit 1N-4** below summarizes the 2025 and 2030 population and forecasted growth rates for the service area zip codes.

Exhibit 1N-4
Service Area Population, 2025 to 2040

	2025				
Service Area Zip Code	**0-17**	**18-44**	**45-64**	**65+**	**Total**
37037 - Christiana	2,480	3,752	2,638	1,371	10,241
37127 - Murfreesboro	4,993	8,844	5,642	3,257	22,736
37128 - Murfreesboro	19,584	33,464	19,195	8,912	81,155
Total	27,057	46,060	27,475	13,540	114,132
	2030				
Service Area Zip Code	**0-17**	**18-44**	**45-64**	**65+**	**Total**
37037 - Christiana	2,493	4,041	2,961	1,734	11,229
37127 - Murfreesboro	5,227	9,203	6,149	4,056	24,635
37128 - Murfreesboro	20,309	35,392	22,409	11,701	89,811
Total	28,029	48,636	31,519	17,491	125,675
	Percent Growth: 2025 to 2030				
Service Area Zip Code	**0-17**	**18-44**	**45-64**	**65+**	**Total**
37037 - Christiana	0.5%	7.7%	12.2%	26.5%	9.6%
37127 - Murfreesboro	4.7%	4.1%	9.0%	24.5%	8.4%
37128 - Murfreesboro	3.7%	5.8%	16.7%	31.3%	10.7%
Total	3.6%	5.6%	14.7%	29.2%	10.1%

Source: Claritas

The rapid growth and aging of the service area population will result in increased demand for healthcare services including emergency services. This is particularly true for the 65 and older population, which is expected to increase by 29 percent as reflected above and has been documented to have a higher incidence of emergency conditions than any other age cohort.[1] In addition to published studies documenting that ED use rates increase as the population ages, analysis of use rates at the zip code level within the service area further confirms this.

Aging of the population is further demonstrated in **Exhibit 1N-5**. In 2025, the population 65 and older comprise 11.9 percent of the service area population. This will increase to 13.9 percent in the next five years.

Exhibit 1N-5
65+ Population as Percent of Total, 2025 to 2030

	2025		2030		65+ Percent of Total	
Service Area Zip Code	**65+**	**Total**	**65+**	**Total**	**2025**	**2030**
37037 - Christiana	1,371	10,241	1,734	11,229	13.4%	15.4%
37127 - Murfreesboro	3,257	22,736	4,056	24,635	14.3%	16.5%
37128 - Murfreesboro	8,912	81,155	11,701	89,811	11.0%	13.0%
Total	13,540	114,132	17,491	125,675	11.9%	13.9%

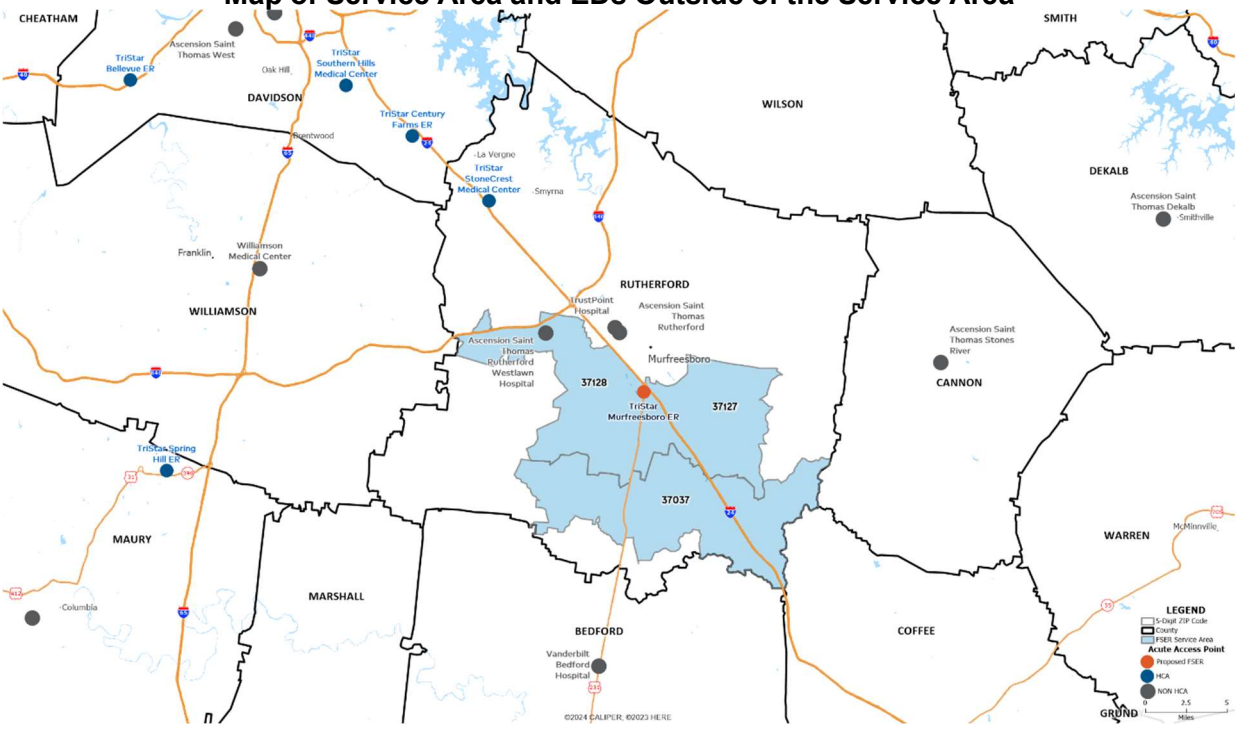
Source: Claritas.

[1] Ukkonen, M., Jämsen, E., Zeitlin, R., & Pauniaho, S. L. (2019). Emergency department visits in older patients: a population-based survey. *BMC emergency medicine*, *19*(1), 20. https://doi.org/10.1186/s12873-019-0236-3.

The proposed Murfreesboro FSED will expand access for service area residents, including the elderly, upon its implementation. Given the forecasted continued growth of the service area, establishing the proposed FSED in Southern Rutherford will decrease the distance and travel time service area residents must travel for emergency care.

Exhibit 1N-6 below presents a map that provides orientation to the ED within the service area and EDs outside of the service area to which 90 percent of service area residents travel.

Exhibit 1N-6
Map of Service Area and EDs Outside of the Service Area



In the service area, Ascension St. Thomas Westlawn ("St. Thomas Westlawn") operates an 8-bed emergency room. It is the only currently operating emergency room within the service area. In the most recent data, this ED treats approximately 10 percent of the service area resident emergency care, while 90 percent of the service area residents opt to leave the service area for emergency care.

In addition, Vanderbilt Rutherford Hospital ("VRH") currently has a CON for a 42-bed hospital with 14 emergency treatment rooms in the northwest corner of 37128 (Murfreesboro). However, the CON is the subject of a challenge by Saint Thomas Rutherford Hospital ("STRH") in an appeal pending in the Chancery Court of Davidson County.

The Applicant operates its 39-bed emergency room in Smyrna, located also in the county, and 22 minutes from the proposed FSED, conveniently located right on the I-24 interstate.

The other hospital in the county, STRH, operates a 74-bed emergency room in zip code 37129, north of the service area, and around 15 minutes from the proposed FSED.[2]

[2] In addition, within Rutherford County, Trustpoint Hospital is an inpatient behavioral health and rehabilitation hospital. While it is licensed as an acute care hospital, it does not operate any medical-surgical beds or an emergency room.

In total, Rutherford County has 3 operating emergency rooms and 121 ER treatment rooms. With respect to the 3 emergency rooms, this equates to 0.77 ER access points per 100,000 population. This is materially lower than every county in the state having a population of more than 300,000. **Exhibit 1N-7** presents this data.

Exhibit 1N-7
Emergency Rooms per 100,000 Population

County	Emergency Rooms	2025 Population	ER / 100,000 Population
Rutherford	3	388,909	0.77
Shelby	12	911,049	1.32
Knox	7	508,654	1.38
Davidson	11	728,443	1.51
Hamilton	9	385,843	2.33
Wtd Average	42	2,922,898	1.44

Rutherford County at 0.77 is just 59 percent of the next lowest rate (Shelby County's rate of 1.32) and just 54 percent of the average among these high population counties. Hamilton County, which is most similar in size to Rutherford County has 3 times the number of emergency rooms as Rutherford County. This demonstrates a shortage of emergency rooms in Rutherford County. Additionally, there is only one emergency room provider in Murfreesboro; the proposed FSED will offer patients a choice of providers.

Adding the proposed FSED to the above data increases the Rutherford County rate to 1.03 emergency rooms per 100,000.[3] This is still less than all other high population counties and less than their average.

Exhibit 1N-8
Emergency Rooms per 100,000 Population with TriStar Murfreesboro FSED

Resulting Table with TriStar Murfreesboro FSED Included			
County	Emergency Rooms	2025 Population	ER / 100,000 Population
Rutherford	4	388,909	1.03
Shelby	12	911,049	1.32
Knox	7	508,654	1.38
Davidson	11	728,443	1.51
Hamilton	9	385,843	2.33
Wtd Average	43	2,922,898	1.47

Similar disparities as shown in the ERs per population above are evident in identifying ER treatment rooms within these same high population counties. With respect to Rutherford County's 121 treatment rooms, this equates to 0.31 treatment rooms per 1,000 population throughout the county. This reflects an underservice of treatment rooms per population as it is 19 percent below the statewide average of

[3] Adding VRH to the count of access points when it becomes licensed increases the 2025 rate from 1.03 to 1.29, still lower than all of these high population counties.

0.38 treatment rooms per 1,000 county residents and the lowest rate of any county in the state with more than 300,000 population. **Exhibit 1N-9** presents this information.

Exhibit 1N-9
ER Treatment Rooms per 1,000 Population

	ER Rooms by County			2025	ER Rooms/1,000
County	**Hospital Based**	**FSED**	**Total**	**Population**	**Population**
Rutherford	121	0	121	388,909	0.31
Shelby	394	8	402	911,049	0.44
Knox	233	8	241	508,654	0.47
Hamilton	205	22	227	385,843	0.59
Davidson	398	38	436	728,443	0.60
Wtd Average	1,351	76	1,427	2,922,898	0.49

On a comparative basis, Rutherford County is 42 percent lower than the next lowest rate. Hamilton County, comparable in size to Rutherford County, has 106 more ER treatment rooms and a rate 89 percent greater than Rutherford County. This demonstrates an underservice of ER treatment rooms throughout Rutherford County.

Focusing on Rutherford County and the proposed service area presents an even more compelling argument for locating the proposed FSED in Southern Rutherford. The service area has 29 percent of the county's population but only 6.6 percent (8/121) of the county's ER treatment rooms. Given this disproportionate service level, the service area rate of ER treatment rooms is 23 percent of the county-wide rate – which is too low as a starting point. **Exhibit 1N-10** provides the service area contrasted with Rutherford County as it exists today.

Exhibit 1N-10
ER Treatment Rooms per 1,000 Population, Service Area and Rutherford County

	ER Rooms by County			2025	ER Rooms/1,000
County	**Hospital Based**	**FSED**	**Total**	**Population**	**Population**
Service Area	8	0	8	114,132	0.07
Rutherford	121	0	121	388,909	0.31

The addition of the 11-bed proposed FSED to the service area and county, will provide additional ER resources and increase the above rates. **Exhibit 1N-11** provides the impact of this addition on the rate of ER rooms per 1,000 population.

Exhibit 1N-11
ER Treatment Rooms per 1,000 Population, Service Area and Rutherford County
Resulting Table with TriStar Murfreesboro FSED Included

	ER Rooms by County			2025	ER Rooms/1,000
County	**Hospital Based**	**FSED**	**Total**	**Population**	**Population**
Service Area	8	11	19	114,132	0.17
Rutherford	121	11	132	388,909	0.34

The impact of the proposed FSED increases the county-wide rate to 0.34, still below the state average and well below the high population counties reflected in **Exhibit 1N-9** presented earlier.[4] However, the location of these beds in the service area increases that rate from 23 percent of the county rate to 50 percent which will be a dramatic improvement.

The large service area of 198 square miles with only one ED in the far northwest of the service area is further highlighted by the distances and travel time from these zip codes to the existing EDs both in the service area and other parts of Rutherford County, outside of the service area. As required by the FSED Guide, **Exhibit 1N-12** below reflects the travel distance (miles) to the center of each zip code in the service area and the centroid of Rutherford County from each ED in the county in which the service area is located.[5] Travel time (minutes) from the service area is presented in **Exhibit 1N-13** because travel time from the service area zip codes is the most important consideration when considering geographic isolation.

Exhibit 1N-12
Driving Distances from Zip Code and County Centroids to Existing Emergency Departments and Proposed TriStar Murfreesboro FSED

Emergency Department	Distance in Miles to the Center of the Following Zip Codes	Zip Code 1 37037 Christiana	Zip Code 2 37127 Murfreesboro	Zip Code 3 37128 Murfreesboro	Distance in Miles to the Proposed FSED Site	Rutherford County Centroid
TriStar Murfreesboro FSED	Service Area	11.0	6.6	4.5	0.0	6.0
TriStar StoneCrest Medical Center	Outside Service Area	26.7	22.6	18.2	16.5	21.1
St Thomas Rutherford Hospital	Outside Service Area	15.6	8.2	5.7	5.1	9.0
Ascension St Thomas Westlawn	Service Area	20.0	15.9	7.7	9.6	13.7

Source: Google Maps

The State Health Plan Standards and Criteria for Freestanding Emergency Departments ("FSED Criteria and Standards") does not define "geographic isolation." It is up to the Applicant to determine what constitutes an isolated area or region. TriStar StoneCrest asserts that service area residents are geographically isolated because there is a significant population base of more than 114,000 residents in this area, which is growing and aging, without access to emergency services within a 15-minute drive. The closest provider is located more than 19 minutes away from most service area residents, and with the continued growth and aging of the population, as well as consistently increasing traffic congestion, residents need access to an emergency care provider in the service area. Moreover, residents must travel even further to reach a provider that that is unaffiliated with St. Thomas.

Exhibit 1N-13 shows the travel time from the service area zip code centroids to the one ED in the service area and the other two EDs within the county but outside the service area and to the proposed Murfreesboro FSED. The times that exceed 15 minutes are shown in bold.

[4] VRH-2 plans include 14 ER treatment rooms. This would increase the 0.34 rate above to 0.38, comparable to the statewide average but still well below other high population counties.
[5] VRH's CON is for a facility at the southeast intersection of Veterans Parkway and State Route 840, which is directly across from St. Thomas Westlawn. As such, there will be minimal effect on the distances and travel times for Southern Rutherford.

Exhibit 1N-13
Travel Time in Minutes from Service Area Zip Codes to Existing Emergency Departments and Proposed TriStar Murfreesboro FSED

Emergency Department	Distance in TIME to the Center of the Following Zip Codes	Zip Code 1 37037 Christiana	Zip Code 2 37127 Murfreesboro	Zip Code 3 37128 Murfreesboro	Distance in Time to the Proposed FSED Site
TriStar Murfreesboro FSED	Service Area	15	14	10	0
TriStar StoneCrest Medical Center	Outside Service Area	**32**	**29**	**29**	**22**
St Thomas Rutherford Hospital	Outside Service Area	**25**	**22**	**19**	15
Ascemsion St Thomas Westlawn	Service Area	**23**	**23**	15	13

Source: Google Maps; bolded travel times are greater than 15 minutes.

When it comes to life threatening conditions such as heart attacks or strokes, time is of the essence, and every minute counts. There is a common saying related to strokes that "Time is Brain." Similarly, there is a common says related to cardiac events that “Time is Muscle.” The sooner a patient gets medical attention, the better their chances of surviving, recovery, and regaining their quality of life. As population continues to increase in the area, patients, even when transported by EMS, can miss the “golden hour” for life-saving and disability preventing treatment, such as thrombolytics and other medications that can limit the damage done by a stroke or heart attack. It is important because:

- In the United States, someone has a heart attack **every 40 seconds**.
- Every year, about 805,000 people in the United States have a heart attack.
- 1 in 6 people will have a stroke in their lifetime.
- There is **1 stroke every 40 seconds** in the United States.
- 1 in 10 people will have a seizure in their lifetime.

Reduced travel and transport times to ED services are directly linked to improved outcomes including lives saved. For example:

Condition	Clinical Outcomes	# of Patients in TriStar FSEDs 2024
Cardiac Arrest	Survival Rates: 22% at 0 Minutes 8% at 10 Minutes 3% at 20 Minutes	67
Stroke	1.9 million neurons die every minute a stroke goes untreated	76
Sepsis	1-year mortality risk increases 10% every hour delay in antibiotic administration	732

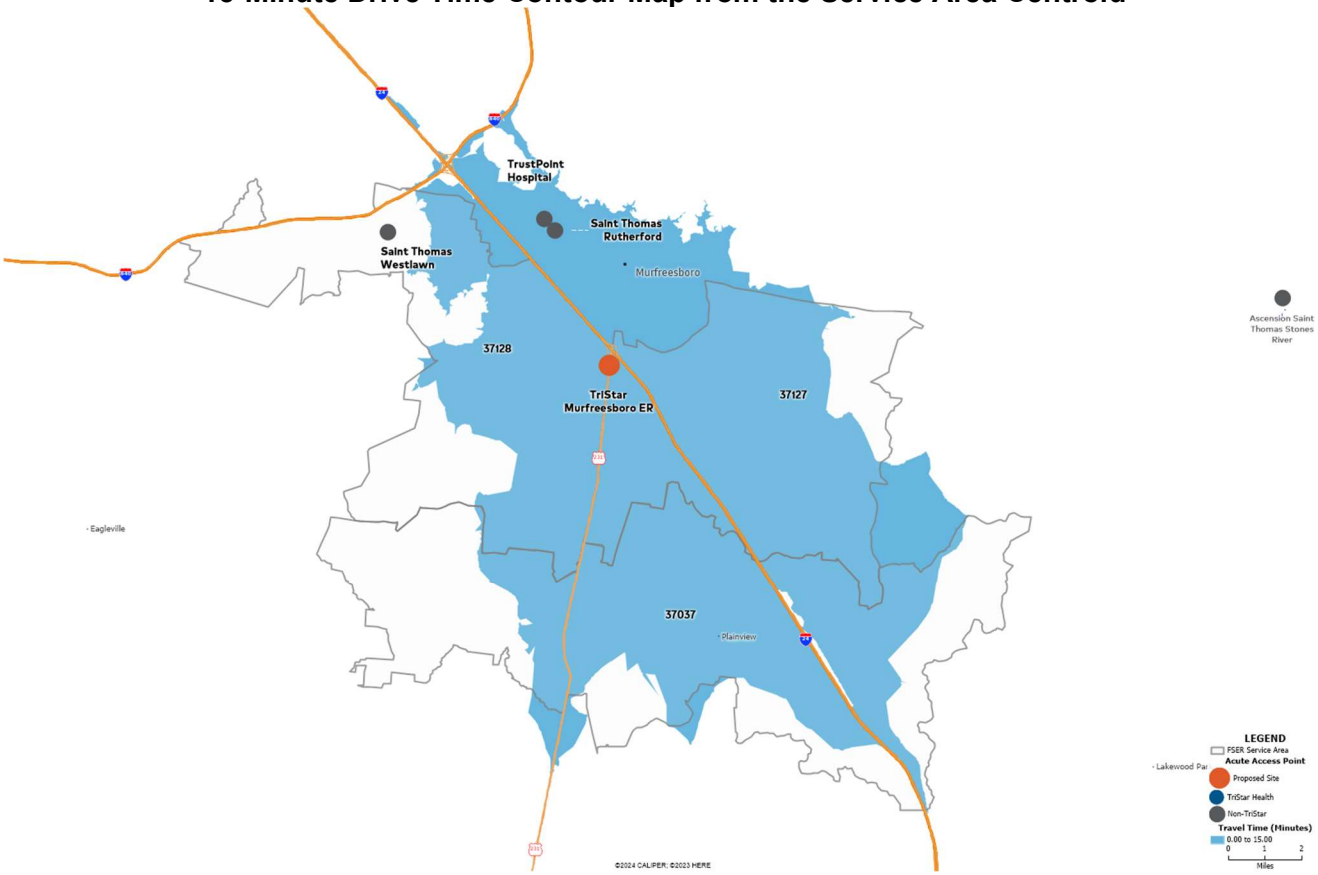
Confirmed in the above chart[6], the sooner a patient gets medical attention, the better their chances of surviving, recovery, and regaining their quality of life. This proposed FSED will offer a vital access point to emergency care for residents of the service area in an easily accessible location.

[6] Cardiac: Yoshikazu, Goto. Relationship Between the Duration of Cardiopulmonary Resuscitation and Favorable Neurological Outcomes After Out-of-Hospital Cardiac Arrest: A Prospective, Nationwide, Population-Based Cohort Study. Journal of the American Heart Association, 2006 March; 115.002819
Stroke: Saver JL. Time is brain--quantified. Stroke. 2006 Jan;37(1):263-6
Sepsis: Peltan et al. ED Door-to-Antibiotic Time and Long-term Mortality in Sepsis. Chest. 2019 May;155(5):938-946

Residents of the service area lack timely access to emergency care. The only ED in the service area has travel times of 15 to 23 minutes. The other hospitals outside the service area but within the county have travel times ranging between 19 and 32 minutes depending on the hospital and the service area zip code. The proposed FSED will be accessible to residents of the service area within 10 to 15 minutes, which could significantly impact patient access to critical emergency care in a timely manner. Residents of the service area deserve to have more timely, local access to life saving care.

To address this geographic isolation, TriStar StoneCrest proposes to develop a FSED at 2490 S Church Street in zip code 37127. **Exhibit 1N-14** presents a 15-minute drive time contour map from the centroid of the service area; this drive time is without traffic indicating that heavy traffic, congestion and other road incidents will reduce the contour. As shown in the map, the proposed FSED is just a short distance north of the service area centroid demonstrating that the majority of the proposed service area is within 15 minutes of the proposed FSED. The only existing ED in the service area is outside the 15-minute contour.

Exhibit 1N-14
15-Minute Drive Time Contour Map from the Service Area Centroid



While the FSED Criteria and Standards do not provide a recommended drive time, TriStar StoneCrest believes a 15 minute drive time is relevant given studies that show that patients drive an average of 8 miles and 17.3 minutes to access ED services.[7] As such, drive times that exceed these distances and times to access an ED indicate that patients experience less access and barriers to accessing care that

[7] Tolpadi, A., Elliott, M.N., Waxman, D. et al., National travel distances for emergency care. BMC Health Serv Res 22, 388 (2022). https://doi.org/10.1186/s12913-022-07743-7.

exceed the average. While not every town, zip code or service area can support a FSED, TriStar StoneCrest believes that the data and analysis included in this application present compelling evidence that this service area has reached a critical mass of patients needing emergency services that can support a FSED.

Consumer Advantage Resulting from Enhanced Access to and Availability of the Murfreesboro FSED

A survey of 450 residents of the proposed three zip code service area was conducted between May 15, 2025, and May 19, 2025. The results of this survey confirm that residents of the service area are concerned about timely access to and availability of care. Of note:

- 62 percent are concerned about timely access to emergency care.
- 67 percent believe a new ER would improve access.
- 70 percent indicated access to the nearest emergency room would take longer than 15 minutes.
- 82 percent agree that an additional emergency room would provide resources needed for quick medical care in the event of a disaster or incident.
- 82 percent agree that the south end of Murfreesboro should have access to an ER.
- When considering traffic congestion, 90 percent agree that a new emergency room on the south end of Murfreesboro would improve response times when seconds matter.

The traffic issues and need for an emergency room in south Rutherford is further confirmed by members of the community and community leaders submitting letters of support:

> *The site of the proposed ER is in the southern part of Murfreesboro, located right off of I-24 in an area with many subdivisions, neighborhoods, and schools. For residents in this part of Murfreesboro, the nearest ER is across town on the north side of the city. This means that in an emergency they are forced to take roads that are frequently backed up with traffic in order to receive care. They would benefit greatly from an ER that is more accessible to them. I believe that saving minutes and seconds of travel time will save lives.*
>
> *Mayor Shane McFarland*
> *Mayor of City of Murfreesboro*

> *An ER in south Murfreesboro would cut down on travel time and alleviate wait times, which benefits everyone. This would be a win for our community and improve the livelihood of our residents….There is a clear need for additional emergency care in Rutherford County given the rapid growth of both the city and county. Similar sized cities have more emergency care resources, and it's time that Murfreesboro and Rutherford County have the healthcare they need. This area is going to continue to grow and it's important that we think about the future needs of the community.*
>
> *Mayor Joe Carr,*
> *Rutherford County Mayor*

> *The proposed location would not just serve the south side of Murfreesboro, but also the outlying communities that have limited and convenient access to emergency services, like Christiana, Bell Buckle, Beech Grove, these are all areas growing in population. The proposed location is*

in my neighborhood, within walking distance of my home….This location is also convenient to a heavily tracked interstate where a just a few extra miles to access emergency care could literally mean the difference between life and death.

William Turner
Resident of 37128

I live on the south side of Murfreesboro on Warrior Dr and it would benefit our side of town not to have to fight the traffic and then sit and wait in the ER at St Thomas Rutherford anywhere from 2 to 4 hours waiting to be seen. So yes I am all for a new ER because it would mean that everyone in Murfreesboro can be seen quicker in an emergency.

Nelda Davenport,
Resident of 37128

Located near the busy and dangerous I24 and Highway 231 and with the population boom of South Murfreesboro, this is no brainer to ensure quality emergency care close by. It also gives residents, like myself living only 10 min away, a choice close to home.

Keith Bryson,
Resident of 37127

Ground Transport Base

The Project also includes a 3-bay Ground Transport Base to accommodate three ambulances to provide intra-facility transport of patients in Rutherford and surrounding counties to facilities within Rutherford and Davidson Counties. This location adjacent to the proposed FSED will provide ready access for any FSED patients requiring transfer for inpatient or procedural resources and therefore minimize transfer time. It will also be a consumer advantage for other healthcare facilities in Southern Rutherford and adjacent Coffee and Bedford Counties requiring patient transport.

B. Capacity Challenges: Wait Times and Visits per Treatment Room

Check the Box that Applies:

☐ The applicant is demonstrating capacity challenges in the proposed service area. If this box is checked the applicant must provide the information below.

☒ The applicant is not demonstrating capacity challenges in the proposed service area.

Data:

1. *Wait Times*

To demonstrate wait times in the proposed service area and demonstrate need, complete the below tables for each existing ED facilities in the proposed service area. For this analysis, service area is defined as including all of any county included in a ZIP Code area.

Not Applicable.

Data:

2. *Visits per Treatment Room*

Complete the following table to provide data on the number of visits per treatment room per year for each of the existing ED facilities in the service area. For this analysis, service area is defined as including all of any county included in the ZIP Code area.

Not Applicable.

C. Low Quality of Care at Existing Emergency Departments in the Service Area

Note: The host hospital ED should NOT be demonstrating low quality of care. This applies to other operators in the proposed service area.

Check the Box that Applies:

☐ The applicant is demonstrating low quality of emergency care in the proposed service area. If this box is checked the applicant must provide the information below.

☒ The applicant is *not* demonstrating low quality of emergency care in the proposed service area.

Data:

If the applicant is demonstrating low quality of care, complete the tables below for each existing ED facility in the proposed service area. The Joint Commission's "Hospital Outpatient Core Measure Set" is utilized to demonstrate the quality of care provided by EDs. Existing emergency facilities should bein the bottom quartile of the state in the measures listed below to demonstrate low-qualityof care. It is the responsibility of the applicant to provide data on the existing facilities in the proposed service area what quartile is applicable for each measure. For this analysis, service area isdefined as including all of any county included in a ZIP Code area.

Not applicable. The applicant is not applying under a Low Quality of Care at Existing Emergency Department in the Service Area criteria.

Quality of Care Provided at Existing ED Facilities in the Proposed Service Area: Tables 1C (1-8)

Measure: OP-1 Median Time to Fibrinolysis						
Emergency Department	**Timeframe**	**Ed Time/Score**	**Check (X) Applicable Quartile**			
			≤25th Percentile	**25th-50th Percentile**	**50th-75th Percentile**	**≥75th Percentile**
ED 1						
ED 2						
ED 3						
Measure: OP-2 Fibrinolytic Therapy Received Within 30 Minutes						
Emergency Department	**Timeframe**	**Ed Time/Score**	**Check (X) Applicable Quartile**			
			≤25th Percentile	**25th-50th Percentile**	**50th-75th Percentile**	**≥75th Percentile**
ED 1						
ED 2						
ED 3						
Measure: OP-4 Aspirin at Arrival						
Emergency Department	**Timeframe**	**Ed Time/Score**	**Check (X) Applicable Quartile**			
			≤25th Percentile	**25th-50th Percentile**	**50th-75th Percentile**	**≥75th Percentile**
ED 1						
ED 2						
ED 3						

Measure: OP-5 Median Time to ECG						
Emergency Department	**Timeframe**	**Ed Time/Score**	**Check (X) Applicable Quartile**			
			≤25th Percentile	**25th-50th Percentile**	**50th-75th Percentile**	**≥75th Percentile**
ED 1						
ED 2						
ED 3						
Measure: OP-18 Median Time from ED Arrival to Departure for Discharged ED Patients						
Emergency Department	**Timeframe**	**Ed Time/Score**	**Check (X) Applicable Quartile**			
			≤25th Percentile	**25th-50th Percentile**	**50th-75th Percentile**	**≥75th Percentile**
Measure: OP-20: Door to Diagnostic Evaluation by a Qualified Medical Personnel						
Emergency Department	**Timeframe**	**Ed Time/Score**	**Check (X) Applicable Quartile**			
			≤25th Percentile	**25th-50th Percentile**	**50th-75th Percentile**	**≥75th Percentile**
ED 1						
ED 2						
ED 3						
Measure: OP-21 ED-Median Time to Pain Management for Long Bone Fracture						
Emergency Department	**Timeframe**	**Ed Time/Score**	**Check (X) Applicable Quartile**			
			≤25th Percentile	**25th-50th Percentile**	**50th-75th Percentile**	**≥75th Percentile**
ED 1						
ED 2						
ED 3						
Measure: OP-23 ED-Head CT or MRI Scan Results for Acute Ischemic Stroke or HemorrhagicStroke Patients who Received Head CT or MRI Scan Interpretation With 45 Minutes of ED Arrival						
Emergency Department	**Timeframe**	**Ed Time/Score**	**Check (X) Applicable Quartile**			
			≤25th Percentile	**25th-50th Percentile**	**50th-75th Percentile**	**≥75th Percentile**
ED 1						
ED 2						
ED 3						

D. Other Applicable Data Related to Need and Capacity

Check the Box that Applies:

☒ The applicant is providing additional data related to need and capacity. If this box is checked the applicant must provide the information below.

☐ The applicant is not providing additional data related to need and capacity.

Data:

The applicant may provide data relevant to patient acuity levels, age of patients, percentage of behavioral health patients, and existence of specialty modules at existing EDs in the proposed service area to demonstrate capacity challenges. If the applicant is providing additional data, at a minimum, complete the following table for all ED facilities in the proposed service area. Other relevant categories may be added to the table by the applicant.

Highly Utilized Quality Emergency Room

The table below provides the percentage of behavioral health, high acuity, and elderly ED patients treated by TriStar StoneCrest during the most recent calendar year. Each of the metrics informs that this ED operates in the mid to high range in accordance with ACEP guidelines.

Exhibit 1N-15
Additional TriStar StoneCrest Data, CY 2024

Factor	% of Behavioral Health	% Patients Level I or II	% of Patients 65+
Rate	6%	55.1%	16%
ACEP Metric	Mid Range	High Range	Mid Range

Source: Internal TriStar StoneCrest data

When contrasting TriStar StoneCrest with the service area experience in these three categories, it is evident that the proposed Murfreesboro FSED will be well equipped to accommodate the service area patients and clinical needs. **Exhibit 1N-16** contrasts the above with service area 2023 and the State using HDDS data.

Exhibit 1N-16
Service Area 2023 and the State

Service Area Zip Codes	% of Behavioral Health	Statewide	% Patients Level I or II	Statewide	% of Patients 65+	Statewide
370 Truncated	1.5%	1.8%	58.5%	57.3%	23.6%	21.2%
37127 Murfreesboro	1.7%		48.5%		21.6%	
37128 Murfreesboro	1.7%		47.8%		18.6%	
Service Area	1.5%		56.4%		22.8%	

Source: HDDS data by zip code, CY 2023 and Statewide data 2021. Note, the HDDS request did not include this data by hospital or a statewide update.

A high percentage of medically complex patients and behavioral health patients can contribute to capacity constraints for area EDs. The proposed FSED will also have a behavioral health room to help address demand. TriStar StoneCrest with a high percentage of high acuity patients displays indicators consistent with a high-range ED as defined by ACEP, resulting in longer treatment time and a lower number of visits per ED treatment room.

2. Expansion of Existing Emergency Department Facility

Applicants seeking expansion of the existing host hospital ED through the establishment of a FSED to decompress patient volumes should demonstrate the existing ED of the host hospital is operating at or above capacity.

Check the Box that Applies:

☐ The applicant is demonstrating the need to decompress volumes at the host hospital ED. If this box is checked the applicant must provide the information below.

☒ The applicant is not demonstrating the need to decompress volumes at the host hospital ED.

A. Visits per Treatment Room

Data:

The applicant should provide data on the number of visits per treatment room per year at the relevant existing ED facility. This number should be compared to the ACEP guidelines found in Emergency Department Design – A Practical Guide to Planning for the Future, Second Edition, Figure 5.1, pages 116-117. Complete the following two tables to demonstrate host hospital ED capacity. In order to determine if the host hospital is a low, medium, or high range hospital, utilize Table 5.2, pages 109- 112 in the ACEP Guidelines. The results for the majority of the factors in the first table determine the range selected for the second table. See Table 2A1 below.

Not applicable

B. Additional Data

Check the Box that Applies:

☒ The applicant is providing additional data related to capacity, efficiencies, and demographics.If this box is checked the applicant must provide the information below.

☐ The applicant is not providing additional data related to capacity, efficiencies, and demographics.

Data:

The applicant is encouraged to provide additional evidence of the capacity, efficiencies, and demographics of patients served within the existing host hospital ED facility in order to better demonstrate the need for expansion. The applicant may provide data relevant to patient acuitylevels, age of patients, percentage of behavioral health patients, and existence of specialty modules.If the applicant is providing additional data, at a minimum, complete the following table for the host hospital ED. Other relevant categories may be added to the table by the applicant.

TriStar StoneCrest operates a high-quality emergency room 22 minutes from the proposed FSED in northwest Rutherford County. It serves patients throughout Rutherford County and surrounding counties, including the service area. Its existing emergency room is well utilized and today does not experience capacity constraints. Its characteristics reflect a blend of mid-range and high-range ACEP criteria. Those factors resulting in high range include acuity of patients, patients held for observation, and ED admissions. **Exhibit 1N-17** provides the ACEP guidelines and how StoneCrest ranks within each of these criteria.

Exhibit 1N-17
ACEP Criteria with TriStar StoneCrest Metrics and Result

Factor	Result/Range	Metric
% Emergency Department Patients Admitted as Inpatients	Mid-Range	Less than 8% is low range. Applicant was at 11%.
Length of Stay (Hours) in ED	High-Range	High-Range is > 3.75. Applicant is 255 to 275 minutes, >4.25 hours.
% of ED Patients seen in Private Rooms	Mid-Range	Due to capacity constraints, not all patients are seen in the 39 private rooms; goal is 100%
% of patients that will be moved from patient rooms to inner waiting or results waiting areas	Mid-Range	Have some inner space but only used when at capacity
% of observation and extended stay patient remaining in ED	High-Range	62% held in ED.
# Average Minutes an ED patient admitted as an inpatient remains in ED	High-Range	ED patients who are admitted will remain in the department for over 150 minutes after order to admit; Applicant was 4.3 hours (270 minutes).
Average turnaround time (minutes) for results for lab and imaging studies	Mid-Range	Mid-Range average turn time is 60 minutes; lab turn time range 46 minutes, imaging 60 minutes.
% of behavioral health ED patients	Mid-Range	Mid is 4-6% Applicant's visits were 6%
% of ED patients either ESI 4 or 5 (Percent of Non-Urgent Patients)	High-Range	High is < 25%; Applicant was 13% for two levels least acute (ESI level 4 and 5).
% of ED patients Age 65+	Mid-Range	Mid is 10-20% elderly; Applicant's patient visits were 16%.
% of imaging studies performed in ED	Mid-Range	Limited general radiology within department.
Provisions in ED for family consult/grieving rooms	Mid-Range	Limited consulting rooms or family grieving areas.
Availability of geriatric specialty area	Low-Range	No designated geriatric area.
Availability of pediatric specialty area	Mid-Range	An area designated for pediatric care with the addition of family consultation rooms and other support.
Availability of prisoner/detention patient specialty area	Mid-Range	An area designated for detention patients.
Availability of administrative/teaching specialty area	Low-Range	No designated administrative/ teaching area.
The Range Where Majority of Above Factors Fall, i.e. Low, Mid or High range	Mid-Range	

While this CON application is not based on capacity challenges, it should be noted that TriStar StoneCrest visits per room range between the ACEP mid-range and ACEP high range. These have increased from 1,224 in 2021 to 1,330 in 2024. TriStar StoneCrest anticipates the visits per room to reach 1,380 in 2025. Based upon ACEP guidelines, TriStar StoneCrest is considered a mid-range

program although several of its characteristics reflect high-range as noted. As a result, with current utilization and the continued growth in Rutherford County, TriStar StoneCrest will likely exceed ACEP guidelines within the next two years. Accordingly, adding an additional access point in Southern Rutherford will assist in alleviating future demand on all hospitals within the County. **Exhibit 1N-18** provides TriStar StoneCrest versus ACEP Ranges.

Exhibit 1N-18
TriStar StoneCrest ED Visits and Visits per Room, CY 2021 – CY 2025 vs ACEP Ranges

Year	# of Visits	# of Rooms	# Visits per Room	ACEP Low Range	ACEP Mid Range	ACEP High Range
TriStar StoneCrest, 2021	47,731	39	1,224	1,613	1,432	1,250
TriStar StoneCrest, 2022	49,854	39	1,278	1,613	1,432	1,250
TriStar StoneCrest, 2023	50,621	39	1,298	1,613	1,432	1,250
TriStar StoneCrest, 2024	51,861	39	1,330	1,613	1,432	1,250
TriStar StoneCrest, 2025 Budget	53,832	39	1,380	1,613	1,432	1,250

Source: Hospital Joint Annual Report for the respective years, CY 2024 and CY 2025 are internal data.

The information in **Exhibit 1N-19** provides information on TriStar StoneCrest compared to the service area zip code patient information for behavioral health, acuity and percent elderly.

Exhibit 1N-19
Additional Data for the Proposed Service Area

Service Area Zip Codes	% of Behavioral Health	TriStar StoneCrest	% Patients Level I or II	TriStar StoneCrest	% of Patients 65+	TriStar StoneCrest
37037 Christiana	3.1%	3.0%	53.8%	54.1%	19.3%	14.8%
37127 Murfreesboro	3.9%		48.7%		21.6%	
37128 Murfreesboro	3.7%		48.1%		18.6%	
Service Area	3.7%		48.7%		19.3%	

Source: THA data set so 37037 is specific to that Rutherford County zip code as opposed to truncating it to more than 130,000 ED visits. Level I and II cases identified by CPT codes 99285, 99284. For Behavioral Health and Percent Elderly, age and behavioral health flag are utilized.

Additional information and metrics which support this CON application and further demonstrate the need for expansion are provided below. These factors will contribute to consumer advantages in a meaningful way.

Consumer Advantages Resulting from TriStar Murfreesboro FSED's Implementation

Consumers will benefit from the proposed Murfreesboro FSED through enhanced access to an emergency room by providing a more proximate ED access point, increasing the number of ED treatment rooms in the service area, offering lower wait times than the other ED and more importantly shortening travel times to access the proposed Murfreesboro FSED. OP-18 previously presented for the hospitals has been reformatted below to specifically demonstrate the consumer advantages achieved with having access to TriStar StoneCrest. **Exhibit 1N-20** contrasts the Rutherford hospital EDs relative to Tennessee averages.[8]

[8] The one hospital in the service area, St. Thomas Westlawn, is a satellite of STRH and is operated by STRH as a "neighborhood hospital." The CMS data for St. Thomas Westlawn is reported with the STRH data; it is not reported separately.

Exhibit 1N-20
Median Time from ED Arrival to ED Departure for Discharged Patients
Deviation from Tennessee and National Averages

Facility Name	City/Town	Time	TN Peer Avg	Better Than Average
TriStar StoneCrest Medical Center	Smyrna	161	198	37
St Thomas Rutherford Hospital	Murfreesboro	180	183	3

Source: CMS Medicare Compare, updated April 30,2025, July 1, 2023 – June 30, 2024.
Note: St. Thomas Westlawn is a satellite of STRH, and therefore, has its CMS data included within STRH.

TriStar StoneCrest's ED offers a meaningful advantage to consumers with wait times on average 19 minutes better than STRH, and its experience of 37 minutes better than Tennessee average for like hospitals, despite caring for higher acuity patients.

With respect to CMS metrics to compare and contrast emergency rooms, the TriStar StoneCrest LWOT rate is zero percent, whereas STRH's rate is 1 percent. Effective triage of patients and its throughput contribute to TriStar StoneCrest's positive results. Implementing the TriStar Murfreesboro FSED will bring these advantageous quality features to the service area resulting in consumer enhancement of access and timeliness of care.

Lastly, a recent consumer survey of service area residents revealed the following sentiments regarding emergency care in Southern Rutherford:

- 62 percent are concerned about timely access to emergency care.
- 67 percent believe a new ER would improve access.
- 70 percent indicated access to the nearest emergency room would take longer than 15 minutes.
- 82 percent agree that an additional emergency room would provide resources needed for quick medical care in the event of a disaster or incident.
- 82 percent agree that the south end of Murfreesboro should have access to an ER.
- When considering traffic congestion, 90 percent agree that a new emergency room on the south end of Murfreesboro would improve response times when seconds matter.

3. Relationship to Existing Similar Services in the Area

A. All Applicants

Data:

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 FSED on existing EDs in the service area and shall include how the applicant's services may differ from existing services. Utilize the below tables to address this portion of the standards.

Historical Utilization of Existing Providers Serving the Service Area

Historical utilization of existing Rutherford County providers serving the service area is presented below. **Table 3A1** and **Table 3A2** provide relative percent of emergency care services provided in the service area in CY 2023.[9] St. Thomas Westlawn is the only hospital located in the proposed service area. TriStar StoneCrest and STRH are located within the County but outside the service area.

The FSED Guide requires that the Applicant use HDDS data. The HDDS data provided is not limited to the service area for this project, truncates data from small zip codes, and suppresses data from lesser used EDs. Nevertheless, because it is required to be used **Exhibit 1N-22** below shows the utilization as required by the FSED Guide:

Exhibit 1N-22
Historical Utilization of Existing Providers by Service Area Patient Visits, CY 2023

Hospital ED	Service Area	County	PSA Resident ED Visits at Hospital ED (A)	Total Service Area Resident ED Visits (B)	Market Share in Service Area (A)/(B)
St. Thomas Westlawn	Yes	Rutherford	3,499	158,887	2.2%
TriStar StoneCrest Medical Center	No	Rutherford	3,506	158,887	2.2%
St. Thomas Rutherford	No	Rutherford	23,705	158,887	14.9%
Rutherford County Provider Subtotal			30,710	158,887	19.3%
Other TN Hospitals			128,177		
Total			158,887		
Satellite ED Visits Year 1			6,512		

Source: HDDS data. Note: Where the zip codes are smaller than 20,000 people, the HDDS does not report the numbers separately. Accordingly, the zip code estimates are for 370 zip codes, which is a combined number of all 370 zip codes with less than 20,000 people. This means that the numbers will include visits for zip code 37037 in the service area along with other non-service area zip code. In 2023, 37037 – Christiana had 2,776 ED visits. The HDDS ED visits for this truncated 370 totals 130,370 ED visits, an increase for more than 127,000.

Using THA data for the same time period, 2023, a more accurate picture of historical ED utilization is shown in **Exhibit 1N-23** because that data reports all zip codes and does not suppress smaller hospital reported data.

[9] This represents the most current year of publicly available data.

Exhibit 1N-23
Hospital ED Utilization in the Proposed Service Area – 2023

Hospital ED	Service Area	County	PSA Resident ED Visits at Hospital ED (A)	Total Service Area Resident ED Visits (B)	Market Share in Service Area (A)/(B)
St. Thomas Westlawn	Yes	Rutherford	Masked	31,397	Masked
TriStar StoneCrest Medical Center	No	Rutherford	2,664	31,397	8.5%
St. Thomas Rutherford	No	Rutherford	Masked	31,397	Masked
Rutherford County Provider Subtotal			25,814	31,397	82.2%
Other TN Hospitals			5,583		
Total			31,397		
Satellite ED Visits Year 1			6,512		

Source: THA Data, 2023. Masking required by THA Data Use Policy. Satellite ED Visits Year 1 is total volume, with 4,558 from the service area and 1,954 outside the service area.

Similarly, the FSED Application Guide requires **Exhibit 1N-24** to report the HDDS data for the service area. But, as noted, due to truncation of zip code data, the Applicant acknowledges that the HDDS data does not present an accurate picture in **Exhibit 1N-25.**

Exhibit 1N-24
Ranking of ED Providers Using HDDS Data

Zip Code/County	% Highest Market Share	% 2nd Highest Market Share	% 3rd Highest Market Share	Subtotal Market Share
370 -- Truncated	TriStar Horizon Med Ctr	TriStar Ashland City	VUMC	Top 3 Hospitals
	14.5%	6.8%	6.2%	27.5%
37127 - Murfreesboro	St. Thomas Rutherford	TriStar StoneCrest	VUMC	Top 3 Hospitals
	70.6%	8.7%	6.2%	85.5%
37128 - Murfreesboro	St. Thomas Rutherford	St. Thomas Westlawn	TriStar StoneCrest	Top 3 Hospitals
	61.8%	13.2%	8.2%	83.2%
Total Service Area	St. Thomas Rutherford	TriStar Horizon Med Ct	VUMC	Top 3 Hospitals
	14.9%	11.9%	6.3%	33.2%

Source: HDDS data. Note: Where the zip codes are smaller than 20,000 people, the HDDS does not report the numbers separately. Accordingly, the zip code estimates are for 370 zip codes, which is a combined number of all 370 zip codes with less than 20,000 people. This means that the numbers will include visits for zip code 37037 in the service area along with other non-service area zip code. In 2023, 37037 – Christiana had 2,776 ED visits. The HDDS ED visits for this truncated 370 totals 130,370 ED visits, an increase for more than 127,000.

A more accurate version of the requested data for the service area in this matter is shown in **Exhibit 1N- 25** below. That data is reported by zip code without truncation and does not suppress visits to lesser used EDs. Hospitals that are not TriStar Health affiliates are masked per THA policy.

Exhibit 1N-25
Ranking of ED Providers Using THA Data

Zip Code/County	% Highest Market Share	% 2nd Highest Market Share	% 3rd Highest Market Share	Subtotal Market Share
37037 - Christiana	MASKED	TriStar StoneCrest	MASKED	Top 3 Hospitals
	58.6%	10.7%	8.2%	77.4%
37127 - Murfreesboro	MASKED	TriStar StoneCrest	MASKED	Top 3 Hospitals
	70.3%	8.7%	6.2%	85.2%
37128 - Murfreesboro	MASKED	MASKED	TriStar StoneCrest	Top 3 Hospitals
	61.6%	13.2%	8.1%	82.9%
Total Service Area	MASKED	MASKED	TriStar StoneCrest	Top 3 Hospitals
	63.3%	10.4%	8.5%	82.2%

Source: THA Data. Masking required by THA Data Use Policy

Utilization trends of the EDs used by the proposed service area patients are provided in response to **Question 6N** in the main application, which requests historical utilization data (see **Exhibit 1N-26** below). From 2021 through 2023, the total ED visits from the providers in Rutherford County increased from 118,323 in 2021 to 130,434 in 2023, excluding St. Thomas Westlawn's utilization. Including St. Thomas Westlawn indicates an increase greater than the computed 10.2 percent. (See **Question 5N**).

St. Thomas Westlawn is the only operational emergency room in the service area, providing just 10 percent of the service area emergency care in 2023. This indicates 90 percent of the emergency patients leave Southern Rutherford for emergency treatment, including 8.5 percent who travel to TriStar StoneCrest.[10] Of the 90 percent out-migration, nearly 18 percent are treated outside of Rutherford County at both TriStar Health affiliates and other providers. The Rutherford County EDs experienced an increase of more than 11 percent between 2021 and 2023. While St. Thomas Westlawn did not provide a JARS, there were a reported 1,379 ER visits in the Hospital Summary 2023 Workbook on the JARS website. Those are included below.

Exhibit 1N-26
Historical Utilization of EDs in the Proposed Service Area and County Latest 3 Years

Hospital ED	FY 2021	FY 2022	FY 2023	% Change
EDs in Service Area				
Ascension St Thomas Westlawn	0	0	1,379	--
Total ED Visits in Service Area	0	0	1,379	--
EDs in County, Outside Service Area				
TriStar StoneCrest Medical Center	47,731	49,854	50,621	6.1%
St Thomas Rutherford Hospital	70,592	76,554	79,813	13.1%
Total ED Visits in County	118,323	126,408	131,813	11.4%

Source: Hospital Joint Annual Report for the respective year. St. Thomas Westlawn did not provide a 2023 JAR.

TriStar StoneCrest Growth in ED Demand

During the three years from 2021 to 2024, TriStar StoneCrest experienced a near 9 percent increase in emergency room visits. Likewise, its visits per ED bed increased at the same rate, from 1,224 visits per room to 1,330 visits per room. The ED now exceeds the high-range capacity (1,250) and is midway between mid-range and high-range. **Exhibit 1N-27** below provides this analysis.

[10] TriStar StoneCrest provides care for 8.5 percent of the service area ED patients; TriStar Health affiliates in total provide care to approximately 12 percent of service area patients. When only factoring Rutherford County providers, the 8.5 percent increases to more than 10 percent. See Table 9A2.

Exhibit 1N-27
TriStar StoneCrest Trend in ED Visits CY 2021-2024

Year	TriStar StoneCrest Medical Center ED Visits	TriStar StoneCrest Medical Center ED Beds	TriStar StoneCrest Medical Center ED Visits per Bed	Percent Change Year Over Year
CY 2021	47,731	39	1,224	--
CY 2022	49,854	39	1,278	4.4%
CY 2023	50,621	39	1,298	1.5%
CY 2024	51,861	39	1,330	2.4%
Three Year Change	8.7%	--	8.7%	--

Source: Hospital Joint Annual Report for the respective year, CY 2024 is internal data.

While this CON Application is not based on capacity challenges, it should be noted that TriStar StoneCrest visits per room range between the ACEP mid-range and ACEP high range. These have increased from 1,224 in 2021 to 1,330 in 2024. TriStar StoneCrest anticipates reaching 1,380 visits per treatment room in 2025. Based upon ACEP guidelines, TriStar StoneCrest is considered a mid-range program although many of its characteristics reflect high-range. As a result, with current utilization and the continued growth in Rutherford County, TriStar StoneCrest will likely exceed ACEP guidelines within the next two years. Accordingly, adding an additional access point in Southern Rutherford will assist in alleviating future demand on all hospitals within the County while enhancing access for service area residents. **Exhibit 1N-28** provides TriStar StoneCrest versus ACEP Ranges.

Exhibit 1N-28
TriStar StoneCrest ED Visits and Visits per Room, CY 2021 – CY 2025 vs ACEP Ranges

Year	# of Visits	# of Rooms	# Visits per Room	ACEP Low Range	ACEP Mid Range	ACEP High Range
TriStar StoneCrest, 2021	47,731	39	1,224	1,613	1,432	1,250
TriStar StoneCrest, 2022	49,854	39	1,278	1,613	1,432	1,250
TriStar StoneCrest, 2023	50,621	39	1,298	1,613	1,432	1,250
TriStar StoneCrest, 2024	51,861	39	1,330	1,613	1,432	1,250
TriStar StoneCrest, 2025 Budget	53,832	39	1,380	1,613	1,432	1,250

Source: Hospital Joint Annual Report for the respective year, CY 2024 and CY 2025 are internal data.

Impact on Existing Providers

It is not anticipated that the project will have any meaningful impact on existing providers. The projected utilization for the proposed FSED is heavily based on enhancing access to service area residents and the impending future growth. The basis for the projection is discussed in detail in **Question 6N.** Growth anticipated in the service area is expected to generate more than 5,100 incremental visits by the third year of operation of the proposed FSED (2029). This represents more than 70 percent of the projected service area visit volume of the proposed FSED by Project Year 3. Additionally, the proposed FSED expects to shift additional volume from the host hospital and other TriStar Health affiliates. This impact analysis is described in detail in application form **Question 6N** and shown in **Exhibit 1N-29** below. The proposed project will have little impact on other existing providers serving the service area.

Exhibit 1N-29
FSED Projected Utilization and Impact on Existing Providers

CY 2023 Service Area Visits	31,397
Projected Year 3 Service Area Visits	36,540
Incremental Visits from Service Area Population Growth	5,143
Projected Shift from TriStar StoneCrest and Affiliates	2,092
Combined Total of Growth and Shift	7,235
Projected FSED Service Area Volume Year 3	7,188

The above demonstrates that the majority of the service area patients at the proposed Murfreesboro FSED will be derived from service area growth and shift from TriStar StoneCrest and affiliates to a much lesser extent. Impact on existing providers is no longer part of the CON law, and the Criteria have not been changed to adopt that reality. While there may initially be minimal impact, by year 4 growth of the service area alone outweighs the proposed FSED visit volume. Consistent with the Consumer Advantage criteria, the proposed project will better serve the growing and aging service area population by providing an emergency access point closer to the homes of many patients in the service area.

Differentiation of the Proposed Service from Existing Services

As shown above, FSEDs serve patients in all acuity levels. The proposed Murfreesboro FSED will enable service area residents who need emergency care for high-risk conditions and requiring prompt and often specialized medical intervention improved access to such services through the establishment of an access point in Southern Rutherford. Geographically, this access point will be the furthest south in the county, and at the intersection of two major thoroughfares. Improved time to emergency care will benefit the residents of the service area through quicker access to emergency care, reduced waiting times for all patients and reduced rates of leaving without treatment.

Urgent and primary care providers in and around the service area are **not** an alternative in the event of a need for emergency care. Importantly, urgent, and primary care service models:

- Are not 24/7 resources, generally operate with reduced hours on weekends, and are generally closed on major holidays (i.e. – Easter, Thanksgiving, Christmas, etc.),
- Are not able or required to provide any level of uncompensated care,
- Are not staffed with the types of professionals who often must work as a team to save life and functionality while mobilizing additional inpatient resources for care after stabilization, and
- Are not equipped with complex imaging equipment as well as the same lab and pharmacy.

Furthermore, travel time will be shortened by the presence of the proposed Murfreesboro FSED in the community closer to where service area patients live.

TriStar StoneCrest has long provided high quality care to Rutherford County residents, a portion of whom reside in the service area. It is keenly connected to the community's emergency care needs. TriStar StoneCrest is an accredited hospital by the Joint Commission operating a Level III Trauma Center – the only trauma center in Rutherford County. TriStar StoneCrest's ER has 24/7 OB/GYN emergency care including neonatal and maternal fetal medicine and is an Accredited Chest Pain

Center, Advanced Primary Stroke Center, and also certified in Spine Surgery, Joint Replacement-Hip and Joint Replacement-Knee. The proposed FSED location is an extension of the high-quality ED services provided by TriStar StoneCrest and TriStar Health as a whole.

B. Rural Service Area Applicants

☐ The proposed service area is rural If this box is checked the applicant must provide the information below.

☒ The proposed service area is not rural.

Data:

Complete the following table to provide patient origin data by ZIP Code for each existing facility as well as the proposed FSED in order to verify the proposed facility will not negatively impact the patient base of the existing rural providers. Applicants may add or remove as many columns and/or rows, as necessary. In an area designated as rural, the proposed facility should not be located within 10 miles of an existing facility. In rural proposed service areas, the location of the proposed FSED should not be closer to an existing ED facility than to the host hospital.

Not applicable. The proposed service area is in Rutherford County which is not rural. Accordingly, this criterion does not apply. However, the same information requested below is provided in **Table 3A1** above.

Patient Destination and Patient Origin in the Proposed Service Area – Rural: Table 3B1

Hospital ED	Patient Volumes					
	ZIP Code 1	ZIP Code 2	ZIP Code 3	ZIP Code 4	ZIP Code 5	ZIP Code 6
Hospital ED 1						
Hospital ED 2						
Hospital ED 3						
Hospital ED 4						
Hospital ED 5						
Other Hospitals						
Total						
Proposed FSED YR 1						

C. Critical Access Hospitals

☐ The proposed service area contains a critical access hospital(s). If this box is checked the applicant must provide the information below.

☒ The proposed service area does not contain a critical access hospital(s).

Data:

The location of the proposed FSED should not be closer to an existing CAH than to the host hospital.Provide the distance of the proposed FSED from any existing CAH in the proposed service area and the distance of the proposed FSED from the host hospital ED.

Not Applicable.

4. Host Hospital Emergency Department Quality of Care

The quality of the host hospital should be in the top quartile of the state in order to be approved for the establishment of a FSED. It is the responsibility of the applicant to provide data on the host hospital ED and what quartile is applicable for each measure.

Data:

The Joint Commission's "Hospital Outpatient Core Measure Set" is utilized to demonstrate the quality of care provided by EDs.

Please note that many of the measures in the Hospital Outpatient Core Measure Set are no longer collected or insufficient providers report to create a meaningful comparison.

Quality of Care Provided at the Host Hospital ED: Tables 4 (1-8)

Measure: OP-1 Median Time to Fibrinolysis						
Emergency Department	Timeframe	Ed Time/Score	Check (X) Applicable Quartile			
			≤25th Percentile	25th-50th Percentile	50th-75th Percentile	≥75th Percentile
In the CY 2018 OPPS/ASC final rule, CMS removed the OP-1 measure from the hospital OQR program.[11]						

Measure: OP-2 Fibrinolytic Therapy Received Within 30 Minutes						
Emergency Department	Timeframe	Ed Time/Score	Check (X) Applicable Quartile			
			≤25th Percentile	25th-50th Percentile	50th-75th Percentile	≥75th Percentile
This measure was removed from CMS Star Rating calculation due to too few hospitals reporting.[12]						

Measure: OP-4 Aspirin at Arrival						
Emergency Department	Timeframe	Ed Time/Score	Check (X) Applicable Quartile			
			≤25th Percentile	25th-50th Percentile	50th-75th Percentile	≥75th Percentile
In the CY 2018 OPPS/ASC final rule, CMS removed the OP-4 measure from the hospital OQR program.[13]						

Measure: OP-5 Median Time to ECG						
Emergency Department	Timeframe	Ed Time/Score	Check (X) Applicable Quartile			
			≤25th Percentile	25th-50th Percentile	50th-75th Percentile	≥75th Percentile
In the CY 2019 OPPS/ASC final rule, CMS removed the OP-5 measure from the hospital OQR program.[14]						

Measure: OP-18 Median Time from ED Arrival to Departure for Discharged ED Patients						
Emergency Department	Timeframe	ED Time/Score	25th Percential	25-50th Percentile	50-75th Percntile	>75th Percentile
TriStar StoneCrest	7/1/2023-6/30/2024	161 Minutes	--	--	X	--

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare, April 30, 2025

[11] https://www.cms.gov/newsroom/fact-sheets/cms-issues-hospital-outpatient-prospective-payment-system-and-ambulatory-surgical-center-payment

[12] https://www.qualityreportingcenter.com/globalassets/2019/11/oqr/pr_jan_2020-op-hc-preview-help-guide-508.pdf

[13] https://www.cms.gov/newsroom/fact-sheets/cms-issues-hospital-outpatient-prospective-payment-system-and-ambulatory-surgical-center-payment

[14] https://www.qualityreportingcenter.com/globalassets/migrated-pdf/oqr-december-2018-final-rule-qa-pm-508.pdf

Measure: OP-20: Door to Diagnostic Evaluation by a Qualified Medical Personnel						
Emergency Department	**Timeframe**	**Ed Time/Score**	**Check (X) Applicable Quartile**			
			≤25th Percentile	**25th-50th Percentile**	**50th-75th Percentile**	**≥75th Percentile**
In the CY 2018 OPPS/ASC final rule, CMS removed the OP-20 measure from the hospital OQR program.[15]						

Measure: OP-21 ED-Median Time to Pain Management for Long Bone Fracture						
Emergency Department	**Timeframe**	**Ed Time/Score**	**Check (X) Applicable Quartile**			
			≤25th Percentile	**25th-50th Percentile**	**50th-75th Percentile**	**≥75th Percentile**
In the CY 2018 OPPS/ASC final rule, CMS removed the OP-21 measure from the hospital OQR program.[16]						

Measure: OP-23 ED-Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation within 45 Minutes of ED Arrival						
Emergency Department	**Timeframe**	**ED Time/Score**	**25th Percential**	**25-50th Percentile**	**50-75th Percntile**	**>75th Percentile**
TriStar StoneCrest	7/1/2023-6/30/2024	Not Available	Not applicable Only 31 of 97 Tennessee hospitals reported data for this measure.			

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare, April 30, 2025

Of the 8 CMS Quality of Care measures in the tables above, only 2 are still used by CMS' outpatient quality reporting (OQR) program:

- OP-18 Median Time from ED Arrival to Departure for Discharged ED Patients and Measure
- OP-23 ED-Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients Who Received Head CT or MRI Scan Interpretation With 45 Minutes of ED Arrival.[17]

Percentile is a statistical calculation that shows relative standing for comparison within a set of data. If insufficient data is available within the dataset (e.g., a low response rate), a statistically significant percentile rank cannot be determined. Of the two measures reported by CMS, OP-18 is the only one with enough data available to calculate the percentile for hospitals in the state of Tennessee. For OP-18, TriStar StoneCrest scored within the 3rd quartile as shown above.[18] It is important to note that CMS Measure OP-18 is not meant to be compared across all hospitals, rather it is to be compared amongst like hospitals (i.e. high volume, geography, etc).

TriStar StoneCrest is in the "High Volume" category of emergency departments as assigned by CMS based on total visit volume. As a result, TriStar StoneCrest's peers also include other High Volume Hospitals within Tennessee. High Volume Hospitals have longer wait times as they typically serve more high acuity patients. Among the 19 High-Volume emergency departments in the state, TriStar StoneCrest is the 6th lowest for wait times (approximately 70th percentile). Notably, the three of the five hospitals with scores lower than TriStar StoneCrest are TriStar Health affiliates in Middle Tennessee. As noted above, TriStar StoneCrest is also lower than the National and Tennessee average for its peer group hospitals by significant margins. **Exhibit 1N-30** presents the minutes by

[15] https://www.cms.gov/newsroom/fact-sheets/cms-issues-hospital-outpatient-prospective-payment-system-and-ambulatory-surgical-center-payment

[16] https://www.cms.gov/newsroom/fact-sheets/cms-issues-hospital-outpatient-prospective-payment-system-and-ambulatory-surgical-center-payment

[17] For OP-23, only 31 out of 97 Tennessee hospitals reported data (32 percent), and therefore a statistically significant comparison of percentile rank cannot be determined. TriStar StoneCrest score is not available.

[18] The OP-18 response rate for Tennessee hospitals in 2023/2024 is 92 percent (89 out of 97 hospitals). In this metric, lower is better so the lower the score the higher the quartile.

hospital for the High Volume Hospitals and demonstrates with peer hospitals. TriStar StoneCrest is at the 70th percentile.

Exhibit 1N-30
Comparative OP-18 Scores (Minutes) for High Volume Hospitals
Measure Against Peer Hospitals

Facility Name	City/Town	Score	Measure	Rank
TRISTAR SOUTHERN HILLS MEDICAL CENTER	NASHVILLE	120	High	1
TRISTAR HORIZON MEDICAL CENTER	DICKSON	134	High	2
HIGHPOINT HEALTH-SUMNER WITH ASCENSION SAINT THOMA	GALLATIN	151	High	3
TRISTAR HENDERSONVILLE MEDICAL CENTER	HENDERSONVILLE	158	High	4
ST FRANCIS HOSPITAL	MEMPHIS	159	High	5
TRISTAR STONECREST MEDICAL CENTER	SMYRNA	161	High	6
WILLIAMSON MEDICAL CENTER	FRANKLIN	184	High	7
TRISTAR SKYLINE MEDICAL CENTER	NASHVILLE	187	High	8
WELLMONT BRISTOL REGIONAL MEDICAL CENTER	BRISTOL	187	High	9
Tennessee, State		*198*	*High*	--
MAURY REGIONAL HOSPITAL	COLUMBIA	201	High	10
AFFILIATE OF VITRUVIAN HEALTH	CLEVELAND	202	High	11
BLOUNT MEMORIAL HOSPITAL	MARYVILLE	207	High	12
MORRISTOWN HAMBLEN HOSPITAL ASSOCIATION	MORRISTOWN	210	High	13
WELLMONT HOLSTON VALLEY MEDICAL CENTER	KINGSPORT	221	High	14
LECONTE MEDICAL CENTER	SEVIERVILLE	224	High	15
COOKEVILLE REGIONAL MEDICAL CENTER	COOKEVILLE	239	High	16
PARKWEST MEDICAL CENTER	KNOXVILLE	248	High	17
FORT SANDERS REGIONAL MEDICAL CENTER	KNOXVILLE	251	High	18
REGIONAL ONE HEALTH	MEMPHIS	299	High	19

Source: CMS Hospital Compare, April 30, 2025. Times based on the 12-month period of July 1, 2023 through June 30, 2024.

Based on CMS data, TriStar StoneCrest's median time from ED arrival to ED departure for discharged ED patients is below the State and National average by 37 and 54 minutes, respectively.[19] See **Table 1B1** and **Exhibit 1N-30.** Further as shown previously, in terms of actual minutes, TriStar StoneCrest performs 19 minutes better than the other alternative in the proposed service area.[20]

TriStar StoneCrest is Recognized as a High Quality Hospital

In addition to its favorable ED time and 0 percent LWOT score, TriStar StoneCrest has a number of other quality recognitions. These include but are not limited to the following:

[19] National rate for high volume emergency rooms is 215 minutes (April 30, 2025 release).
[20] Shown in table OP-18, TriStar StoneCrest average is 161 minutes compared to St. Thomas Rutherford/St. Thomas Westlawn at 180 minutes.

- Joint Commission Accredited
- Level III Trauma Center
- Advanced Primary Stroke Center (TJC)
- Certified Chest Pain Center (TJC)
- Certified Total Joint Replacement – Hip (TJC)
- Certified Total Joint Replacement – Knee (TJC)
- Certified Spine Surgery (TJC)
- Accredited Center of Excellence, hernia surgery by the Surgical Review Corporation
- Commission on Cancer Accredited Oncology Program Sarah Cannon at TriStar StoneCrest
- Blue Distinction Center for knee and hip replacement by Blue Cross Blue Shield
- Blue Distinction Center Plus for spine surgery by Blue Cross Blue Shield
- Gold Seal of Approval® from The Joint Commission
- Honored Leapfrog "A" Safety Score
- Fortune/Merative® 100 Top Hospitals
- Healthgrades Top 100 Hospitals
- Outstanding Achievement Award — Commission on Cancer

5. Appropriate Model for Delivery of Care

The applicant should discuss why a FSED is the appropriate model for the delivery of care in the proposed service area.

FSEDs differentiate themselves from on-campus hospital EDs in terms of patient experience; hospital EDs have a reputation for long wait times, busy staff, crowded waiting rooms, and frequent diversion status. According to *The Journal of Urgent Care Medicine*, experience reflects an average of 3-hour wait times in the nation's hospital-based EDs, whereas FSEDs see patients in a few minutes and focus on getting patients out within 60 to 90 minutes.[21]

The patients who will benefit most, although not exclusively, from the proposed FSED are those who have an emergency medical condition requiring prompt and often specialized medical intervention. Urgent and primary care service models are not 24/7 resources, are not able to provide significant uncompensated care, and are not staffed with the types of professionals who often must work as a team to save life and functionality while mobilizing additional inpatient resources for care after stabilization.

In addition, based on TriStar Health affiliate experience operating 183 FSEDs nationally, 70 to 80 percent of FSED patients reside within 15 minutes of its FSEDs. This is informative and relevant to the proposed Murfreesboro FSED. As shown in the 15-minute drive time map presented above, given the proposed FSED location in Southern Rutherford, just off Interstate 24, access to the southern part of Rutherford County will be enhanced. The only existing emergency care in the service area is as St. Thomas Westlawn which is in the northwest of the service area. The densely populated and heavily trafficked area to the north of the proposed FSED limits the service area in that direction when evaluating the 15 minute contour map. Accordingly, the majority of the defined service area lies to the south of the proposed Murfreesboro FSED.

Access for service area patients to emergency care will be improved by between 5 and 19 minutes depending on the service area zip code and the destination emergency room and reducing it to under 15 minutes. This time improvement is meaningful as the majority of the service area residents live more than 15 minutes from the one ED in the service area (St. Thomas Westlawn) and also more than 15 minutes from the other hospitals in the County which are outside the service area.

An additional benefit to be derived by the service area residents is that TriStar Health will be operating a Ground Transport Base at the proposed FSED. This will accommodate three ambulances for intra facility transport. Patients at the FSED who require transport will have ready access to these ambulances. Additionally, patients of other area facilities both in and surrounding Rutherford County will have improved ambulance access for patient transport between facilities with the establishment of this Ground Transport Base.

The proposed FSED is an extension of emergency care provided by the TriStar Health system and will offer a much-needed alternative access point to emergency care for service area residents. The proposed FSED will not only enhance access to patients with unforeseen, and sometimes critical, needs for medical intervention, but also will result in some patients choosing the TriStar Murfreesboro FSED because it is closer, which in turn will alleviate some of the emergency service volume present at TriStar StoneCrest and other TriStar Health affiliates today.

FSEDs are very appropriate models for establishing an access point in populated growth areas that will enhance accessibility to emergency services. A secondary benefit is that it may also decompress

[21] https://www.jucm.com/understanding-the-freestanding-emergency-department-phenomenon/

hospitals with capacity constraints. FSEDs are also known for reduced wait times and having shorter lengths of stay from arrival through departure time. Over the past decades, the healthcare industry has seen the decentralization and dissemination of healthcare access points to provide high quality care in a sustainable manner. The appropriateness of the FSED model is evident in the success of the FSEDs operated by TriStar Health affiliates. TriStar Health operates 6 existing and 3 approved FSEDs in greater Nashville and the surrounding Middle Tennessee area. TriStar Health approvals include FSEDs in the Nolensville area, East Nashville, and White House. EMS providers which work with TriStar Health FSEDs have recognized the value and appropriate model of FSEDs bringing patients in need of emergency care.

In addition, for the most acute patients, FSEDs can serve a critical role in stabilizing emergent patients before transfer/transport to a higher level of care. **Exhibit 1N-31** summarizes the CY 2024 transfers from TriStar Health's Middle Tennessee FSEDs to a higher level of care. While 62.9 percent of patients were transferred to the host hospitals, which is often the closest facility, 9.8 percent were transferred to a trauma center and 27.3 percent were transferred to another hospital based on patient choice and care needs.

Patients will be transferred based on choice and clinical needs. Based on TriStar Health's experience, TriStar StoneCrest anticipates a similar transfer pattern at the proposed Murfreesboro FSED.

Exhibit 1N-31
Summary of FSED Transfers to Hospital Locations

	Transfers to Accepting Location					
FSED	**Host Hospital**	**Trauma Hospital**	**Other Hospital**	**Total Transfers**	**Discharges**	**Total ER Visits**
TriStar Mt Juliet	5.4%	0.5%	1.4%	7.3%	92.7%	100.0%
TriStar Century Farms	1.9%	0.6%	1.7%	4.2%	95.8%	100.0%
TriStar Natchez	4.8%	0.8%	2.1%	7.7%	92.3%	100.0%
TriStar Spring Hill	4.4%	0.7%	1.9%	7.0%	93.0%	100.0%
TriStar Portland	5.0%	0.8%	2.4%	8.2%	91.8%	100.0%
TriStar Bellevue	7.9%	0.0%	0.5%	8.4%	91.6%	100.0%
Total	4.2%	0.7%	1.8%	6.7%	93.3%	100.0%
% of Transfers	62.9%	9.8%	27.3%	100.0%		

Source: Internal TriStar data, CY 2024. Trauma Centers include VUMC and TriStar Skyline.

The proposed Murfreesboro FSED will play a significant role in providing increased access to patients who need to be served at a higher level of care or admitted to a hospital setting through meeting the needs of the increasing service area population.

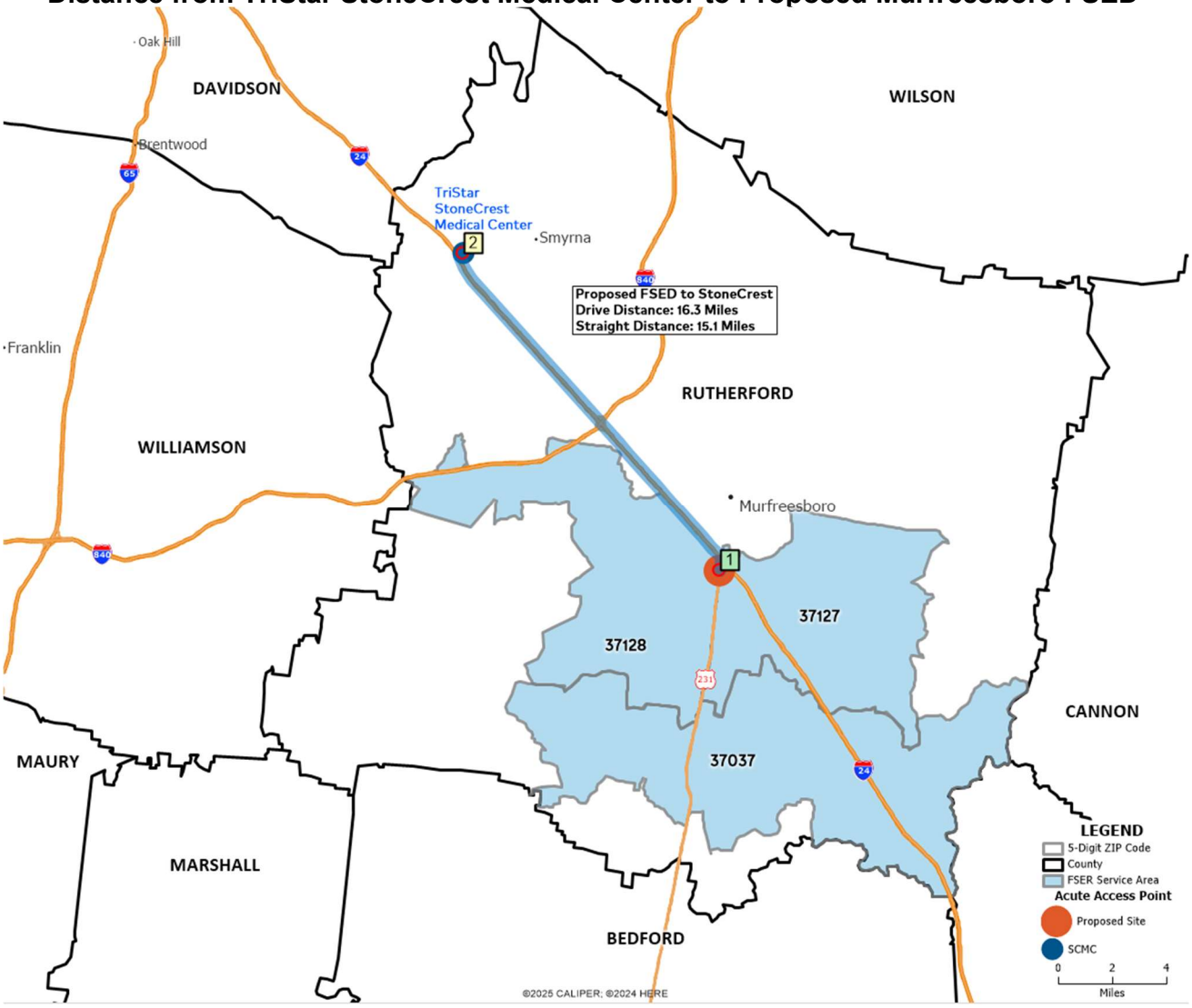
6. Geographic Location

Data:

The FSED should be located within a 35-mile radius of the hospital that is the main provider. A map should also be provided as evidence.

The proposed FSED is located 16.3 driving miles (or 15.1 miles as the crow flies) southeast of the host hospital, TriStar StoneCrest. The below map, **Exhibit 1N-32,** demonstrates that the proposed FSED is located within a 35-mile radius of the hospital that is the main provider – TriStar StoneCrest.

Exhibit 1N-32
Distance from TriStar StoneCrest Medical Center to Proposed Murfreesboro FSED



7. Access

The applicant must demonstrate an ability and willingness to serve equally all of the service area in which it seeks certification.

By definition, an emergency department, including the FSED as proposed here, must serve all who seek care as shown in its policies and procedures and based on EMTALA. The host hospital, TriStar StoneCrest, currently serves approximately 8.5 percent of the emergency patients in the proposed service area, while other TriStar Health affiliates serve an additional 3.5-4 percent. TriStar StoneCrest provides state-of-the art care to all patients regardless of their ability to pay as evidenced by the significant percentage of TennCare/Medicaid and self-pay patients from the service area who receive emergency care at TriStar StoneCrest (see the Applicant's response to **Criterion 8** below). Further, in CY 2024, TriStar StoneCrest wrote off approximately $112 million in charity care dollars.[22]

TriStar Health makes allowances for all persons who have income at less than 400 percent of the poverty level. And for those who are below 200 percent of the poverty level, personal responsibilities are written off in their entirety. Furthermore, all self-pay patients will receive a discount similar to managed care, referred to as an "uninsured discount." The Uninsured Discount is available to patients who have no third-party payer source of payment or do not qualify for Medicaid, Charity, or any other discount program the facility offers.

As demonstrated by TriStar StoneCrest's historical provision of emergency services for all patients, including medically indigent patients, and its historical provision of charity care overall, the proposed FSED will serve equitably all of the proposed service area.

Further, TriStar StoneCrest complies with the No Surprises Act, effective January 1, 2022, which fully protects patients from any cost differential between services provided by in-network or out-of-network providers by holding the patients harmless from any such difference and this same policy/application of the law applies to the physician services to be provided in the proposed FSED.

8. Services to High Need Populations

Special consideration shall be given to applicants providing services fulfilling the unique needs and requirements of certain high-need populations, including patients who are uninsured, low income, or patients with limited access to emergency care.

Data:

Use the following table to compare the payor mix of the host hospital to payor mix of the total service area. Applicants may also present evidence demonstrating limited access to emergency care in the proposed service area when applicable.

The TriStar StoneCrest ED serves – and will continue to serve at both its existing and proposed locations – a significant number of uninsured and low-income patients presenting with emergency care needs. In CY 2023, 48.8 percent of TriStar StoneCrest ED patients were uninsured and/or low-income patients, with 34.1 percent being designated as uncompensated or TennCare/Medicaid and 1.47 percent self pay.[23] This rate exceeds the aggregate of the proposed FSED service area by approximately 15 percentage points; excluding self pay, it exceeds the service area by approximately 14 points. Both sets of information are provided on the next page, **Exhibit 1N-33**. The proposed FSED will provide enhanced access to emergency care services for all patients, especially those who are uninsured, low income, or patients with limited access to emergency care.

22 Charity care and uninsured discounts for StoneCrest are from the 2024 Joint Annual Report, Schedule E, page 22.
23 Including TennCare/Medicaid and medically indigent/charity care patients.

Exhibit 1N-33
TriStar StoneCrest's ED Services to High Need Populations by Payor
Calendar Year 2023

	Zip Code 37037-Christiana		Zip Code 37127-Murfreesboro		Zip Code 37182-Murfreesboro		Service Area		Host Hospital	
Payor	Total ED Patients	% of Total	Total ED Patients	% of Total	Total ED Patients	% of Total	Total ED Patients	% of Total	Total ED Patients	% of Total
Medicare/Medicare Advantage	576	20.7%	1,710	24.1%	4,451	20.7%	6,737	21.5%	8,610	17.0%
TennCare/Medicaid	489	17.6%	1,509	21.3%	4,261	19.8%	6,259	19.9%	16,933	33.4%
Commercial/Commercial Other	1,395	50.3%	2,777	39.1%	10,038	46.6%	14,210	45.3%	17,316	34.2%
Self-Pay	305	11.0%	1,062	15.0%	2,689	12.5%	4,056	12.9%	7,433	14.7%
Uncompensated	11	0.4%	38	0.5%	89	0.4%	138	0.4%	330	0.7%
Other	0	0.0%	0	0.0%	1	0.0%	1	0.0%	0	0.0%
Total	2,776	100.0%	7,096	100.0%	21,529	100.0%	31,401	100.0%	50,622	100.0%
TennCare/Medicaid/ Uncompensated	500	18.0%	1,547	21.8%	4,350	20.2%	6,397	20.4%	17,263	34.1%

Source: THA data for zip codes; internal data for Host Hospital (TriStar StoneCrest)

	Zip Code 370 truncated		Zip Code 37127-Murfreesboro		Zip Code 37182-Murfreesboro		Service Area		Host Hospital	
Payor	Total ED Patients	% of Total	Total ED Patients	% of Total	Total ED Patients	% of Total	Total ED Patients	% of Total	Total ED Patients	% of Total
Medicare/Medicare Advantage	36,042	27.6%	1,701	24.1%	4,437	20.7%	42,180	26.5%	8,610	17.0%
TennCare/Medicaid	35,185	27.0%	1,529	21.6%	4,356	20.3%	41,070	25.8%	16,933	33.4%
Commercial/Commercial Other	45,216	34.7%	2,722	38.5%	9,768	45.5%	57,706	36.3%	17,316	34.2%
Self-Pay	11,710	9.0%	1,056	14.9%	2,684	12.5%	15,450	9.7%	7,433	14.7%
Uncompensated	1,951	1.5%	34	0.5%	89	0.4%	2,074	1.3%	330	0.7%
Other	267	0.2%	29	0.4%	111	0.5%	407	0.3%	0	0.0%
Total	130,371	100.0%	7,071	100.0%	21,445	100.0%	158,887	100.0%	50,622	100.0%
TennCare/Medicaid/ Uncompensated	37,136	28.5%	1,563	22.1%	4,445	20.7%	43,144	27.2%	17,263	34.1%

Source: Hospital Discharge Data System (HDDS), CY 2023, provided by TDOH May 2025, represents truncated data file for 370. TriStar StoneCrest is internal data.

9. Establishment of Service Area

A. Establishment of Non-Rural Service Area

☒ The proposed service area is non-rural. If this box is checked the applicant must provide the information below.

☐ The proposed service area is rural.

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

Data:

Socio-demographics of the service area

Projected populations to receive services

Complete the following tables to demonstrate:

a. **Patient origin by ZIP Code for the hospital's existing ED in relation to the proposed service area for the FSED.**
b. **Patient Origin by ZIP Code of the service area residents (i.e., market share).**

The applicant may add or remove as many ZIP Code and Hospital ED lines as is necessary.

The proposed service area is not in a rural area with more than 114,000 residents in 2025 and expected growth to 125,000 residents by 2030. The service area has a high percentage of elderly residents who are the primary users of healthcare services. Service area zip codes have persons living below the poverty level ranging between 3.1 and 6.1 percent, with the highest rate in the proposed Murfreesboro FSED zip code, 37127. Below, **Table 9A1** provides the patient origin by zip code for TriStar StoneCrest. **Table 9A2** follows presenting market share information per the HDDS data set.

Table 9A1
Patient Origin, Ranked Highest to Lowest, Host Hospital, 2024

Zip Code and City	ER Visits	% Distribution	Cumulative %
37167 - Smyrna	18,294	35.3%	35.3%
37086 - La Vergne	11,179	21.6%	56.8%
37013 - Antioch	5,555	10.7%	67.5%
37129 - Murfreesboro	3,346	6.5%	74.0%
37130 - Murfreesboro	2,157	4.2%	78.2%
37128 - Murfreesboro	1,837	3.5%	81.7%
37135 - Nolensville	895	1.7%	83.4%
37211 - Nashville	816	1.6%	85.0%
37127 - Murfreesboro	598	1.2%	86.2%
37217 - Nashville	536	1.0%	87.2%
37122 - Mount Juliet	335	0.6%	87.8%
37037 - Christiana	249	0.5%	88.3%
All Other (1200+ zip codes)	6,062	11.7%	100.0%
Total	51,859	100.0%	-

Source: Internal TriStar StoneCrest data, CY 2024

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Table 9A2
ED Patient Destination by Hospital ED, 2023

	Service Area ED	Other Rutherford County ED	Other Rutherford County ED		Out of County EDs							
	Patients ED 1	Patients ED 2	Patients ED 3		Patient ED 4	Patient ED 5	Patient ED 6	Patient ED 7	Patient ED 8	Patient ED 9		
Zip Code/County	St. Thomas Westlawn	TriStar StoneCrest Medical Center	St. Thomas Rutherford	Subtotal of County EDs	Vanderbilt University Medical Center	Vanderbilt Bedford	TriStar Southern Hills	Williamson Medical	TriStar Centennial	TriStar Summit	Other Hospital ED Patients	Total
370 Truncated	379	1,138	5,462	6,979	8,120	1,687	717	4,653	5,148	4,173	103,547	130,371
37127 - Murfreesboro	279	614	4,989	5,882	440	112	71	70	69	75	422	7,071
37128 - Murfreesboro	2,841	1,754	13,254	17,849	1,490	192	231	402	252	143	1,288	21,445
Total Service Area	3,499	3,506	23,705	30,710	10,050	1,991	1,019	5,125	5,469	4,391	105,257	158,887
Overall % by Hospital	2.2%	2.2%	14.9%	19.3%	6.3%	1.3%	0.6%	3.2%	3.4%	2.8%	66.2%	100.0%
Percent Distribution within the County	11.4%	11.4%	77.2%	100.0%								

Source: Hospital Discharge Data System (HDDS) CY 2023, provided by TDOH May 2025.

With the distortion created by 370 Truncated line above, the following table provides information for zip code 37037 with that data limited to totals and TriStar Health hospitals.

	Service Area ED	Other Rutherford County ED	Other Rutherford County ED		Out of County EDs							
	Patients ED 1	Patients ED 2	Patients ED 3		Patient ED 4	Patient ED 5	Patient ED 6	Patient ED 7	Patient ED 8	Patient ED 9		
Zip Code/County	St. Thomas Westlawn	TriStar StoneCrest Medical Center	St. Thomas Rutherford	Subtotal of County EDs	Vanderbilt University Medical Center	Vanderbilt Bedford	TriStar Southern Hills	Williamson Medical	TriStar Centennial	TriStar Summit	Other Hospital ED Patients	Total
37037 - Christiana		296		2,074			18		28	7	209	2,776
37127 - Murfreesboro	279	614	4,989	5,882	440	112	71	70	69	75	422	7,071
37128 - Murfreesboro	2,841	1,754	13,254	17,849	1,490	192	231	402	252	143	1,288	21,445
Total Service Area	3,120	2,664	18,243	25,805	1,930	304	320	472	349	225	1,919	31,292
Overall % by Hospital	10.0%	8.5%	58.3%	82.5%	6.2%	1.0%	1.0%	1.5%	1.1%	0.7%	6.1%	100.0%
Percent Distribution within the County	12.1%	10.3%	70.7%	100.0%								

Source: Hospital Discharge Data System (HDDS) CY 2023, provided by TDOH May 2025 for 37127 and 37128. 37037 from THA data, limited to totals and TriStar data due to masking policy.

B. Establishment of Rural Service Area

☐ The proposed service area is rural. If this box is checked the applicant must provide the information below.

☒ The proposed service area is non-rural.

Applicants seeking to establish a FSED in a rural service area with limited access to emergency medical care shall establish a service area based upon need.

Data:
Applicants should provide the number of existing ED facilities in the proposed service area.

NOT APPLICABLE.

10. Relationship to Existing Applicable Plans; Underserved Area and Population

Data:
The proposal's relationship to underserved geographic areas and underserved population groups shall be a significant consideration. Complete the following table of federally designated areas in the proposed service area to address this portion of the standards.

The proposed Murfreesboro FSED will be in zip code 37127. At this location, it will improve access to underserved populations, including low-income and Medicaid-eligible persons. Rutherford County is not considered a rural area, although Christiana is known as a rural farming community.

Rutherford County is not considered medically underserved. However, according to Health Resources and Services Administration, Murfreesboro is considered a low income health professional shortage area for primary care and mental health. This is shown in **Exhibit 1N-34** below.

Exhibit 1N-34

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1472125680	LI - Murfreesboro	Low Income Population HPSA	Tennessee	Rutherford County, TN	1.17	8	16	Designated	Non-Rural	1/25/2024	1/25/2024
Mental Health	7473991367	Murfreesboro	Low Income Population HPSA	Tennessee	Rutherford County, TN	1.9	16	NA	Designated	Non-Rural	5/2/2024	5/2/2024

Being a low income health professional shortage here (HPSA) means that there is a lack of primary care and mental health services in Murfreesboro for specific underserved populations, including low-income and Medicaid-eligible persons. For these populations in particular, access to geographically accessible emergency services is essential, as they have an identified lack of access to primary care and mental health.

The primary objective of the project is to increase access to care for those in this geographically isolated service area, including those who are low-income and Medicaid-eligible.

11. Composition of Services

Laboratory and radiology services, including but not limited to XRAY and CT scanners, shall be available on-site during all hours of operation. The FSED should also have ready access to pharmacy services and repository services during all hours of operation. Complete the following table to demonstrate the intent to provide the required services.

The proposed Murfreesboro FSED will have all required services in-house. See **Table 11** below.

Table 11
Composition of Services

Service	Hours Available	On-Site	Contracted or In-House
Laboratory	24/7/365	Yes	In-House
X Ray	24/7/365	Yes	In-House
CT Scanners	24/7/365	Yes	In-House
Ultrasound	24/7/365	Yes	In-House
Pharmacy (*)	24/7/365	Yes	In-House
Respiratory	24/7/365	Yes	In-House
Other	NA	NA	NA

**Note: A 0.5 FTE will staff the facility. 24/7/365 coverage will be accessible through the main ED.*

12. Pediatric Care

The applicant should demonstrate a commitment to maintaining at least a Primary Level of pediatric care at the FSED as defined by CHAPTER 1200-08-30 Standards for Pediatric Emergency Care Facilities including staffing levels, pediatric equipment, staff training, and pediatric services. Applicants should include information detailing the expertise, capabilities, and/or training of staff to stabilize or serve pediatric patients. Additionally, applicants shall demonstrate a referral relationship, including a plan for the rapid transport, to at least a general level pediatric emergencycare facility to allow for a specialized higher level of care for pediatric patients when required.

The TriStar StoneCrest ED is classified as a Basic Pediatric Emergency Facility.[24] Its medical staff and department staff are therefore trained and qualified to serve pediatric patients and do so daily. TriStar StoneCrest treats a large number of pediatric patients, averaging nearly 9,600 per year during the past three years. **Exhibit 1N-35** provides pediatric ED visits as a percentage of total visits at TriStar StoneCrest during these past three years.

[24] This classification does not require a separate Pediatric emergency department. The qualifications of an emergency department to care for pediatric patients are classified as Basic, Primary, General and Comprehensive, based on staff training, availability of certain equipment, and so forth. Pre-pandemic, TriStar StoneCrest had a physically separate pediatric ED. While it no longer has a separately organized pediatric ED, its physicians and nurses are suitably trained to care for pediatric patients and to maintain the "Basic" Pediatric Emergency Facility qualification.

Exhibit 1N-35
TriStar StoneCrest Medical Center
Pediatric ED Visits as a Percent of Total

Age Cohort	CY 2022	CY 2023	CY 2024
Percent <18	19.4%	19.1%	18.1%

Source: Internal TriStar StoneCrest records.

Notably the percentage of service area pediatric patient visits has increased steadily during the past three years. **Exhibit 1N-36** provides pediatric ED visits as a percentage of service area visits during the past three years; CY 2024 is not yet available.

Exhibit 1N-36
Pediatric ED Visits by Zip as a Percent of Total Proposed Service Area

Zip Code	2021	2022	2023
37037 - Christiana	14.2%	16.1%	16.8%
37127 - Murfreesboro	14.1%	15.5%	14.5%
37128 - Murfreesboro	16.5%	18.1%	18.8%
Service Area	15.7%	17.3%	17.6%

Source: THA Data

The proposed Murfreesboro FSED will be staffed by the same Emergency Physician group that covers the main campus ED. All physicians are required to have PALS (Pediatric Advanced Life Support) certification. As reflected in **Exhibit 1N-36,** 17.6 percent of the ED patient visits in calendar year 2023 from the proposed service area were children and adolescents. Given TriStar StoneCrest's experience reflected above, which slightly exceeds the service area percentage, its physicians are well-qualified to treat pediatric patients who present to the proposed FSED.

Pediatric patients requiring admission at these EDs are generally transferred to Nashville area hospitals with specialized pediatric capabilities. The Children's Hospital at TriStar Centennial has an ED serving emergent pediatric patients 24/7; this ED is fully staffed with pediatric emergency fellowship trained physicians. The facility operates with a pediatric unit and ICU, offering a wide variety of sub-specialties. When needed, transfer to higher levels of pediatric care at The Children's Hospital at TriStar Centennial will be provided. Transfer to TriStar Health affiliates is regularly accomplished through direct communication between transferee and transferor facilities. Given common EMR, common emergency room physician group and common operational practices, TriStar Health is effective in timely securing transfers. In addition, TriStar StoneCrest has a transfer agreement in place with the Monroe Carell Jr. Children's Hospital at Vanderbilt to accommodate transfers to that specialty pediatric hospital in the appropriate cases. See **Attachment 1C-1**.

13. Assurance of Resources

The applicant shall document that it will provide the resources necessary to properly support the applicable level of emergency services. Such documentation should include, but not limited to, a letter of support from applicant's governing board of directors or chief financial officer.

TriStar StoneCrest fully commits to develop and maintain the facility resources, equipment, and staffing to provide the appropriate emergency services. The letter of support is no longer required as it is a relic of a previous statutory framework which included consideration of Economic Feasibility.

14. Adequate Staffing

A. All Applicants

The 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. If the applicant plans to contract with an emergency physician group, the applicant should provide information on the physician group's ability to meet the staffing requirements. Utilize the following table to demonstrate planned staffing.

The proposed staffing for the TriStar Murfreesboro FSED is summarized in **Exhibit 1N-37** below.

Exhibit 1N-37
Staffing Patterns

Position Type	FTEs Needed for Proposed FSED	FTEs Currently Employed	FTEs that will be Recruited
Physicians	4.2	0	4.2
Registered Nurses	11.5	0	11.5
EVS Tech	1.6	0	1.6
Radiology Tech	4.2	0	4.2
Pharmacist	0.5	0	0.5
Ultrasonographer	0.5	0	0.5
Laboratory Tech	4.2	0	4.2
Security	2.1	0	2.1
Total	28.8		28.8

The FSED will be staffed by HCA-EmCare Holdings, LLC d/b/a Valesco Ventures. Valesco provides a variety of physician services to approximately 100 healthcare facilities nationwide. TriStar StoneCrest contracts with Valesco for Emergency Medicine physician services. A letter confirming this from the TriStar StoneCrest Regional Vice President is included in **Attachment 5C-2**.

TriStar StoneCrest is confident it will be able to fill each of the positions identified to staff the proposed Murfreesboro FSED. Its current track record lends credibility to this statement based on the fact its staff turnover rate is 16.7 percent compared to an industry average of 18.3 percent. TriStar StoneCrest's successful employment experience as significant employer in Rutherford County is evident in the above metrics. Its expertise in recruitment and retention will be extended to the TriStar Murfreesboro FSED.

B. Non-Rural Staffing Requirements

☒ The proposed service area is non-rural. If this box is checked the applicant must provide the information below.

☐ The proposed service area is rural.

The applicant shall outline planned staffing patterns including the number and type of physiciansand nurses. Each FSED is required to be staffed by at least one physician and at least one registered nurse at all times (24/7/365). Physicians staffing the FSED should be board certified or board eligibleemergency physicians. If significant barriers exist that limit the applicant's ability to recruit a board certified or board eligible emergency physician, the applicant shall document these barriers for the HSDA to take into consideration. Applicants are encouraged to staff the FSED with registered nursescertified in emergency nursing care and/or advanced cardiac life support. The medical staff of the FSED shall be part of the hospital's single organized medical staff, governed by the same bylaws. The nursing staff of the FSED shall be part of the hospital's single organized nursing staff. The nursing services provided shall comply with the hospital's standards of care and written policies and procedures.

The proposed FSED will be operationally integrated with the main campus ED. As such, it will comply with all the specific State Health Plan standards identified above for staff planning and recruitment; training and competencies; supervision; the presence of at least one Board-certified Emergency Physician and RN at all times, 24/7/365; staffing with RN's; operation under the same bylaws, hospital medical staff and nursing staff organizations, and hospital standards of care and written policies and procedures.

The Medical Director of the TriStar StoneCrest Emergency Department is M. Colleen Tran, DO. A copy of Dr. Tran's C.V. and her letter of support are attached as **Attachment 5C-2**. Additionally, the FSED will be staffed by HCA-EmCare Holdings, LLC d/b/a Valesco Ventures. Valesco provides a variety of physician services to approximately 100 healthcare facilities nationwide. TriStar StoneCrest contracts with Valesco for Emergency Medicine physician services. Dr. Matthew Tincher serves as the Regional Vice President of Hospital Based Services for TriStar Division and his letter of support is attached in **Attachment 5C-2**.

C. Rural Staffing Requirements

☐ The proposed service area is rural. If this box is checked the applicant must provide the information below.

☒ The proposed service area is non-rural.

The applicant shall outline planned staffing patterns including the number and type of physicians.FSEDs proposed to be located in rural areas are required to be staffed in accordance with the Code of Federal Regulations Title 42, Chapter IV, Subchapter G, Part 485, Subpart F – Conditions of Participation: Critical Access Hospitals (CAHs). This standard requires a physician, nurse practitioner,clinical nurse specialist, or physician assistant be available at all times the CAH operates. The standard additionally requires a registered nurse, clinical nurse specialist, or licensed practical nurse to be on duty whenever the CAH has one or more inpatients. However, because FSEDs shall be in operation 24/7/365 and because they will not have inpatients, a registered nurse, clinical nurse specialist, or licensed practical nurse shall be on duty at all times (24/7/365). Additionally, due to thenature of the emergency services provided at an FSED and the hours of operation, a physician, nurse practitioner, clinical nurse specialist, or physician assistant shall be on site at all times.

Not Applicable.

15. Medical Records

The medical records of the FSED shall be integrated into a unified retrieval system with the host hospital.

There is a retrieval system in place at the existing ED which will also be in place at the proposed FSED. An electronic health record is maintained to improve quality and availability of information. This same mechanism is used at all EDs operated within the TriStar Division.

16. Stabilization and Transfer Availability for Emergent Cases

The applicant shall demonstrate the ability of the proposed FSED to perform stabilizing treatmentwithin the FSED and demonstrate a plan for the rapid transport of patients from the FSED to the most appropriate facility with a higher level of emergency care for further treatment. The applicantis encouraged to include air ambulance transport and an on-site helipad in its plan for rapid transport. The stabilization and transfer of emergent cases must be in accordance with the Emergency Medical Treatment and Labor Act.

The Applicant is not a new provider of emergency care. It is an existing provider that routinely arranges appropriate stabilization and transport to the most appropriate facility if higher levels of care are needed. The host hospital, TriStar StoneCrest, has a helipad. As a department of the hospital, the TriStar Murfreesboro FSED will have the capability to provide helicopter transport in addition to ambulance transport. Therefore, construction of a helipad at the FSED is not currently being considered.

The project also includes a Ground Transport Base which can accommodate three ambulances for intra-facility transport. This will be an additional consumer advantage for those patients presenting at the proposed FSED who require transport due to Ground Transport Base's adjacency to the FSED.

The proposed Murfreesboro FSED will serve as an extension of TriStar StoneCrest and will use the experience of the host hospital's ED to provide emergency services to the service area. The proposed FSED will stabilize and transfer patients as appropriate in accordance with the Emergency Medical Treatment and Labor Act.

17. Education and Signage

The applicant shall demonstrate how the organization will educate communities and emergency medical services (EMS) on the capabilities of the proposed FSED and the ability for the rapid transport of patients from the FSED to the most appropriate hospital for further treatment. It shouldalso inform the community that inpatient services are not provided at the facility and patients requiring inpatient care will be transported by EMS to a full-service hospital. The name, signage, andother forms of communication of the FSED shall clearly indicate that it provides care for emergency and/or urgent medical conditions without the requirement of a scheduled appointment. The applicant is encouraged to demonstrate a plan for educating the community on appropriate use ofemergency services contrasted with appropriate use of urgent or primary care.

TriStar StoneCrest will educate the community regarding the availability of emergency care at the TriStar Murfreesboro FSED. The community will be educated through the development of written brochures available at the proposed FSED, social media messages, website information, and mailings. The community will be educated about services provided at the proposed FSED and the facilitation of transfers for inpatient care. TriStar StoneCrest will provide further education of service area residents through involvement in community activities and community boards.

18. Community Linkage Plan

The applicant shall describe its participation, if any, in a community linkage plan, including its relationships with appropriate health and outpatient behavioral health care system, including mental health and substance use, providers/services, providers of psychiatric inpatient services, and working agreements with other related community services assuring continuity of care. The applicant is encouraged to include primary prevention initiatives in the community linkage plan that would address risk factors leading to the increased likelihood of ED usage.

TriStar StoneCrest works with other area providers and community access points to ensure that all patients have adequate access to care. With respect to behavioral health providers, TriStar StoneCrest has affiliate relationships with such programs in Middle Tennessee including but not limited to TriStar Centennial and Pinewood Springs. It also has relationships with non-affiliate behavioral health providers. In addition to behavioral programs, below is a list of healthcare entities with which TriStar StoneCrest has ongoing referral relationships:

Home Health:
- TriStar Home Health Care
- Amedisys Home Health
- All Heart Home Health
- Adoration Home Health
- Suncrest Home Health
- Accent Care Home Health
- Aveanna Home Health
- Enhabit Home Health

Rehabilitation Hospitals:
- TriStar Southern Hills Medical Center
- Murfreesboro Rehab Hospital
- Encompass Rehab Hospital

Skilled Nursing Facilities:
- Life Care Hickory Woods
- The Waters of Smyrna
- Bethany Center for Rehabilitation
- Good Samaritan
- Whites Creek
- Smyrna Care Center
- NHC Adams Place
- Stones River
- Lebanon Center for Rehab
- Quality Center for Rehab

Long Term Acute Care Hospitals:
- Select Specialty

Hospice:
- Alive Hospice
- Gentiva Hospice
- Aveanna Hospice
- Heart and Soul Hospice
- Adoration Hospice

Assisted Living:
- Traditions
- The Pavilion

In addition to healthcare entity relationships, TriStar StoneCrest works closely with social services agencies and other similar organizations in the County. These organizations include:

- United Way of Rutherford County
- March of Dimes
- American Heart Association – Greater Nashville
- American Cancer Society
- HCA Hope Fund
- Rutherford County Chamber of Commerce
- Smyrna Rotary Club
- Rotary Club of Murfreesboro
- Boys and Girls Club of Rutherford County
- Rutherford Works Educator Externship Program
- Humane Society of Rutherford County
- YMCA of Middle Tennessee/North Rutherford YMCA
- Blood Assurance
- TN Donor Services
- Leukemia and Lymphoma Society
- Nashville Health Council
- Leadership Rutherford County
- Mother's Milk Bank of Tennessee
- Stop the Bleed Training
- Crush the Crisis
- Several Health Occupations Students of America ("HOSA") student programs
- American College of Healthcare Executives of Middle Tennessee
- Nourish Foodbank
- Second Harvest
- Alive Hospice
- A Soldiers Child Inc
- Bethany Christian Services of Middle Tennessee
- Children's Museum Corporation of Rutherford County
- Domestic Violence Program, Inc
- Feed America First
- Journeys In Community Living Inc

- Possibility Place
- Primary Care and Hope Clinic
- Smyrna Senior Citizens Incorporated
- Smyrna Outdoor Adventure Center
- Special Kids Therapy and Nursing Center
- United Way of Rutherford & Cannon Counties
- Rachel's Gift partnership – infant loss education

TriStar StoneCrest also works with a network of physician practices to ensure continuity of care for patients. Additionally, TriStar StoneCrest is involved with Rutherford County Schools, including but not limited to, HOSA programs at area schools and career days.

TriStar StoneCrest is open to establishing new relationships as appropriate to better serve patients in the proposed service area.

19. Data Requirements

The applicant shall agree to provide the Department of Health and/or the HSDA with all reasonably requested information and statistical data related to the operation and provision of services and toreport that data in the time and format requested. As a standard practice, existing data reportingstreams will be relied upon and adapted over time to collect all needed information.

The Applicant agrees to provide the Department of Health and/or the Health Facilities Commission, 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.

20. Quality Control and Monitoring

The applicant shall identify and document its existing or proposed plan for data reporting, qualityimprovement, and outcome and process monitoring system. The FSED shall be integrated into thehost hospital's quality assessment and process improvement processes.

The proposed Murfreesboro FSED will be included in TriStar StoneCrest's Quality Assessment and Process Improvement programs. Please see additional discussion in response to the quality-related questions in the main application.

21. Provider-Based Status

The applicant shall comply with regulations set forth by 42 CFR 413.65, *Requirements for a determination that a facility or an organization has provider-based status,* in order to obtain provider- based status. The applicant shall demonstrate eligibility to receive Medicare and Medicaid reimbursement, willingness to serve emergency uninsured patients, and plans to contract with commercial health insurers.

TriStar StoneCrest is an existing provider with current eligibility for Medicare and Medicaid reimbursement and will operate the proposed FSED in compliance with these guidelines, just as it operates its main campus ED.

22. Licensure and Quality Considerations

Any applicant for this CON service category shall be in compliance with the appropriate rules of the TDH, the EMTALA, along with any other existing applicable federal guidance and regulation. The applicant shall also demonstrate its accreditation status with the Joint Commission or other applicable accrediting agency. The FSED shall be subject to the same accrediting standards as the licensed hospital with which it is associated. Applicants should address the applicable quality measures found in the HSDA Agency Rules.

TriStar StoneCrest is in full compliance with the above standard. Evidence of accreditation and licensure is provided in **Attachment 2Q-1 and Attachment 5C-1**. In addition to its favorable ED time and 0 percent LWOT score, TriStar StoneCrest has a number of other quality recognitions. These include but are not limited to the following:

- Joint Commission Accredited
- Level III Trauma Center
- Advanced Primary Stroke Center (TJC)
- Advanced Chest Pain Center (TJC)
- Certified Total Joint Replacement – Hip (TJC)
- Certified Total Joint Replacement – Knee (TJC)
- Certified Spine Surgery (TJC)
- Accredited Center of Excellence, hernia surgery by the Surgical Review Corporation
- Commission on Cancer Accredited Oncology Program Sarah Cannon at TriStar StoneCrest
- Blue Distinction Center for knee and hip replacement by Blue Cross Blue Shield
- Blue Distinction Center Plus for spine surgery by Blue Cross Blue Shield
- Gold Seal of Approval® from The Joint Commission
- Honored Leapfrog "A" Safety Score
- Fortune/Merative® 100 Top Hospitals
- Healthgrades Top 100 Hospitals
- Outstanding Achievement Award — Commission on Cancer

Please refer to **Attachment 1C-3** for a summary of TriStar StoneCrest community impact.

LETTER OF INTENT

State of Tennessee
Health Facilities Commission

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

www.tn.gov/hsda Phone: 615-741-2364 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 05/15/2025 for one day.

This is to provide official notice to the Health Facilities Commission and all interested parties, in accordance with T.C.A. §68-11-1601 et seq., and the Rules of the Health Facilities Commission, that TriStar StoneCrest Medical Center, a/an Hospital owned by HCA Health Services of Tennessee, Inc. with an ownership type of Corporation (For Profit) and to be managed by itself intends to file an application for a Certificate of Need for the establishment of a freestanding emergency department (FSED) in Murfreesboro, Rutherford County, Tennessee on 2.87 acres. The FSED will consist of approximately 11,500 square feet with 11 exam rooms, including 1 trauma room, lab, imaging department, nurse station, and associated support spaces. The FSED will have two covered entry canopies (2,600 square feet), one designated for emergency vehicles and one designated for the general public. The project also includes an approximate 3,400 square foot Ground Transport Base to house three ambulances which will provide transport of patients between facilities. The address of the project will be 2490 S. Church Street, Murfreesboro, Rutherford County, Tennessee, 37127. The estimated project cost will be $18,885,948.

The anticipated date of filing the application is 06/02/2025

The contact person for this project is Chief Executive Officer Louis Caputo who may be reached at TriStar StoneCrest Medical Center - 200 StoneCrest Boulevard, Smyrna, Tennessee 37167 – Contact No. 615-768-2000.

Louis Caputo	05/15/2025	louis.caputo@hcahealthcare.com
Signature of Contact	**Date**	**Contact's Email Address**

The Letter of Intent must be received between the first and the fifteenth day of the month. If the last day for filing is a Saturday, Sunday, or State Holiday, filing must occur on the next business day. Applicants seeking simultaneous review must publish between the sixteenth day and the last day of the month of publication by the original applicant.

The published Letter of Intent must contain the following statement pursuant to T.C.A. §68-11-1607 (c)(1). (A) Any healthcare institution wishing to oppose a Certificate of Need application must file a written notice with the Health Facilities Commission no later than fifteen (15) days before the regularly scheduled Health Facilities Commission meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application may file a written objection with the Health Facilities Commission at or prior to the consideration of the application by the Commission, or may appear in person to express opposition. Written notice of opposition may be sent to: Health Facilities Commission, Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243 or email at hsda.staff@tn.gov .

State of Tennessee
Health Facilities Commission

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

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

PUBLICATION OF INTENT

The following shall be published in the "Legal Notices" section of the newspaper in a space no smaller than two (2) columns by two (2) inches.

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Facilities Commission and all interested parties, in accordance with T.C.A. §68-11-1601 et seq., and the Rules of the Health Facilities Commission, that TriStar StoneCrest Medical Center, a/an Hospital owned by HCA Health Services of Tennessee, Inc. with an ownership type of Corporation (For Profit) and to be managed by itself intends to file an application for a Certificate of Need for the establishment of a freestanding emergency department (FSED) in Murfreesboro, Rutherford County, Tennessee on 2.87 acres. The FSED will consist of approximately 11,500 square feet with 11 exam rooms, including 1 trauma room, lab, imaging department, nurse station, and associated support spaces. The FSED will have two covered entry canopies (2,600 square feet), one designated for emergency vehicles and one designated for the general public. The project also includes an approximate 3,400 square foot Ground Transport Base to house three ambulances which will provide transport of patients between facilities. The address of the project will be 2490 S. Church Street, Murfreesboro, Rutherford County, Tennessee, 37127. The estimated project cost will be $18,885,948.

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ORIGINAL APPLICATION

State of Tennessee
Health Facilities Commission
502 Deaderick Street, Andrew Jackson Building, 9th Floor, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 hsda.staff@tn.gov

CERTIFICATE OF NEED APPLICATION

1A. Name of Facility, Agency, or Institution

TriStar StoneCrest Medical Center
Name

2490 S. Church Street | Rutherford County
Street or Route | **County**

Murfreesboro | Tennessee | 37127
City | **State** | **Zip**

www.tristarhealth.com
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

Louis Caputo | Chief Executive Officer
Name | **Title**

TriStar StoneCrest Medical Center | louis.caputo@hcahealthcare.com
Company Name | **Email Address**

200 StoneCrest Boulevard
Street or Route

Smyrna | Tennessee | 37167
City | **State** | **Zip**

CEO | 615-768-2000
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: 05/15/25

Date LOI was Published: 05/15/25

RESPONSE: See attached proof of publication.

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

- ☐ Establish New Health Care Institution
- ☐ Relocation
- ☐ Change in Bed Complement
- ☐ Addition of a Specialty to an Ambulatory Surgical Treatment Center (ASTC)
- ☐ Initiation of MRI Service
- ☐ MRI Unit Increase
- ☑ Satellite Emergency Department
- ☐ Addition of Therapeutic Catheterization
- ☐ Positron Emission Tomography (PET) Service
- ☐ Initiation of Health Care Service as Defined in §TCA 68-11-1607(3)

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
- ☐ 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

Other -

Hospital -
General Medical and Surgical

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

HCA Health Services of Tennessee, Inc.

Name

One Park Plaza		615-886-4900
Street or Route		**Phone Number**
Nashville	Tennessee	37203
City	**State**	**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: TriStar StoneCrest Medical Center ("TriStar StoneCrest") is owned by HCA Health Services of Tennessee, Inc.. The Applicant is ultimately owned by HCA Healthcare, Inc. through several wholly owned subsidiary corporations. Please see Attachments 7A-1, 7A-2 and 7A-3 for TriStar StoneCrest's corporate status from the Tennessee Division of Business Services Department of State, Charter, Amended Charter, Assumed Name and Certificate, respectively. Attachment 7A-4 contains a copy of TriStar StoneCrest's organizational chart. Attachment 7A-5 contains a listing of HCA Health Services of Tennessee, Inc.'s directors and officers.

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)

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.
- ☐ Letter of Intent, or other document showing a commitment to lease the property - attach reference document
- ☐ Other (Specify)

RESPONSE: Please see Attachment 9A for warranty deeds for the property which are shown to be owned by 2490 Church LLC. Also included is a merger document which reflects that 2490 Church LLC has been merged into HCA Health Services of Tennessee, Inc.

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: See Attachment 10A for a copy of the floor plan of the single-story structure.

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 site is located at 2490 S. Church Street also known as US 231 and Shelbyville Highway ("Highway 231"), and near the intersection of South Church Street and Warrior Drive in Murfreesboro, Rutherford County, TN. The site is approximately ¼ mile south of where Interstate 24 Exit 81 intersects with South Church Street. It is easily accessible by car, ambulance, and other ground transportation. Public transportation is available along Highway 231 in Rutherford County, primarily through Murfreesboro Transit and the Regional Transportation Authority ("RTA"). Murfreesboro Transit offers seven fixed routes within Murfreesboro. The Highland route travels along Highway 231 and passes on the east side of the site. This route originates and transfers at the Murfreesboro Transit Center at the northeast corner of Walnut and Burton, Murfreesboro. A route map is included as 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.

(Attachment 12A)

RESPONSE: The parcel is located at 2490 S. Church Street, Murfreesboro, Rutherford County, TN. Church Street, also known as US 231 and Shelbyville Highway ("Highway 231"), bounds the east side of the site. Warrior Drive bounds the site to its south. Southgate Boulevard is on the west side of the site. Please see the plot plan included in Attachment 12A for the site, location of the structure on the site and the names of all adjacent roads.

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 (Provide signed USPS green-certified mail receipt card for each official notified.)
  - ☐ Notification in process, attached at a later date
  - ☐ Notification not in process, contact HFC Staff
  - ☑ 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 (Provide signed USPS green-certified mail receipt card for each official notified.)
  - ☐ Notification in process, attached at a later date
  - ☐ Notification not in process, contact HFC Staff
  - ☐ 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.

RESPONSE:

TriStar StoneCrest Medical Center ("TriStar StoneCrest") proposes to establish a FSED to be operated as a satellite location of its Emergency Department ("ED") and located at 2490 S. Church Street, Murfreesboro, TN, approximately 22 minutes from its main hospital facility. Referred to herein as the "TriStar Murfreesboro FSED", the "proposed Murfreesboro FSED" or the "proposed FSED," it will be a full-service hospital emergency department with the capability to care for ED patients of all acuity levels. The proposed 11,500 gross square foot FSED will include 11 treatment/exam rooms (including 1 trauma room), lab, imaging department, nursing station, and associated support space. It will have isolation and behavioral health/holding capabilities. The project will also include a 3-bay Ground Transport Base to serve not only patients of the proposed FSED but also patients in surrounding counties who require intra-facility transport from their home county to a medical facility in Rutherford or Davidson County. The proposed FSED will serve the defined service area of Rutherford County encompassing south Murfreesboro and Christiana (zip codes 37037, 37127 and 37128), a 198-square mile area encompassing the majority of southern Rutherford County. The proposed FSED is needed to address:

Geographic Isolation: The defined service area (also referred to as "Southern Rutherford") is geographically isolated from emergency services, having only 8 of the county's 121 emergency treatment rooms (or 6.6 percent of the county's current emergency rooms). Southern Rutherford's only emergency department is in the northwest portion of the service area, while the proposed FSED would be centrally located near the intersection of Interstate 24 and Highway 231. Each of the service area zip codes are within 10 to 15 minutes of the proposed FSED, an improvement of between 5 and 19 minutes depending on zip code and emergency room. The proposed FSED will enhance access for this fast-growing service area.

Population Growth: Rutherford County's population increased by approximately 125,000 residents between 2010 and 2025, the highest population increase of any Tennessee county. Rutherford County is expected to continue leading population growth in the next five years, by adding nearly 44,000 new residents. The service area alone is expected to add 11,543 residents to its current population of 114,132. Southern Rutherford's growth rate outpaces even that of Rutherford County, as a whole. Southern Rutherford's population increased 87 percent between 2010 and 2025, compared to a 48 percent increase countywide. During this same period, Southern Rutherford's share of the Rutherford County population grew from 23.3 to 29.3 percent. The service area is estimated to have a population of 125,675 by 2030, and its growth rate is expected to be comparable to that of Rutherford County during the next 10+ years. The larger population will likely generate more than 23,000 additional annual emergency room visits by 2030; 6,000 of those visits will involve Southern Rutherford residents. The growing Southern Rutherford population requires expanded access to ED resources, both now and for the future.

Access/Availability: Southern Rutherford currently has 8 ED treatment rooms, which are located over 9 miles away from the proposed FSED, in the northwest corner of 37128 - Murfreesboro. This means that 29 percent of the county's residents are serviced by 6.6 percent of the county's emergency treatment rooms indicating disproportionate underservice in the service area. These ED treatment rooms represent just 0.07 ER treatment rooms per 1,000 population, less than one-fifth the statewide average. County-wide, ED treatments rooms per 1,000 population are also lower than the State at 0.31; this rate is materially lower by 42 percent or more compared with any Tennessee county with population exceeding 300,000. TriStar StoneCrest wants to address the ED treatment needs of this underserved population through increased

availability and improved accessibility to ED services. The proposed FSED will serve to (i) shorten wait times by 19 minutes and (ii) lower the rates of patients who left without treatment (LWOT).

- Ownership structure

  RESPONSE: TriStar Murfreesboro FSED will be a satellite of TriStar StoneCrest, which is owned by HCA Health Services of Tennessee, Inc. and whose ultimate parent company is HCA Healthcare, Inc. ("HCA Healthcare"). Please see the response to Question 7A and Attachment 7A. TriStar StoneCrest is part of the TriStar Health network, which operates 6 FSEDs, while HCA Healthcare operates 183 FSEDs nationally.

- Service Area

  RESPONSE: The service area is defined as zip codes 37037 (Christiana), 37127 (Murfreesboro), and 37128 (Murfreesboro), all in Rutherford County.

- Existing similar service providers

  RESPONSE: Ascension St. Thomas Westlawn ("St. Thomas Westlawn"), an 8-bed hospital, currently operates the sole ED in the service area. It is a satellite of St. Thomas Rutherford Hospital ("STRH"), which is not in the service area. STRH and TriStar StoneCrest are the only acute care hospitals with emergency room services in Rutherford County.(1) Of the two, TriStar StoneCrest has more favorable quality metrics, including zero percent LWOT and a lower 161-minute wait time (the 6th lowest wait time in the state for a high-volume ED). Given the forecasted population growth and resulting ED visits, the TriStar Murfreesboro FSED will not negatively impact existing providers, but will instead help to address a community need that exceeds current resources. See the response to Question 5N for information on providers and their operating statistics. (1) Within Rutherford County, Trustpoint Hospital is an inpatient behavioral health and rehabilitation hospital; it does not operate any medical-surgical beds or an emergency room. Vanderbilt Rutherford Hospital ("VRH") currently has a CON for a 42-bed hospital with 14 emergency treatment rooms in the northwest corner of 37128 (Murfreesboro). However, the CON is currently challenged by STRH in an appeal pending in the Chancery Court of Davidson County, Tennessee.

- Project Cost

  RESPONSE: The estimated capital cost of the project is $18,885,948, which includes the existing building that is already owned by the Applicant.

- Staffing

  RESPONSE: The proposed FSED will be staffed by approximately 28.8 FTEs, consisting of physicians, RNs, EMT/Paramedics, radiology, and lab tech, as well as nonclinical support staff to provide all acuity levels of ED services. TriStar StoneCrest's successful recruitment and retention experience is provided in Attachment 1N, Criterion 14.

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

  RESPONSE: The TriStar Murfreesboro FSED is needed as the proposed service area is geographically isolated and underserved relative to emergency care. Rutherford County has had the largest population increases of any county since 2010, increasing by 48 percent in the last 15 years. The defined service area of Southern Rutherford had a population increase of 87% during this same period. It now represents more than 29 percent of the county's population yet has only 8 of the county's 121 emergency treatment rooms, or 6.6%. Impending future ED demand due to population growth and an aging populace will put further emphasis on the need to expand emergency care in the service area. The service area population has more than 31,000 emergency room visits in CY 2023; with population increases, this is expected to reach 37,000 in 2030, an increase of approximately 6,000 visits in the three zip code service area. Given that Southern Rutherford is geographically isolated with respect to emergency care, various criteria support the need to add the capacity at the proposed location, including operational practices resulting in shorter wait times, lower LWOT and other improved quality metrics, and enhanced access for the service area.

- Quality Standards

  RESPONSE: The proposed Murfreesboro FSED will serve all ED acuity levels and operate under the same quality standards as the TriStar StoneCrest main campus ED. The proposed Murfreesboro FSED will provide high quality care that is accessible for all patients in the service area. As part of TriStar StoneCrest, the proposed FSED will be accredited by the Joint Commission. In addition, the proposed FSED will be part of TriStar StoneCrest's robust Quality Assurance and Performance Improvement (QAPI) and Utilization Review Program to maintain and ensure quality of care and patient safety. TriStar StoneCrest has the lowest LWOT in the state at zero percent, has the 6th lowest ER minutes for all patients at a high volume hospital at 161 minutes (which is 19 minutes shorter than STRH). Further, its treatment time for mental health patients is 2nd lowest statewide among high volume hospitals. TriStar StoneCrest, a Level III Trauma Center, is an outstanding hospital with certifications in Primary Stroke, Chest Pain, Spine Surgery, and Hip and Knee Joint Replacement, Honored Leapfrog "A" Safety Score, Fortune/Merative® 100 Top Hospitals, Healthgrades Top 100 Hospitals and many other high quality recognitions. See Attachment 1N, Criterion #22.

- Consumer Advantage
  - Choice

    RESPONSE: The proposed Murfreesboro FSED will introduce an additional choice of provider in Murfreesboro, and the first in Southern Rutherford. The existing EDs in Murfreesboro are operated by a single provider. One is an 8-bay ED in the service area; the other is a 74-bay ED outside the service area. Allowing TriStar StoneCrest to alleviate geographic isolation for the proposed service area residents will provide consumers with a choice of providers locally to experience shorter wait times, access alternate medical staff, and reduce travel. FSEDs differentiate themselves from on-campus hospital EDs in terms of patient experience; hospital EDs have a reputation for long wait times, busy staff, crowded waiting rooms, and frequent diversion status. According to The Journal of Urgent Care Medicine, patients experience an average of 3-hour wait times in the nation's hospital-based EDs, whereas FSEDs see patients in a few minutes and focus on getting patients out within 60 to 90 minutes.(2) (2) https://www.jucm.com/understanding-the-freestanding-emergency-department-phenomenon/

- Improved access/availability to health care service(s)

  RESPONSE: The proposed FSED is centrally located within the service area and within 10 to 15 minutes of the geographic centroid of each of its zip codes. It will improve access by addressing geographic isolation for those residents of Southern Rutherford by bringing ED services geographically closer to patients' homes by between 5 and 19 minutes depending on the zip code and emergency room; and introducing shorter wait times and enhanced quality metrics into Southern Rutherford. Improved ED operational efficiencies and access to timely emergency care are positively associated with enhanced quality of care, patient safety, and patient satisfaction, leading to potential reduction of healthcare costs. Additionally, the proposed Ground Transport Base will accommodate up to three ambulances to provide intra-facility transport of patients from Rutherford and surrounding counties to Rutherford and Davidson County hospitals. It is an additional advantage for the proposed FSED patients as transport wait time for those patients requiring transfer for inpatient services will be minimal and this base will be more proximate to facilities in Southern Rutherford, Bedford, and Coffee Counties to transport their patients in need.

- Affordability

  RESPONSE: The proposed Murfreesboro FSED will ensure access for all patients and will adhere to Non-Discrimination and Charity/ Indigent Care policies. These policies ensure access to healthcare by treating all patients regardless of race, ethnicity, or socioeconomic status and aim to reduce cost of care or provide free care to eligible patients. TriStar Division is the largest TennCare provider in Tennessee and has the most generous charity care policy in the region. As part of TriStar StoneCrest, TriStar Murfreesboro FSED will accept all government payors, including Medicare and TennCare, and will treat all patients regardless of their ability to pay. The proposed FSED, like TriStar StoneCrest, will also comply with the No Surprises Act, by holding the patients harmless from any between in-network or out-of-network insured status. See Attachment 4N-1 for a copy of Uninsured Discount and Charity Write-Off Policies.

3E. Consent Calendar Justification

- ☐ Letter to Executive Director Requesting Consent Calendar (Attach Rationale that includes addressing the 3 criteria)
- ☑ Consent Calender NOT Requested

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.

4E. PROJECT COST CHART

A. Construction and equipment acquired by purchase:	
1. Architectural and Engineering Fees	$617,250
2. Legal, Administrative (Excluding CON Filing Fee), Consultant Fees	$150,000
3. Acquisition of Site	$3,345,000
4. Preparation of Site	$1,000,000
5. Total Construction Costs	$7,684,000
6. Contingency Fund	$925,000
7. Fixed Equipment (Not included in Construction Contract)	$1,740,000
8. Moveable Equipment (List all equipment over $50,000 as separate attachments)	$2,000,000
9. Other (Specify): scalation, testing, other, building fees and pre-planning	$1,382,300
B. Acquisition by gift, donation, or lease:	
1. Facility (inclusive of building and land)	$0
2. Building only	$0
3. Land only	$0
4. Equipment (Specify):	$0
5. Other (Specify):	$0
C. Financing Costs and Fees:	
1. Interim Financing	$0
2. Underwriting Costs	$0
3. Reserve for One Year's Debt Service	$0
4. Other (Specify):	$0
D. Estimated Project Cost (A+B+C)	$18,843,550
E. CON Filing Fee	$42,398
F. Total Estimated Project Cost (D+E) **TOTAL**	$18,885,948

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:

See **Attachment 1N** for detailed responses to applicable criteria and standards applicable to the proposal in this application. As is shown in **Attachment 1N**, the TriStar Murfreesboro FSED meets all applicable state health plan criteria.

2N. Identify the proposed service area and provide justification for its reasonable ness. 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)

RESPONSE:

See attached PDF response to **Question 2N.**

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

PROJECTED UTILIZATION

Unit Type: ☐ Procedures ☐ Cases ☑ Patients ☐ Other _____

Service Area Counties	Projected Utilization Recent Year 1 (Year = 2027)	% of Total
Rutherford	433	6.65%
Rutherford	1,236	18.98%
Rutherford	2,890	44.37%
Other not primary/secondary county	1,954	30.00%
Total	6,513	100%

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

RESPONSE:

See attached PDF of response to **Question 3N.**

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:

See attached PDF of response to **Question 3N**.

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:

See attached PDF of response to **Question 4N.**

5N. Describe the existing and approved but unimplemented services of similar healthcare providers in the service area. Include utilization and/or occupancy trends for each of the most recent three years of data available for this type of project. 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:

See attached PDF of response to **Question 5N**.

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:

See attached PDF of response to **Question 6N**.

7N. Complete the chart below 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 the applicant, and the percentage of ownership that is shared with the applicant's owners.

RESPONSE:

TriStar StoneCrest Medical Center does not have any outstanding CON applications. The Applicant's TriStar Division affiliates have several approved CONs as noted in the chart. The status of each is summarized below:

· CN1707-023 – The StoneCrest Surgery Center CON has an extension through May 31, 2026, to evaluate the impact of the acquisition of an existing surgery center in Rutherford County and the impact of the pandemic.

· CN 2205-027 – TriStar Centennial – Bellevue FSED has been open and receiving patients since December 2024. A final report was submitted to the HFC staff on May 30,2025.

· CN2302-006 – TriStar Skyline East Nashville FSED was approved on April 26, 2023. Relocation of the CON was approved by the HFC on March 25, 2025. Development of the recently approved location is underway.

· CN2304-010 – TriStar Southern Hills Nolensville FSED was approved on June 28, 2023. The groundbreaking occurred on January 16, 2025, with an anticipated opening in October 2025.

· CN2308-020 – Chattanooga East Surgicenter was approved on October 25, 2023. It is currently under development.

· CN2404-010 – TriStar Spring Hill Hospital was approved for a CON for a new hospital on June 26, 2024. The CON was issued on August 28, 2024. Vanderbilt University Medical Center and Williamson Medical Center commenced contested case proceedings on June 28, 2024, which were set for trial in November 2025; on May 14, 2025, the Administrative Procedures Divisions entered its Initial Order of Dismissal dismissing the challenge to the CON. By rule, the time for completion of the CON is postponed for the period during which the challenge was pending. TriStar Spring Hill Hospital is now proceeding with the planning and development of this hospital.

· CN2407-020 – TriStar Hendersonville White House FSED was approved on October 23, 2024. The CON was issued on December 1, 2024. The groundbreaking occurred on March 27, 2025, with an anticipated opening date in 2026.

CON Number	Project Name	Date Approved	Expiration Date
CN2302-006	TriStar Skyline East Nashville FSED	4/26/2023	6/1/2026
CN2304-010	TriStar Southern Hills Nolensville FSED	6/28/2023	8/1/2026
CN1707-023	TriStar StoneCrest Surgery Center	10/25/2017	5/31/2026
CN2407-020	TriStar Hendersonville White House FSED	10/23/2024	12/1/2027
CN2404-010	TriStar Spring Hill Hospital	6/26/2024	8/1/2027

CN2205-027	TriStar Centennial Bellevue FSED	8/24/2022	10/1/2025
CN2308-020	Chattanooga East Surgicenter	10/25/2023	12/1/2025

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: Please see Attachment 1C-1, 1C-2, and 1C-3 for copies of TriStar StoneCrest transfer agreements, list of TriStar StoneCrest's community linkages and Annual Community Report.

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

- [x] Aetna Health Insurance Company
- [x] Ambetter of Tennessee Ambetter
- [x] Blue Cross Blue Shield of Tennessee
- [ ] Blue Cross Blue Shield of Tennessee Network S
- [x] Blue Cross Blue Shiled of Tennessee Network P
- [x] BlueAdvantage
- [ ] Bright HealthCare
- [x] Cigna PPO
- [ ] Cigna Local Plus
- [x] Cigna HMO - Nashville Network
- [x] Cigna HMO - Tennessee Select
- [x] Cigna HMO - Nashville HMO
- [x] Cigna HMO - Tennessee POS
- [x] Cigna HMO - Tennessee Network
- [ ] Golden Rule Insurance Company
- [x] HealthSpring Life and Health Insurance Company, Inc.
- [x] Humana Health Plan, Inc.
- [x] Humana Insurance Company
- [ ] John Hancock Life & Health Insurance Company
- [ ] Omaha Health Insurance Company
- [ ] Omaha Supplemental Insurance Company
- [ ] State Farm Health Insurance Company
- [x] United Healthcare UHC
- [ ] UnitedHealthcare Community Plan East Tennessee
- [x] UnitedHealthcare Community Plan Middle Tennessee
- [ ] UnitedHealthcare Community Plan West Tennessee
- [ ] WellCare Health Insurance of Tennessee, Inc.
- [x] Others

RESPONSE: Other plans: Coventry Healthcare; First Health/Coventry National; HCA Employee Benefit Plan; Health Alliance; Magellan Health Service; MultiPlan/PHCS; PPO Plus; Ambetter Exchange; Oscar; AmeriGroup; Wellpoint.

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:

Positive Effects

Adding a new ED access point for residents of the service area will be a significant consumer advantage. The proposed service area population is expected to increase by 10.1 percent in the next five years. Furthermore, the population aged 65 and older is projected to increase by 29 percent from 2025 to 2030, a percentage that far outpaces all other age groups in the service area. As such, the significant growth in the 65+ population poses a substantial challenge, and the proposed FSED will make ED services more readily available to this vulnerable group.

The proposed FSED will have several positive effects including:

· Relieving geographic isolation and enhancing access as each of the service area zip codes are within 10 to 15 minutes of the proposed FSED, an improvement of between 5 and 19 minutes depending on the zip code and emergency room;

· Introducing a new ED to the service area by a host hospital with significant consumer quality benefits including a Level III Trauma Center, Healthgrades Top 100 Hospital, shorter wait times, non-existent LWOT at zero percent, among other quality metrics presented throughout the CON application;

· Improving the number of ER access points in the County and service area which are well below statewide average and other high population counties;

· Addressing population growth in the highest growth county in the state, both historically and projected;

· Meeting the needs of the service area population, which increased 87 percent between 2010 and 2025, and is projected to continue growing 10.1 percent by 2030;

· Ensuring ED services are more readily available to the 65 and older population, which is expected to grow by 29 percent from 2025 to 2030;

· Addressing the ED treatment needs of this underserved population through increased availability and improved accessibility to ED services;

· Delivering quality ED services to its patients closer to where they live including shorter wait times and lower LWOTs;

· Providing ED services closer to home for Southern Rutherford residents – which is expected to account for over 6,000 of the 23,000 ED visits in Rutherford County by 2030;

· Enhancing access for the Christiana community as it does not have any medical facilities;

· In a poll of service area residents, the following was identified:

o 62 percent are concerned about timely access to emergency care.

o 67 percent believe a new ER would improve access.

o 70 percent indicated access to the nearest emergency room would take longer than 15 minutes.

o 82 percent agree that an additional emergency room would provide resources needed for quick medical care in the event of a disaster or incident.

o 82 percent agree that the south end of Murfreesboro should have access to an ER.

o When considering traffic congestion, 90 percent agree that a new emergency room on the south end of Murfreesboro would improve response times when seconds matter.

· Shortening ambulance patient transport times due to the co-location of the Ground Transport Base at the proposed FSED; and

· Shortening transport times for healthcare facilities in Southern Rutherford and surrounding Coffee and Bedford Counties due to the positioning of TriStar Health ambulances at the proposed FSED.

Negative Effects

There are no material negative impacts for consumers. Quality ED services provided by TriStar StoneCrest will be made more readily available in Southern Rutherford. This will reduce time for this population to access ED service by between 5 and 19 minutes depending on zip code and emergency room.

Opponents may point to the projected minimal impact on other EDs' utilization, but the impact on other providers is no longer part of the Tennessee CON statute. By legislation, orderly development is no longer part of the statutory framework. The impact of some patients choosing to go to an ED closer to their homes will be positive for consumers and these other facilities because: (a) patient access is enhanced as has been noted before and (b) the other facilities face longer wait times and slightly higher rates of leaving without treatment. The availability of the proposed Murfreesboro FSED access point will help those facilities to manage their patient flow better. Further, TriStar Health FSEDs have a strong track record of transferring patients who need to be admitted or require more complex services to other providers as shown by the data in **Attachment 1N, Exhibit 1N-31**.

There is rapid growth and aging of the service area population, which will result in 4,321 incremental ED visits in 2028 and nearly 6,000 incremental ED visits by 2030. The proposed FSED will not significantly impact other hospital EDs because any shift of volume will be replaced with incremental organic population growth in the proposed service area.

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:

As previously discussed, TriStar StoneCrest, the Applicant, is part of TriStar Health and an affiliate of HCA Healthcare, one of the largest providers of healthcare and hospital services in the U.S. and U.K. With TriStar StoneCrest's local, statewide, and national affiliations, TriStar StoneCrest expects to be able to recruit highly qualified individuals with the appropriate licensure to staff and support the propsed FSED. TriStar StoneCrest also has the benefit of a Nurse Residency Program to garner future nurses to meet the growing need for personnel across its service area. TriStar StoneCrest has had strong success integrating nurse residents into its existing ED and will utilize this talent pool for recruitment at the proposed FSED. TriStar StoneCrest has in place the clinical and administrative leadership needed to develop and operate the proposed FSED. Please see **Attachment 4C-1** for a list of TriStar StoneCrest's clinical training affiliations.

TriStar Health and its HCA Healthcare affiliates are committed to addressing the ongoing challenges in recruiting and retaining healthcare professionals. In 2021, HCA Healthcare opened the Galen College of Nursing in Nashville, which now has campuses and programs in Tennessee, Kentucky, Ohio, Virginia, South Carolina, Florida and Texas. The Nashville campus offers a 3-year Bachelor of Science in Nursing, an Associate Degree in Nursing (ADN) and an LPN to ADN Bridge program. It graduated 45 nurses in its first year (2023) and is currently enrolling 700 new students each year. It expects estimated enrollment to increase 5 to 10 percent each year. This year, Galen College of Nursing expects to graduate approximately 250 graduates. It is HCA Healthcare's experience that 55 percent of the graduates join an HCA Healthcare hospital for future employment. This relationship will assist with ongoing recruitment of staff within TriStar Health including recruitment for the proposed Murfreesboro FSED. TriStar Health is also committed to increasing its nursing residency programs.

The Thomas F. Frist, Jr. College of Medicine at Belmont University in Nashville, is a new medical school founded in alliance with HCA Healthcare to focus on training diverse physician leaders who embrace and value a whole-person approach to healing. The Thomas F. Frist, Jr. College of Medicine at Belmont University is housed in a new building

that had its ribbon cutting on April 29, 2024. The nearly 200,000-square-foot building is located within a block of Belmont's Gordon E. Inman Center and McWhorter Hall, which house the University's well-known nursing, physical therapy, occupational therapy, social work and pharmacy programs. The College of Medicine has recruited a leadership team consisting of experts from across the country and is currently recruiting additional clinical faculty. Its first class commenced this past fall. TriStar Health and HCA Healthcare are working collaboratively with Belmont to support the supply of healthcare professionals entering and staying in the profession and to ensure that they have access to training in emergency medicine.

In addition to these programs for nurses and physicians, TriStar Health is extensively engaged with other educational and training programs throughout Middle Tennessee. These relationships provide for internships and other training opportunities for students at TriStar Health facilities and also provide a pipeline for future qualified employees. Please see **Attachment 4C-1** for a list of TriStar StoneCrest's clinical training affiliations.

HCA Healthcare is also the largest and most experienced operator of FSEDs in the U.S. HCA Healthcare has operated hospital affiliated FSEDs since 1985. Today, HCA Healthcare operates approximately 183 FSEDs nationally. HCA Healthcare operates its FSEDs as a department of a hospital and each FSED has all the essential characteristics of a hospital--based emergency department, including the following:

· Operate 24 hours a day/seven days a week as a licensed department of the hospital and provides the same emergency services and care for any condition as the on-campus emergency department.

· Provide on-site diagnostic imaging and clinical laboratory services also operated as part of the host hospital and meeting all required clinical certifications and accreditations as the host hospital.

· Staffed by board-certified emergency physicians that are on the hospital's medical staff and by experienced ACLS-trained emergency nursing staff.

· Accredited by The Joint Commission as part of the host hospital.

· Licensed by all required state agencies as part of the host hospital.

· Provide the same signage requirements as the main hospital's emergency department.

· Provide access to on-call specialty physicians for consultations.

· Operate in compliance with the federal Emergency Medical Treatment and Labor Act (EMTALA) regulations as well as appropriate state regulations (see Attachment 4C-2 for TriStar Health's EMTALA Policies).

· Accept patients transported by EMS.

· Have established transfer agreements with local general acute care hospitals.

· Provide free and reduced cost care in alignment with the host hospital's financial assistance policies.

· When needed, provide rapid transfer to a hospital chosen by the patient or by the emergency department physician's assessment of the best location for treatment.

As such, the Applicant has all the appropriate resources and is familiar with, and meets, all human resource requirements of the Health Facilities Commission / Licensure Division and the Joint Commission. The Applicant is licensed and accredited by these bodies.

Murfreesboro FSED Staffing

The staffing for the proposed Murfreesboro FSED is provided in response to **Question 8Q**. Please see **Attachment 1N, Criterion 14** for additional information regarding TriStar StoneCrest's successful recruitment and retention experience.

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:

Licensure and Certifications

TriStar StoneCrest is licensed by the Health Facilities Commission / Licensure Division and the license is in good standing. TriStar StoneCrest is certified to participate in the Medicaid and Medicare programs and currently meets all requirements of certification. TriStar StoneCrest is accredited by The Joint Commission with certifications in Primary Stroke, Chest Pain, Spine Surgery and Joint Replacements for Hip and Knee. See **Attachment 5C-1** and **Attachment 2Q** for TriStar StoneCrest's Hospital License and The Joint Commission Accreditation.

Clinical Leadership

Medical direction at the proposed Murfreesboro FSED will be provided by M. Colleen Tran, DO, FACEP. Currently, Dr. Tran is the Medical Director for the TriStar StoneCrest ED. Dr. Tran is board certified by the American Board of Emergency Medicine and has been providing emergency services for more than 10 years. See **Attachment 5C-2** for Dr. Tran's CV. A letter from the physician group's Regional Vice President, Dr. Matthew Tincher, providing support for the proposed FSED is included in **Attachment 5C-2**.

Leadership plays a central role in improving organizational performance. Leadership includes the Governing Board, Medical Executive Committee, the Chief Executive Officer and Senior Leadership, Department Directors, and Nursing Officers/Managers/Supervisors. The leaders set expectations, develop plans, and manage processes to measure, analyze, and improve the quality of the hospital's clinical and support activities. The leaders are responsible for adopting an approach to Performance Improvement which is utilized in reporting and in team activities. Leaders are also responsible for setting policy/procedure and priorities, as well as reprioritizing priorities when there are unexpected outcomes.

Leaders set a positive Performance Improvement culture in the organization through planning, providing support/resources and empowering staff as appropriate. Leaders also actively participate in interdisciplinary Performance Improvement, as appropriate. The Performance Improvement Program is the shared responsibility of the Board of Governors, the Medical Staff, and Senior Leadership of the hospital with specific areas of the program delegated to each including education on the approach and method of the Performance Improvement.

Plan for Improvement of Organization Performance and Clinical Excellence

As a department of TriStar StoneCrest, the proposed Murfreesboro FSED will be part of TriStar StoneCrest's existing methods to ensure and maintain quality of care. At TriStar StoneCrest, a collaborative multidisciplinary team approach, which considers the unique knowledge, judgment, and skills of a variety of disciplines in achieving desired patient outcomes, serves as a foundation for quality. TriStar StoneCrest is committed to providing a seamless continuum of health care both for individuals and for the community, linking together a full range of health care providers and services. TriStar StoneCrest's goal is to provide services which are measurably more accessible, affordable, and which are improving in quality on a continuous basis. The continuum of services may begin prior to admission, such as in an ER visit, and continue throughout the hospital stay and post discharge phase to ensure appropriate patient assessment, reassessment, problem solving, and follow-up care as needed.

The proposed Murfreesboro FSED will be an extension of the ED at TriStar StoneCrest and a licensed department of TriStar StoneCrest and will therefore adhere to TriStar Health's plan for improving organizational performance, including planned performance assessment and improvement activities, initiating activities designed to follow-up on unusual occurrences or specific concerns/ issues, which may include following policies and procedures for ensuring staff competency and follow-up as appropriate on patient/family complaints and patient questionnaire results. Input and feedback from patients, staff and physicians guide the improvement process. TriStar StoneCrest addresses methods to ensure and maintain patients' quality of care.

TriStar StoneCrest is dedicated to ensuring quality care and patient safety through compliance with all applicable accreditation and certification standards. As a satellite ED to TriStar StoneCrest, the proposed Murfreesboro FSED will maintain the highest standards and quality of care, consistent with the high standard that TriStar StoneCrest has sustained throughout its history of providing patient care. In this regard, TriStar StoneCrest provides a robust Quality Assurance and Performance Improvement ("QAPI") Plan which is framed by the following essential elements:

- Design and Scope that encompasses the full range of services and departments;
- Governance and Leadership that actively engage with system expectations and priorities;
- Feedback, Data Systems, and Monitoring to continuously assess a wide range of care and service;
- Performance Improvement Projects to improve care or services based on the data captured; and
- Systematic Analysis and Systematic Action to create real impact and long-lasting improvement.

Further, TriStar StoneCrest provides a robust Utilization Review ("UR") program that provides ongoing concurrent reviews of patient care to determine whether treatments are medically necessary and, if not, to assist in placing patients in more appropriate care settings. Internal case management serves an important advisory purpose in enhancing and maintaining the quality of care provided. To this extent, systems are in place to conduct prospective, concurrent, and retrospective utilization reviews to ensure quality of care and protect revenue integrity. For more details, see **Attachment 5C-3** for TriStar Health's Plan for Improvement of Organizational Performance and Clinical Excellence.

Clinical Staff Training and Requirements

The proposed Murfreesboro FSED will be operationally integrated with TriStar StoneCrest's main ED. As such, it will comply with all the specific State Health Plan standards for staffing planning and recruitment, training and competencies, supervision, the presence of at least one Board-certified Emergency Physician and RN at all times (24/7/365), staffing with RN's, operation under the same bylaws, hospital medical staff and nursing staff organizations, hospital standards of care, and written policies and procedures. The Medical Director of TriStar StoneCrest's emergency department is Dr. Tran, who will serve as Medical Director of the FSED. Dr. Tran's CVs is attached as **Attachment 5C-2;** the Regional Vice President, Matthew Tincher, MD, provided a letter of support for the project which is also included in **Attachment 5C-2**.

In its dedication to enhance quality assurance and performance improvement, TriStar StoneCrest employees are held to the highest standards and are expected to adhere to policies created by the Administration. These policies are developed in compliance with The Joint Commission guidelines for education, competency, and continuing education. Appropriate clinical licenses and certifications are required and documented. Moreover, during the recruitment process, employees are thoroughly vetted to ensure they meet the requirements identified in the job description. Upon hiring, employees are obligated to attend system-wide and department-specific orientation. New hires complete an initial skills checklist and competency assessment and undergo annual performance evaluation to appraise technical competency thereafter.

Furthermore, TriStar StoneCrest will continue to require all clinical staff members to attend continuing education programs, and receive annual in-services on HIPAA, Medicare Compliance, and OSHA. TriStar StoneCrest offers an array of programs and resources to support employees in learning new skills and advancing their careers. For example, employees may take classes or workshops in the areas of computer technology skills, career and work-specific skills, and leadership and management skills. See **Attachment 5C-4** for Staff Education Policies. See **Attachment 5C-5** for List of Clinical Affiliations.

<u>Proposed Murfreesboro FSED</u>

All equipment at the proposed Murfreesboro FSED will be available 24/7. The FSED will have a CT, X-ray and ultrasound as well as lab and pharmacy support equipment. Please see the major equipment list provided in **Attachment 4E-1**. Also see page 28 for an image and equipment list for each treatment room.

HISTORICAL DATA CHART

☑ Total Facility
☐ Project Only

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

	Year 1	Year 2	Year 3
	2022	2023	2024
A. Utilization Data			
Specify Unit of Measure Other : Admissions	4883	4993	5297
B. Revenue from Services to Patients			
1. Inpatient Services	$464,442,000.00	$505,262,000.00	$565,163,000.00
2. Outpatient Services	$637,469,000.00	$717,661,000.00	$780,011,000.00
3. Emergency Services	$0.00	$0.00	$0.00
4. Other Operating Revenue (Specify) Cafeteria, Medical Education & Trauma Funds	$337,000.00	$1,025,000.00	$1,346,000.00
Gross Operating Revenue	$1,102,248,000.00	$1,223,948,000.00	$1,346,520,000.00
C. Deductions from Gross Operating Revenue			
1. Contractual Adjustments	$887,742,000.00	$988,492,000.00	$1,102,010,000.00
2. Provision for Charity Care	$20,439,000.00	$22,511,000.00	$26,276,000.00
3. Provisions for Bad Debt	$8,498,000.00	$15,824,000.00	$4,481,000.00
Total Deductions	$916,679,000.00	$1,026,827,000.00	$1,132,767,000.00
NET OPERATING REVENUE	$185,569,000.00	$197,121,000.00	$213,753,000.00

PROJECTED DATA CHART

☑ Project Only
☐ Total Facility

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

	Year 1	Year 2
	2027	2028
A. Utilization Data		
Specify Unit of Measure Other : ER Visits	6512	10040
B. Revenue from Services to Patients		
1. Inpatient Services	$0.00	$0.00
2. Outpatient Services	$0.00	$0.00
3. Emergency Services	$55,026,400.00	$91,625,040.00
4. Other Operating Revenue (Specify)	$0.00	$0.00
Gross Operating Revenue	$55,026,400.00	$91,625,040.00
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments	$47,697,144.00	$79,880,449.00
2. Provision for Charity Care	$1,100,528.00	$1,832,501.00
3. Provisions for Bad Debt	$550,264.00	$916,250.00

Total Deductions	$49,347,936.00	$82,629,200.00
NET OPERATING REVENUE	$5,678,464.00	$8,995,840.00

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	Most Recent Year	Year One	Year Two	% Change (Current Year to Year 2)
Gross Charge *(Gross Operating Revenue/Utilization Data)*	$0.00	$0.00	$8,450.00	$9,126.00	0.00
Deduction from Revenue *(Total Deductions/Utilization Data)*	$0.00	$0.00	$7,578.00	$8,230.00	0.00
Average Net Charge *(Net Operating Revenue/Utilization Data)*	$0.00	$0.00	$872.00	$896.00	0.00

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:

The average ED charges per visit for the proposed Murfreesboro FSED are projected to be $8,450 and $9,126 in the first and second years of operation, respectively. This is an all-inclusive average charge representing the visit along with any associated imaging, lab services, and pharmacy services required by the patient. The projected charges are based on and comparable to the ED charges already in place at TriStar StoneCrest. The proposed FSED is not expected to have any impact on the charges for ED services at TriStar StoneCrest or any affiliate.

Gross charges do not reflect what either patients or payors pay for ED services as payors have discounted rates and insured patients are only responsible for co-pays and deductibles. In reality, the average net charge is what patients and/or payors pay in aggregate for the ED services received. As reflected in the above chart, the average net charge at TriStar Murfreesboro FSED is $872 in year one and $896 in year two. This net amount is for all services provided during the ED visit including the visit, treatment and ancillaries. This net amount is based on TriStar StoneCrest's experience.

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 proposed charges are based on the existing charges of TriStar StoneCrest's ED, which are comparable throughout TriStar Health. It is difficult to compare the charges for ED services given the multiple levels of care and associated ancillary charges that varying types of ED patients experience.

Exhibit 22 provides a comparison of gross charges by CPT Code for Codes 99281-99285 for the ED providers in Rutherford County.

Exhibit 22

Rutherford County ED Patient Level Gross Charges by CPT Code

CPT Code:	99281	99282	99283	99284	99285
TriStar StoneCrest	$866	$1,305	$2,325	$3,980	$4,828
St. Thomas Rutherford	$692	$1,143	$1,393	$1,817	$2,209

Source: Hospital Chargemasters, 2025.

It is important to consider several factors when reviewing these data:

· Comparison of CPT charges for ED services are not meaningful:

o Gross charges do not reflect what either patients or payors pay for ED services as payors have discounted rates and insured patients are only responsible for co-pays and deductibles. Self-pay patients and even those with insurance may also qualify for a self-pay discount. In addition, low-income individuals may qualify for charity care.

o Charges for this single visit CPT code do not include associated ancillary charges that vary based on patient experience and acuity.

o It is not possible to fully acuity-adjust ED patient charges for accurate comparison.

· The amount that patients pay is largely determined by their health insurance coverage. If a patient does not have health insurance, their financial liability will be determined by the application of TriStar StoneCrest's uninsured discount to their bill for non-elective services.

· Comparisons of charge rates between hospitals will not reflect distinctions in prices due to variations in pricing methodology. For example, if an item or service is priced as a case rate (a set rate for an episode of care) with a particular payor or for a particular hospital, but as a per day rate with a different payer or hospital, then these rates cannot be compared without first determining the patient's length of stay and then applying the applicable contractual enhancements (e.g., stoploss or trauma activation).

More relevant than gross charge comparison is the payment rates or cost of care between facilities. For government payors, payment rates are very likely the same or similar for all providers in the service area.

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

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

Applicant's Projected Payor Mix

Project Only Chart

Payor Source	Year-2027		Year-2028	
	Gross Operating Revenue	% of Total	Gross Operating Revenue	% of Total
Medicare/Medicare Managed Care	$12,435,966.00	22.60	$20,707,260.00	22.60
TennCare/Medicaid	$9,629,620.00	17.50	$16,034,382.00	17.50
Commercial/Other Managed Care	$25,422,197.00	46.20	$42,330,768.00	46.20
Self-Pay	$7,538,617.00	13.70	$12,552,630.00	13.70
Other(Specify)	$0.00	0	$0.00	0
Total	$55,026,400.00	100%	$91,625,040.00	100%
Charity Care	$1,100,528.00		$1,832,501.00	

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

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.

RESPONSE: See 10C attachment for explanation.

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.

- [x] Yes
- [ ] No

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?
  - [x] Yes
  - [ ] No
- Does the applicant commit to obtaining and maintaining all applicable state licenses in good 3tanding?
  - [x] Yes
  - [ ] No

- Does the applicant commit to obtaining and maintaining TennCare and Medicare certification(s), if participation in such programs are indicated in the application?

  - [x] Yes
  - [ ] No

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 Facilities Commission/Licensure Division ☐ Intellectual & Developmental Disabilities ☐ Mental Health & Substance Abuse Services	Active	162
Certification	☑ Medicare ☑ TennCare/Medicaid ☐ Other _____	Active Active	44-0227 44-0227
Accreditation(s)	TJC - The Joint Commission	Active	384322

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

- ☐ AMERIGROUP COMMUNITY CARE- East Tennessee
- ☑ AMERIGROUP COMMUNITY CARE - Middle Tennessee
- ☐ AMERIGROUP COMMUNITY CARE - West Tennessee
- ☐ BLUECARE - East Tennessee
- ☑ BLUECARE - Middle Tennessee
- ☐ BLUECARE - West Tennessee
- ☐ UnitedHealthcare Community Plan - East Tennessee
- ☑ UnitedHealthcare Community Plan - Middle Tennessee
- ☐ UnitedHealthcare Community Plan - West Tennessee
- ☐ TENNCARE SELECT HIGH - All
- ☐ TENNCARE SELECT LOW - All
- ☐ PACE
- ☐ KBB under DIDD waiver
- ☐ Others

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.

  - ☑ Yes
  - ☐ No
  - ☐ N/A

- 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.)

  ☐ Yes
  ☑ No
  ☐ N/A

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;

  ☐ Yes
  ☑ No

- Criminal fines in cases involving a Federal or State health care offense;

  ☐ Yes
  ☑ No

- Civil monetary penalties in cases involving a Federal or State health care offense;

  ☐ Yes
  ☑ No

- Administrative monetary penalties in cases involving a Federal or State health care offense;

  ☐ Yes
  ☑ No

- 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;

  ☐ Yes
  ☑ No

- Suspension or termination of participation in Medicare or TennCare/Medicaid programs; and/or

  ☐ Yes
  ☑ No

- Is presently subject of/to an investigation, or party in any regulatory or criminal action of which you are aware.

  ☐ Yes
  ☑ 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.

☑ Existing FTE not applicable (Enter year)

Position Classification	Existing FTEs(enter year)	Projected FTEs Year 1
A. Direct Patient Care Positions		
Lab Tech	0.00	4.20
Nurses - RNs	0.00	11.50
Radiology Tech	0.00	4.20
Ultrasonographer	0.00	0.50
Pharmacist	0.00	0.50
Total Direct Patient Care Positions	N/A	20.9
B. Non-Patient Care Positions		
Environmental Services	0.00	1.60
Security	0.00	2.10
Total Non-Patient Care Positions	N/A	3.7
Total Employees *(A+B)*	0	24.6
C. Contractual Staff		
Contractual Staff Position	0.00	4.20
Total Staff *(A+B+C)*	0	28.8

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 Commission, 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 HFC action on the date listed in Item 1 below, indicate the number of days from the HFC decision date to each phase of the completion forecast.

Phase	Days Required	Anticipated Date (Month/Year)
1. Initial HFC Decision Date		07/23/25
2. Building Construction Commenced	365	07/22/26
3. Construction 100% Complete (Approval for Occupancy)	575	02/17/27
4. Issuance of License	635	04/18/27
5. Issuance of Service	665	05/18/27
6. Final Project Report Form Submitted (Form HR0055)	785	09/15/27

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

Attachment 3A

Proof of Publication

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Real Estate Rentals

PUBLISHER'S NOTICE
All real estate advertised herein is subject to the Federal Fair Housing Act, which makes it illegal to advertise any preference, limitation, or discrimination because of race, color, religion, sex, handicap, familial status, or national origin, or intention to make any such preference, limitation, or discrimination. "We will not knowingly accept any advertising for real estate which is in violation of the law. All persons are hereby informed that all dwellings advertised are available on an equal opportunity basis.

Apartments

OLD HICKORY
Furnished Apt, recently remodeled 1BR, 1BA in quiet area. Includes utils. Sect. 8 Welcomed $225/wk. 1 yr lease. 615-838-6252

Your Source Public Notices
for the latest...

Public Notices

PUBLIC NOTICE

MEETING OF BOARD OF DIRECTORS Public Entity Partners

Notice is hereby given that the Board of Directors of Public Entity Partners will hold a meeting on Wednesday, June 18, 2025 at 1:00 p.m. CST at the Public Entity Partners office at 562 Franklin Road, Suite 200 Franklin, TN 37069, for the purpose of considering and transacting all business which may properly come before the Board. Please contact the office at 800-624-9698 for additional information or visit www.PEPartners.org for the agenda.
May 15 2025
LOKR0296795

Homes



Home Improvement



Your Source Public Notices
for the latest...

Your Source Public Notices
for the latest...

LEGAL NOTICE

Notice is hereby given that, pursuant to its existing Annual Review Mechanism tariff, Atmos Energy Corporation (the Company) filed a Petition with the Tennessee Public Utility Commission (TPUC) on January 31, 2025 in Docket No. 25-00007, proposing to change its rates for natural gas service now in effect. The rates proposed by the Company are subject to approval by the TPUC. The TPUC may adopt, reject, increase or decrease any of the proposed rates in part or in whole. A complete copy of the proposed rate changes and the reasons for them are on file with the TPUC and are available for public inspection. A complete copy is also available in the Company's local offices. The Company has requested this change in rates in accordance with the procedures approved in its Annual Review Mechanism tariff. The predicted impact of the proposed changes on the average residential customer is an increase of approximately $6.13 per year. The predicted impact of the proposed changes on the average small commercial class customer is an increase of approximately $28.07 per year. The matter is set for hearing May 29, 2025, beginning at 10:00 a.m. or as soon thereafter as it may be heard in the TPUC's Hearing Room 201 on the ground floor of the Andrew Jackson State Office Building, 502 Deaderick Street, Nashville, Tennessee, 37243. The Company's current and proposed rates are as follows and do not include gas cost that is recovered through the Purchased Gas Adjustment.

Rate Schedule	Current Customer Charge	Current Commodity Charge/Mcf	Proposed Customer Charge	Proposed Commodity Charge/Mcf
Residential / Public Authority				
Rate Schedule 210/215				
210/215 SUMMER	$22.50	$1.751	$25.85	$1.784
210/215 WINTER (weather sensitive)	$24.50	$1.751	$24.85	$1.784
210/215 HEAT	$6.00	$1.751	$6.00	$1.784
Residential & Small Combined Heating & Cooling Rate Schedule 211	$30.75	0.872	34.75	$0.872
Small Commercial/Industrial				
Rate Schedule 220				
220 Com. / Ind. Gas Service	$60.00	$0.581	$86.45	$0.618
220 Transportation	$500.00	$0.581	$500.00	$0.618
Experimental School Gas Service				
Rate Schedule 221	$30.00	$1.697	$30.05	$1.697
Large Commercial/Industrial				
Rate Schedule 230				
230 Large Com. / Ind. Gas Service	$500.00	$0.047	$585.00	$0.135
230 Transportation	$600.00	$0.047	$755.00	$0.135
Demand - Commodity / Interruptible				
Rate Schedule 240/250	$500.00		$585.00	
1 - 2,000 Mcf		$1.725		$1.759
Next 48,000 Mcf		$1.142		$1.161
Over 50,000 Mcf		$0.528		$0.578
Demand Charge / Mcf		$13.200		$13.400
Economic Development Rate Schedule 260	$500.00		$585.00	
1 - 2,000 Mcf		$1.725		$1.759
1 - 2,000 Mcf @ Discount Rate		$1.294		$1.319
Next 48,000 Mcf		$1.142		$1.161
Next 48,000 Mcf @ Discount Rate		$0.857		$0.870
Over 50,000 Mcf		$0.530		$0.558
Over 50,000 Mcf@ Discount Rate		$0.397		$0.418
Cogeneration / Large Tonnage Rate Schedule 270/280	$80.00		$100.00	
1 - 2,000 Mcf		$1.725		$1.759
Next 48,000 Mcf		$1.142		$1.161
Over 50,000 Mcf		$0.528		$0.578

Public Notices

11315062
Notice to Disadvantaged Businesses

SAK Construction LLC, 864 Hoff Road, O'Fallon MO 63366 (Phone 636-385-1000) is seeking Small Business Enterprises (SBEs), Service-Disabled Veteran Enterprises (SDVs), Minority Business Enterprises (MBEs), and Women Business Enterprises (WBEs) for the Metro Nashville, TN Cleeces Ferry Rehabilitation – Area 2 – Hillwood Blvd project. The project bids on May 22, 2025 at 2:00 PM local time. Subcontracting opportunities in the following areas: Cleaning and Televising of Sanitary Sewers, Open Cut Pipe Point Repairs, Cleanout Installation for Sanitary Service Renewals, Open Cut Sanitary Service Renewals, Install Cast Iron Sewer Service Cleanout Box in Pavement Areas, Manhole Rehabilitation, (Grouting, Cementitious/Epoxy/Urethane Lining), Manhole Casting & Lid Replacements, Raising of Manhole Castings, Trenchless Point Repairs and Trenchless Lateral Lining, Asphalt Pavement Removal and Replacement, Concrete Pavement Removal and Replacement, Concrete Curb and Gutter Removal and Replacement, Concrete Encasement and/or Concrete Cap Replacement for Services & Mains, Sonde Location of Buried Manholes, Restoration including Sodding and Seeding/Strawing, Erosion Control and Protection, Bypass Pumping and Traffic Control. If your firm is interested in seeking this opportunity, please advise: To obtain a free link to plans and specifications contact SAK Estimating at bidcirque@sakcon.com. Please contact Ryan Hogenmiller at (636) 385-1000 x1072 or by fax at (636) 385-1172 to discuss this subcontracting opportunity. SAK will select the subcontract bids from the lowest responsive, responsible bidders.

Public Notices

11309906
WCS LEGAL NOTICE – REQUEST FOR BID

RFB #1375 Sanitary Sewer Renovations at Fairview Elem.

Williamson County Schools (WCS) is currently accepting sealed bids from qualified bidders interested in bidding on sanitary sewer renovations and related repairs at Fairview Elementary. Sealed bids must be mailed, or hand delivered to WCS, Central Office,1320 West Main Street, Suite 202, Franklin, TN 37064, Attn: Amanda Waycaster. Sealed bid envelopes will be received until 10:30 a.m. on Wednesday, June 11, 2025 at which time they will be officially opened. Faxed or emailed bids will not be accepted. Any bids received after the specified opening time will not be accepted. In the event WCS must reschedule a bid opening date or time, the specifications obtained from the WCS Purchasing Dept. shall reflect the actual date and time. Once the sealed bid envelope is submitted to WCS, the Purchasing Department will stamp the face of the envelope to authenticate the actual date and time it is received.

A pre-bid meeting will be held onsite at 10:00 am May 28, 2025 at Fairview Elementary, 2640 Fairview Blvd, Fairview, TN 37062. Although the pre-bid meeting is not mandatory, it is highly encouraged as essential information concerning the bid project will be discussed. This legal advertisement is extended and continued in full and appropriate detail in the WCS – RFB #1375 Bid Documents which will be posted on the WCS website www.wcs.edu by clicking on the Purchasing Department link.

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Facilities Commission and all interested parties, in accordance with T.C.A. §68-11-1601 et seq., and the Rules of the Health Facilities Commission, that TriStar StoneCrest Medical Center, a/an Hospital owned by HCA Health Services of Tennessee, Inc. with an ownership type of Corporation (For Profit) and to be managed by itself intends to file an application for a Certificate of Need for the establishment of a freestanding emergency department (FSED) in Murfreesboro, Rutherford County, Tennessee on 2.87 acres. The FSED will consist of approximately 11,500 square feet with 11 exam rooms, including 1 trauma room, lab, imaging department, nurse station, and associated support spaces. The FSED will have two covered entry canopies (2,600 square feet), one designated for emergency vehicles and one designated for the general public. The project also includes an approximate 3,400 square foot Ground Transport Base to house three ambulances which will provide transport of patients between facilities. The address of the project will be 2490 S. Church Street, Murfreesboro, Rutherford County, Tennessee, 37127. The estimated project cost will be $18,885,948.

The anticipated date of filing the application is 06/02/2025

The contact person for this project is Chief Executive Officer Louis Caputo who may be reached at TriStar StoneCrest Medical Center - 200 StoneCrest Boulevard, Smyrna, Tennessee 37167 – Contact No. 615-768-2000.

The published Letter of Intent must contain the following statement pursuant to T.C.A. §68-11-1607 (c)(1).
(A) Any healthcare institution wishing to oppose a Certificate of Need application must file a written notice with the Health Facilities Commission no later than fifteen (15) days before the regularly scheduled Health Facilities Commission meeting at which the application is originally scheduled; and
(B) Any other person wishing to oppose the application may file a written objection with the Health Facilities Commission at or prior to the consideration of the application by the Commission, or may appear in person to express opposition. Written notice may be sent to: Health Facilities Commission, Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243 or email at hsda.staff@tn.gov .
May 15 2025
LOKR0295339

SELL YOUR CAR
FIND A HOME
GET A JOB
ADOPT A PET
BUY A BOAT
HIRE A HANDYMAN
Check out the classified section everyday.

Looking to Buy a Car?



Check out the classified ads

THE TENNESSEAN

Public Notices

Originally published at tennessean.com on 05/15/2025

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED
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Attachment 7A-1

Articles of Incorporation

And Amendment

FILED
SECRETARY OF STATE
1981 JUL 29 PM 3:33

00224 00808

CHARTER

OF

HCA HEALTH SERVICES OF TENNESSEE, INC.

The undersigned natural persons, having capacity to contract and acting as the incorporators of a corporation under the Tennessee General Corporation Act, adopt the following Charter for such corporation.

1. The name of the corporation is HCA HEALTH SERVICES OF TENNESSEE, INC.

2. The duration of the corporation is perpetual.

3. The address of the principal office of the corporation in the State of Tennessee shall be One Park Plaza, Nashville, County of Davidson.

4. The corporation is for profit.

5. The purposes for which the corporation is organized are:

(a) To purchase, lease or otherwise acquire, to operate, and to sell, lease or otherwise dispose of hospitals, convalescent homes, nursing homes and other institutions for the medical care and treatment of patients; to purchase, manufacture, or prepare and to sell or otherwise deal in, as principal or as agent, medical equipment or supplies; to construct, or lease, and to operate restaurants, drug stores, gift shops, office buildings, and other facilities in connection with hospitals or other medical facilities owned or operated by it; to engage in any other act or acts which a corporation may perform for a lawful purpose or purposes.

(b) To consult with owners of hospitals and all other types of health care or medically-oriented facilities or managers thereof regarding any matters related to the construction, design, ownership, staffing or operation of such facilities.

(c) To provide consultation, advisory and management services to any business, whether corporation, trust, association, partnership, joint venture or proprietorship.

6. The maximum number of shares which the corporation shall have the authority to issue is One Thousand (1,000) shares of Common Stock, par value of $1.00 per share.

7. The corporation will not commence business until the consideration of One Thousand Dollars ($1,000) has been received for the issuance of shares.

8. (a) The shareholders of this corporation shall have none of the preemptive rights set forth in the Tennessee General Corporation Act.

FILED
SECRETARY OF STATE
1981 JUL 29 PM 3:39

00224 00809

(b) The initial bylaws of this corporation shall be adopted by the incorporators hereof, and thereafter, the bylaws of this corporation may be amended, repealed or adopted by a majority of the outstanding shares of capital stock.

(c) This corporation shall have the right and power to purchase and hold shares of its capital stock; provided, however, that such purchase, whether direct or indirect, shall be made only to the extent of unreserved and unrestricted capital surplus.

DATED: July 22, 1981.

Charles L. Kown
Charles L. Kown

Bettye D. Daugherty
Bettye D. Daugherty

Ruth B. Foster
Ruth B. Foster

State of Tennessee



Department of State

CERTIFICATE

The undersigned, as Secretary of State of the State of Tennessee, hereby certifies that the attached document was received for filing on behalf of HCA HEALTH SERVICES OF TENNESSEE, INC. *(Name of Corporation)* *was duly executed in accordance with the Tennessee General Corporation Act, was found to conform to law and was filed by the undersigned, as Secretary of State, on the date noted on the document.*

THEREFORE, the undersigned, as Secretary of State, and by virtue of the authority vested in him by law, hereby issues this certificate and attaches hereto the document which was duly filed on July Twenty-ninth, 1981.



Dottie Conwell

Secretary of State

FILED
STATE OF TENNESSEE
1990 NOV -2 PM 3:59
BRYANT MILLIARD
SECRETARY OF STATE

BOOK 8237 PAGE 390

ARTICLES OF AMENDMENT TO THE

CHARTER OF

HCA HEALTH SERVICES OF TENNESSEE, INC.

Pursuant to the provisions of the Tennessee Business Corporation Act, the undersigned corporation adopts the following Amendment to its Charter:

1. The name of the corporation is HCA Health Services of Tennessee, Inc.

2. The amendment adopted shall delete the Sixth Article in its entirety and substitute the following therefore:

> "The maximum number of shares which the Corporation shall have the authority to issue is Two Thousand (2,000) shares of Common Stock, par value of $1.00 per share."

3. The amendment was duly adopted by the unanimous vote of the Board of Directors taken by unanimous written consent dated as of October 29, 1990.

4. Shareholder action was not required for the adoption of the amendment.

DATED: October 29, 1990

HCA HEALTH SERVICES OF TENNESSEE, INC.

By: John O. Colton
John O. Colton
President

ATTESTED TO:

By: Bettye D. Daugherty
Bettye D. Daugherty
Secretary

Attachment 7A-2

Assumed Name

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

HCA HEALTH SERVICES OF TENNESSEE, INC.
LEGAL DEPT
PO BOX 750
NASHVILLE, TN 37202-0750

April 12, 2022

Filing Acknowledgment

Please review the filing information below and notify our office immediately of any discrepancies.

Control # : 105942 Status: Active
Filing Type: For-profit Corporation - Domestic

Document Receipt

Receipt # : 007159784	Filing Fee:	$20.00
Payment-Credit Card - State Payment Center - CC #: 3827380322		$20.00

Amendment Type: Assumed Name Renewal
Filed Date: 04/12/2022 9:23 AM

Image # : B1199-3964

This will acknowledge the filing of the attached assumed name renewal. When corresponding with this office or submitting documents for filing, please refer to the control number given above. The name registration is effective for five years from the effective date indicated above. You may renew the right to use this name within two (2) months preceding the expiration of such right, for a period of five (5) years, by filing an application with the Secretary of State.

Tre Hargett
Secretary of State

Processed By: Corp Web User

Field Name	Changed From	Changed To
Assumed Name	TriStar StoneCrest Medical Center	TriStar StoneCrest Medical Center
Expiration Date	04/19/2022	04/12/2027

006293134

APPLICATION FOR RENEWAL OF REGISTRATION OF ASSUMED NAME

SS-4488

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
(615) 741-2286

Filing Fee: $20.00

For Office Use Only

-FILED-

Amendment # 006293134

Assumed Name: TriStar StoneCrest Medical Center

Date of Expiration: 04/19/2022

Pursuant to the Tennessee Business Corporation Act, Tennessee Nonprofit Corporation Act, Tennessee Limited Liability Company Act, Tennessee Revised Limited Liability Company Act, or the Tennessee Revised Uniform Partnership Act, the undersigned submits this application.

Failure to file the required document within the two (2) months preceding the expiration of the registration of the assumed name will result in expiration of the assumed name.

1. The Secretary of State Control Number is: 000105942
   and the true name of the business entity is:
   HCA HEALTH SERVICES OF TENNESSEE, INC.

2. The state or country of organization is:
   TENNESSEE

3. The business entity intends to transact business under an assumed name.

4. The assumed name the business entity proposes to use is:
   TriStar StoneCrest Medical Center
   The assumed name must satisfy the statutory requirements for that type of entity.

04/12/2022	Electronic
Signature Date	Signature
Vice President & Asst. Secretary	John M. Franck II
Signer's Capacity	Name (typed or printed)

Note: Pursuant to T.C.A. § 10-7-503 all information on this form is public record.

B1199-3964 04/12/2022 9:23 AM Received by Tennessee Secretary of State Tre Hargett

Attachment 7A-3

Corporate Existence

Division of Business and Charitable Organizations
Department of State
State of Tennessee
312 Rosa L. Parks Avenue, 6th Floor
Nashville, Tennessee 37243
Phone: 615-741-2286
sos.tn.gov/

Tre Hargett
Secretary of State

KRISTINA BAGWELL
ONE PARK PLAZA
NASHVILLE, TN 37203, USA

03/31/2025

Request Type: Certificate of Existence/Authorization

Issuance Date: 03/31/2025

Request #: C2025018013

Document Receipt

Order Number: C2025018013

Verification #: 86E9C08B

Receipt #: 2025-215051

Filing Fee: $20.00

Payment: Credit Card - 3895102126 $20.00

Entity Name:	HCA HEALTH SERVICES OF TENNESSEE, INC.		
SOS Control #:	000105942	Initial Filing Date:	07/29/1981
Entity Type:	For-profit Corporation	Formation Locale:	TENNESSEE
Status:	Active	Duration Term:	Perpetual
Fiscal Year Close:	December	Annual Report Due:	04/01/2026
Business County:	DAVIDSON		
Shares of Stock:	2000		
Obligated Member Entity:	No		

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

HCA HEALTH SERVICES OF TENNESSEE, INC.

* 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, interest, 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

Secretary of State
Corporations Section
James K. Polk Building, Suite 1800
Nashville, Tennessee 37243-0306

DATE: 11/02/90
REQUEST NUMBER: 1982-1236
TELEPHONE CONTACT: (615) 741-0537
FILE DATE/TIME: 11/02/90 1559
EFFECTIVE DATE/TIME: 11/02/90 1559
CONTROL NUMBER: 0105942

TO:
HCA HOSPITAL CORPORATION OF AMERICA
P.O. BOX 550

NASHVILLE, TN 37202

BOOK 8237 PAGE 389

RE:
HCA HEALTH SERVICES OF TENNESSEE, INC.
CHARTER AMENDMENT

THIS WILL ACKNOWLEDGE THE FILING OF THE ENCLOSED DOCUMENT ON THE DATE SHOWN ABOVE TO BE EFFECTIVE AS INDICATED.

PLEASE BE ADVISED THAT THIS DOCUMENT MUST ALSO BE FILED IN THE OFFICE OF THE REGISTER OF DEEDS IN THE COUNTY WHEREIN A CORPORATION HAS ITS PRINCIPAL OFFICE IF SUCH PRINCIPAL OFFICE IS IN TENNESSEE.

WHEN CORRESPONDING WITH THIS OFFICE OR SUBMITTING DOCUMENTS FOR FILING, PLEASE REFER TO THE CORPORATION CONTROL NUMBER GIVEN ABOVE.

72438 IDENTIF. REFERENCE
Nov 14 3 42 PM '90
FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY TN.
PICK-UP

7140 11/14 0101 03CHECK 5.00

FOR: CHARTER AMENDMENT

RECEIVED: $10.00
ON DATE: 11/02/90
RECEIPT NUMBER: 00001133333
ACCOUNT NUMBER: 00059042

FROM:
HCA HOSPITAL CORPORATION OF AMERICA
P.O. BOX 550

NASHVILLE, TN 37202

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

Bryant Millsaps

BRYANT MILLSAPS
SECRETARY OF STATE

SS-4458

Attachment 7A-4

Organizational Chart

Attachment 7A-5

Officers and Directors

May 1, 2024

OFFICERS AND DIRECTORS
OF
HCA HEALTH SERVICES OF TENNESSEE, INC.

* **Samuel N. Hazen**	**President**	**One Park Plaza Nashville, TN 37203**
Greg Beasley	Senior Vice President	13355 Noel Road, Ste. 1200 Dallas, TX 75240
Mitch Edgeworth	Senior Vice President	1000 Health Park Drive, Ste 500 Brentwood, TN 37027
Jon M. Foster	Senior Vice President	One Park Plaza Nashville, TN 37203
John M. Hackett	Senior Vice President and Treasurer	One Park Plaza Nashville, TN 37203
Michael R. McAlevey	Senior Vice President	One Park Plaza Nashville, TN 37203
Tim McManus	Senior Vice President	One Park Plaza Nashville, TN 37203
Joseph A. Sowell, III	Senior Vice President	One Park Plaza Nashville, TN 37203
* **Christopher F. Wyatt**	**Senior Vice President**	**One Park Plaza Nashville, TN 37203**
Kevin A. Ball	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Mike T. Bray	Vice President	One Park Plaza Nashville, TN 37203
Louis Caputo	Vice President	200 StoneCrest Blvd. Smyrna, TN 37167
Monica Cintado	Vice President	One Park Plaza Nashville, TN 37203
Natalie H. Cline	Vice President and Secretary	One Park Plaza Nashville, TN 37203
Daphne David	Vice President	5655 Frist Blvd. Hermitage, TN 37076
Jaime DeRensis	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Melissa J. Egan	Vice President and Assistant Secretary	13355 Noel Road, Ste. 1200 Dallas, TX 75240

Tim D. Evans	Vice President	One Park Plaza Nashville, TN 37203
Wes Fountain	Vice President	1000 Health Park Drive, Ste 500 Brentwood, TN 37027
* **John M. Franck II**	**Vice President and Assistant Secretary**	**One Park Plaza** **Nashville, TN 37203**
Ronald Lee Grubbs, Jr.	Vice President	One Park Plaza Nashville, TN 37203
Nicholas Howald	Vice President	391 Wallace Road Nashville, TN 37211
Seth A. Killingbeck	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Todd Maxwell	Vice President	One Park Plaza Nashville, TN 37203
Jeff McInturff	Vice President	One Park Plaza Nashville, TN 37203
T. Scott Noonan	Vice President	One Park Plaza Nashville, TN 37203
Tom Ozburn	Vice President	2300 Patterson Street Nashville, TN 37203
Peter Rossell	Vice President	One Park Plaza Nashville, TN 37203
Brittain Sexton	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Brad Spicer	Vice President	One Park Plaza Nashville, TN 37203
Greg Swinney	Vice President	13355 Noel Road, Ste. 1200 Dallas, TX 75240
David Whalen	Vice President	13355 Noel Road, Ste. 1200 Dallas, TX 75240
Daniel Winkler	Vice President	One Park Plaza Nashville, TN 37203
Russ Young	Vice President	One Park Plaza Nashville, TN 37203
Doug L. Downey	Assistant Secretary	One Park Plaza Nashville, TN 37203
Deborah H. Mullin	Assistant Secretary	One Park Plaza Nashville, TN 37203
Shirley Scharf-Cheatham	Assistant Secretary	One Park Plaza Nashville, TN 37203

John I. Starling	Assistant Secretary	One Park Plaza Nashville, TN 37203
Julie Wickwire	Assistant Secretary	One Park Plaza Nashville, TN 37203

***Directors**

Persons employed in the capacity of Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Administrator and Assistant Administrator of facilities owned and/or operated by this Company or by a partnership for which this Company acts as general partner or by a limited liability company for which this Company acts as managing member, are hereby authorized to, subject to the Company's policies and procedures, (a) manage the facilities and all day-to-day operations of, and the employees and agents of the Company at, such facilities, and take such other acts as are necessary or appropriate for the proper functioning of the facilities, and (b) negotiate and enter into contracts and agreements necessary to conduct the day-to-day business of such facilities, including, but not limited to, physician contracts, personal property leases, purchase agreements, cost reports, and similar documents (but specifically excluding any contracts or leases relating to real estate, except for leases to tenants in buildings owned by or leased to the Company entered into pursuant to the Company's policies and procedures) which with the advice of legal counsel shall be deemed appropriate and advisable, and to execute and deliver Certificates of Resolution required in connection with such contracts and agreements.

Attachment 8A

Management Agreement

NOT APPLICABLE

Attachment 9A-1

Warranty Deed, Portion of Site

Heather Dawbarn, Register
Rutherford County Tennessee
Rec #: 979675 Instrument #: 2178649
Rec'd: 30.00 Recorded
State: 10915.00 11/19/2018 at 8:16 AM
Clerk: 1.00 in Record Book
Other: 2.00 1728
Total: 10948.00 Pages 1529-1534

FROM: **D3, LLC**, an Alabama limited liability company doing business in Tennessee as D Three, LLC

TO: **2490 CHURCH, LLC**, a Tennessee limited liability company

Address New Owner as follows:	Send Tax Bills to:	Map-Parcel Number:
2490 Church, LLC One Park Plaza Nashville, Tennessee 37203	(same)	Map 113K-A Parcel 3.00

THIS INSTRUMENT PREPARED BY:
Waller Lansden Dortch & Davis, LLP
511 Union Street, Suite 2700
Nashville, Tennessee. 37219
Attention: Jeffrey A. Calk, Esq.

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual consideration or value, whichever is greater, for this transfer is TWO MILLION NINE HUNDRED FIFTY THOUSAND AND NO/100 DOLLARS ($2,950,000.00).

Affiant

HELEN W. COOK STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

Subscribed and sworn to before me, this the 12 day of November, 2018.

Notary Public

My Comm. Expires: January 3, 2022

SPECIAL WARRANTY DEED

FOR AND IN CONSIDERATION OF the sum of TWO MILLION NINE HUNDRED FIFTY THOUSAND AND NO/100 DOLLARS ($2,950,000.00), the receipt and sufficiency of which are hereby acknowledged, **D3, LLC**, an Alabama limited liability company doing business in Tennessee as D Three, LLC ("**Grantor**"), has bargained and sold, and by these presents does transfer and convey unto **2490 CHURCH, LLC**, a Tennessee limited liability company ("**Grantee**"), its successors and assigns, a certain tract or parcel of land in Rutherford County, State of Tennessee, more particularly described on Exhibit A attached hereto and incorporated

4839-0308-2362

NCS-928991

herein by this reference (the "**Property**").

The Property is improved property known as 2490 South Church Street, Murfreesboro, Rutherford County, Tennessee 37127.

This conveyance is expressly made subject to those matters more specifically set forth on Exhibit B attached hereto and incorporated herein by this reference (the "**Permitted Exceptions**").

TO HAVE AND TO HOLD the Property with the appurtenances, estate, title and interest thereto belonging to Grantee and its successors and assigns forever.

Grantor covenants and binds itself and its successors and assigns to warrant and forever defend the title to the Property to Grantee and its successors and assigns against the lawful claims of all persons whomsoever claiming by, through or under Grantor, but not further or otherwise, except as to the Permitted Exceptions, to which this conveyance is expressly made subject.

[*signature page follows*]

IN WITNESS WHEREOF, Grantor has caused this Special Warranty Deed to be executed effective as of the ____ day of November, 2018.

GRANTOR:

D3, LLC,
an Alabama limited liability company doing business in Tennessee as D Three, LLC

By: _____
Name: William A. Oldacre, Jr.
Title: Director

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

Before me, the undersigned, a Notary Public in and for the County and State aforesaid, personally appeared WILLIAM A. OLDACRE JR. with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who upon oath acknowledged himself/herself to be a(n)/the DIRECTOR of D3, LLC, the within named bargainor, an Alabama limited liability company doing business in Tennessee as D Three, LLC, and that he/she, as such DIRECTOR, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the limited liability company by himself/herself as DIRECTOR.

WITNESS my hand and seal, at office in NASHVILLE, Tennessee, this the 14th day of November, 2018.

Debora Sloan
NOTARY PUBLIC

[SEAL]

My Commission Expires: 4/4/2022

DEBORA SLOAN
STATE OF TENNESSEE
NOTARY PUBLIC
WILSON COUNTY
My commission expires April 4 2022

4839-0308-2362

[Signature Page to Special Warranty Deed]

EXHIBIT A

Property

BEING LOT NO. 1, AMENDED PLAT OF WARRIOR DRIVE SUBDIVISION LOT 1, OF RECORD IN PLAT BOOK 28, PAGE 172, REGISTER'S OFFICE OF RUTHERFORD COUNTY, TENNESSEE, TO WHICH PLAT REFERENCE IS MADE FOR A MORE DETAILED DESCRIPTION.

BEING THE SAME PROPERTY CONVEYED TO D3, LLC, AN ALABAMA LIMITED LIABILITY COMPANY, FROM WALGREEN CO., AN ILLINOIS CORPORATION, BY SPECIAL WARRANTY DEED OF RECORD AS Document #2178445 IN THE REGISTER'S OFFICE OF RUTHERFORD COUNTY, TENNESSEE.

EXHIBIT B

Permitted Exceptions

1. Taxes and assessments for the year 2019 and subsequent years, not yet due and payable.

2. Drainage, sewer, set back lines, and all matters shown on plats of record in Plat Book 13, Page 48; Plat Book 27, Page 142; and Plat Book 28, Page 172, in the Register's Office of Rutherford County, Tennessee.

3. Sanitary Sewer Easement from John T. Hailey; Lambert Hailey; Leland McLain; Charles G. Myers; and Larry M. Neal to City of Murfreesboro, of record in Book 396, Page 74, in the Register's Office of Rutherford County, Tennessee.

4. Subdivision Easement and Street Grant Easement from Southmark, LLC to City of Murfreesboro, of record in Record Book 468, Page 221, in the Register's Office of Rutherford County, Tennessee.

True Copy Certification

I, Cathy Hesseltine, 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.

Signature

State of Illinois

County of Cook

Personally appeared before me, Heather Vree, a notary public for this county and state, Cathy Hesseltine who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Notary's Signature

My Commission Expires: 12-8-18

Notary' Seal (if on paper)

OFFICIAL SEAL
HEATHER VREE
Notary Public - State of Illinois
My Commission Expires 12/08/2018

THIS INSTRUMENT PREPARED BY:
Jeffrey A. Calk, Esq.
Waller Lansden Dortch & Davis, LLP
511 Union Street, Suite 2700
Nashville, Tennessee 37219

STATE OF TENNESSEE)
COUNTY OF Davidson)

The actual consideration or value, whichever is greater, for this transfer is $375,000.00.

Affiant

KATHERINE L. COBLE
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires MAR. 8, 2022

Subscribed and sworn to before me this 27th day of November, 2019.

Notary Public

My Commission Expires:
3-8-22

****

ADDRESS OF NEW OWNER:	SEND TAX BILL TO:	MAP-PARCEL NO.
2490 Church, LLC c/o HCA Healthcare, Inc. One Park Plaza Nashville, Tennessee 37203 Attention: Real Estate Department	SAME	113K-A-002.05

****

SPECIAL WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS, that for and in consideration of the sum of TEN DOLLARS ($10.00) cash in hand paid, and other good and valuable consideration, the receipt of which is hereby acknowledged, SRI RAM FAMILY PARTNERSHIP, L.P., a Tennessee limited partnership ("Grantor"), has bargained and sold, and by these presents does transfer and convey unto 2490 CHURCH, LLC, a Tennessee limited liability company (the "Grantee"), the heirs, representatives, successors and assigns of Grantee, a certain tract or parcel of land in Rutherford County, Tennessee (the "Real Property"), described as follows, to-wit:

See attached Exhibit A

4837-9525-4189.3

1

Heather Dawbarn, Register
Rutherford County Tennessee

Rec #:	1027175	Instrument #:	2244524
Rec'd:	30.00	Recorded	
State:	1387.50	12/4/2019 at 2:56 PM	
Clerk:	1.00	in Record Book	
Other:	2.00	1843	
Total:	1420.50	Pages 1490-1495	

TO HAVE AND TO HOLD the Real Property together with all appurtenances and hereditaments thereunto belonging or in any wise appertaining to GRANTEE, its successors or assigns forever, subject only to the matters set forth on Exhibit B attached hereto and made a part hereof (the "Permitted Encumbrances").

GRANTOR further covenants and binds itself and its representatives, heirs and assigns to warrant specially and forever defend the title to the Real Property to GRANTEE, its successors or assigns, against the lawful claims of all persons claiming through and under GRANTOR (other than claims arising out of the Permitted Encumbrances), but not further or otherwise. Wherever used, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

[signature page follows]

IN WITNESS WHEREOF, Grantor has caused this Special Warranty Deed to be executed on the 2nd day of Dec., 2019.

GRANTOR:

SRI RAM FAMILY PARTNERSHIP, L.P., a Tennessee limited partnership

By: _____
Name: Suresh C. Saraswat
Title: General Partner

STATE OF TENNESSEE)
COUNTY OF Rutherford)

Before me, the undersigned, a Notary Public in and for the County and State aforesaid, personally appeared Suresh C. Saraswat, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence), and who upon oath acknowledged himself to be General Partner of SRI RAM FAMILY PARTNERSHIP, L.P., a Tennessee limited partnership, the within named bargainor, a limited partnership, and that he, as such General Partner being authorized so to do, executed the foregoing instrument for the purposes therein contained.

Witness my hand and seal, at office in Murfreesboro, Tennessee, this the 2nd day of December, 2019.

_____
Notary Public

My Commission Expires: 12/18/2022

RICK G. [illegible]FIELD
STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY

4837-9525-4189.3

EXHIBIT A

Description of the Real Property

BEING LOT 8 ON THE FINAL PLAT OF LOTS 8-10 & RESUBDIVISION LOTS 6 & 7, WARRIOR DRIVE SUBDIVISION, OF RECORD IN PLAT BOOK 31, PAGE 15, IN THE REGISTER'S OFFICE OF RUTHERFORD COUNTY, TENNESSEE, TO WHICH PLAT REFERENCE IS MADE FOR A MORE DETAILED DESCRIPTION.

BEING PART OF THE SAME PROPERTY CONVEYED TO SRI RAM FAMILY PARTNERSHIP, L.P., A TENNESSEE LIMITED PARTNERSHIP, BY DEED FROM JOHN T. HAILEY AND MYERS COMPANY, INC., A TENNESSEE CORPORATION, OF RECORD IN BOOK 595, PAGE 232, IN THE REGISTER'S OFFICE OF RUTHERFORD COUNTY, TENNESSEE.

EXHIBIT B

Permitted Exceptions

1. Taxes and assessments for the year 2020 and subsequent years, not yet due and payable.

2. All matters shown on plat(s) of record in Plat Book 31, Page 15, corrected in Record Book 874, Page 3408; as affected by Subdivision Easements and Street Grants in Record Book 694, Page 2877; and affected by Release of Access Easement Rights in Record Book 953, Page 1375, in the Register's Office of Rutherford County, Tennessee.

3. Warranty Deed and Slope Easement for Road Improvements from SRI RAM Family Partnership, L.P., a Tennessee limited partnership, to City of Murfreesboro, a municipal corporation existing in the State of Tennessee, its successors and assigns forever, of record in Record Book 614, Page 3026, in the Register's Office of Rutherford County, Tennessee.

4. Terms and provisions of Easement Agreement by and between SRI RAM Family Partnership, LP, a Tennessee limited partnership; Burger King Corporation, a Florida corporation; and American Hospitality Corporation, a Tennessee corporation, of record in Record Book 956, Page 1331, in the Register's Office of Rutherford County, Tennessee.

True Copy Certification

I, Jay H. Smith, 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.

Signature

State of Tennessee

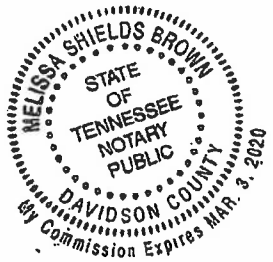
County of Davidson

Personally appeared before me, Melissa Shields Brown, a notary public for this county and state, Jay H. Smith who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Notary's Signature

My Commission Expires: 3/3/2020

Notary Seal:



Attachment 9A-2

Warranty Deed, Remainder of Site

THIS INSTRUMENT PREPARED BY:
Jeffrey A. Calk, Esq.
Waller Lansden Dortch & Davis, LLP
511 Union Street, Suite 2700
Nashville, Tennessee 37219

STATE OF TENNESSEE)
COUNTY OF Davidson)

The actual consideration or value, whichever is greater, for this transfer is $375,000.00.

Affiant

KATHERINE L. COBLE STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY My Commission Expires MAR. 8, 2022

Subscribed and sworn to before me this 27th day of November, 2019.

Notary Public

My Commission Expires:
3-8-22

****

ADDRESS OF NEW OWNER:	SEND TAX BILL TO:	MAP-PARCEL NO.
2490 Church, LLC c/o HCA Healthcare, Inc. One Park Plaza Nashville, Tennessee 37203 Attention: Real Estate Department	SAME	113K-A-002.05

****

SPECIAL WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS, that for and in consideration of the sum of TEN DOLLARS ($10.00) cash in hand paid, and other good and valuable consideration, the receipt of which is hereby acknowledged, SRI RAM FAMILY PARTNERSHIP, L.P., a Tennessee limited partnership ("Grantor"), has bargained and sold, and by these presents does transfer and convey unto 2490 CHURCH, LLC, a Tennessee limited liability company (the "Grantee"), the heirs, representatives, successors and assigns of Grantee, a certain tract or parcel of land in Rutherford County, Tennessee (the "Real Property"), described as follows, to-wit:

See attached Exhibit A

4837-9525-4180.3

1

Heather Dawbarn, Register
Rutherford County Tennessee
Rec #: 1027175 Instrument #: 2244524
Rec'd: 30.00 Recorded
State: 1387.50 12/4/2019 at 2:56 PM
Clerk: 1.00 in Record Book
Other: 2.00 1843
Total: 1420.50 Pages 1490-1495

TO HAVE AND TO HOLD the Real Property together with all appurtenances and hereditaments thereunto belonging or in any wise appertaining to GRANTEE, its successors or assigns forever, subject only to the matters set forth on Exhibit B attached hereto and made a part hereof (the "Permitted Encumbrances").

GRANTOR further covenants and binds itself and its representatives, heirs and assigns to warrant specially and forever defend the title to the Real Property to GRANTEE, its successors or assigns, against the lawful claims of all persons claiming through and under GRANTOR (other than claims arising out of the Permitted Encumbrances), but not further or otherwise. Wherever used, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

[signature page follows]

IN WITNESS WHEREOF, Grantor has caused this Special Warranty Deed to be executed on the 2nd day of Dec., 2019.

GRANTOR:

SRI RAM FAMILY PARTNERSHIP, L.P., a Tennessee limited partnership

By: _____
Name: Suresh C. Saraswat
Title: General Partner

STATE OF TENNESSEE)
COUNTY OF Rutherford)

Before me, the undersigned, a Notary Public in and for the County and State aforesaid, personally appeared Suresh C. Saraswat, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence), and who upon oath acknowledged himself to be General Partner of SRI RAM FAMILY PARTNERSHIP, L.P., a Tennessee limited partnership, the within named bargainor, a limited partnership, and that he, as such General Partner being authorized so to do, executed the foregoing instrument for the purposes therein contained.

Witness my hand and seal, at office in Murfreesboro, Tennessee, this the 2nd day of December, 2019.

_____
Notary Public

My Commission Expires: 12/16/2023

RICK G. [illegible]FIELD
STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY

4837-9525-4189.3

EXHIBIT A

Description of the Real Property

BEING LOT 8 ON THE FINAL PLAT OF LOTS 8-10 & RESUBDIVISION LOTS 6 & 7, WARRIOR DRIVE SUBDIVISION, OF RECORD IN PLAT BOOK 31, PAGE 15, IN THE REGISTER'S OFFICE OF RUTHERFORD COUNTY, TENNESSEE, TO WHICH PLAT REFERENCE IS MADE FOR A MORE DETAILED DESCRIPTION.

BEING PART OF THE SAME PROPERTY CONVEYED TO SRI RAM FAMILY PARTNERSHIP, L.P., A TENNESSEE LIMITED PARTNERSHIP, BY DEED FROM JOHN T. HAILEY AND MYERS COMPANY, INC., A TENNESSEE CORPORATION, OF RECORD IN BOOK 595, PAGE 232, IN THE REGISTER'S OFFICE OF RUTHERFORD COUNTY, TENNESSEE.

EXHIBIT B

Permitted Exceptions

1. Taxes and assessments for the year 2020 and subsequent years, not yet due and payable.

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4. Terms and provisions of Easement Agreement by and between SRI RAM Family Partnership, LP, a Tennessee limited partnership; Burger King Corporation, a Florida corporation; and American Hospitality Corporation, a Tennessee corporation, of record in Record Book 956, Page 1331, in the Register's Office of Rutherford County, Tennessee.

True Copy Certification

I, Jay H. Smith, 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.

Signature

State of Tennessee

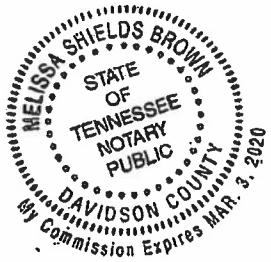
County of Davidson

Personally appeared before me, Melissa Shields Brown, a notary public for this county and state, Jay H. Smith who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Notary's Signature

My Commission Expires: 3/3/2020

Notary Seal:



Attachment 9A-3

Merger of 2490 Church, LLC

Into HCA Health Services of Tennessee, Inc.

Tracking Number
B2025164160

Merger

Division of Business and Charitable Organizations
Department of State
State of Tennessee
312 Rosa L. Parks Avenue, 6th Floor
Nashville, Tennessee 37243
Phone: 615-741-2286
sos.tn.gov/businesses

Control #: 000105942
Filed: 03/29/2025 11:45 AM
Tre Hargett
Secretary of State

Tre Hargett
Secretary of State

Non-Survivor Information

Delayed Effective Date?
☑ Yes ☐ No
Effective Date: 4/1/2025 12:00 AM

Registered Business(es)

Name	Control Number	Home State	Entity Type
2490 CHURCH, LLC	000983734	TENNESSEE	Limited Liability Company (LLC)

Surviving Entity Information

Name: HCA HEALTH SERVICES OF TENNESSEE, INC.
Control Number: 000105942
Home State: Tennessee
Entity Type: For-profit Corporation

Change Business Name of the surviving business
☐ Yes ☑ No

Change Principal Office Address of the surviving business
☐ Yes ☑ No
1 PARK PLZ
USA, NASHVILLE, TN 37203-6527

Change Mailing Address of the surviving business
☐ Yes ☑ No
PO BOX 750
USA, NASHVILLE, TN 37202-0750

Change Registered Agent of the surviving business
☐ Yes ☑ No
C T CORPORATION SYSTEM
300 MONTVUE RD
KNOXVILLE, TN 37919-5546

A Plan of Merger signed by all parties involved in the merger or a certified copy from another state must be attached with this filing.

Signature

☑ By entering my name in the space provided below, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day.

Signed Electronically: CHRISTOPHER F. WYATT
Date: 03/29/2025
Title: SENIOR VICE PRESIDENT, HCA HEALTH SERVICES OF TENNESSEE, INC.

202504030025289

ARTICLES OF MERGER
OF
2490 CHURCH, LLC
(a Tennessee limited liability company)
WITH AND INTO
HCA HEALTH SERVICES OF TENNESSEE, INC.
(a Tennessee corporation)

Pursuant to the provisions of Section 48-249-702 of the Tennessee Revised Limited Liability Company Act and Sections 48-21-105 and 48-21-107 of the Tennessee Business Corporation Act ("TBCA"), the undersigned entities hereby execute the following Articles of Merger:

1. HCA Health Services of Tennessee, Inc., a Tennessee corporation, is the surviving corporation in the merger ("HCA HST").

2. 2490 Church, LLC, a Tennessee limited liability company, is the merging entity in the merger (the "Merging Entity").

3. HCA HST owns 100% of the outstanding membership interests of the Merging Entity.

4. Upon the Effective Time (as defined below), the Merging Entity shall merge with and into HCA HST, after which HCA HST shall survive and the Merging Entity shall cease to exist (the "Merger").

5. No amendments to the charter of HCA HST are effected by the Merger.

6. The Plan of Merger was approved and adopted by the Board of Directors of HCA HST on March 26, 2025. No affirmative vote of the holders of the outstanding shares of HCA HST is required pursuant to TBCA Section 48-21-105. No affirmative vote of the sole member of the Merging Entity is required pursuant to TBCA Section 48-21-105 or the laws of its jurisdiction of organization. The Plan of Merger and the performance of its terms were duly authorized by all actions required by the laws of the jurisdiction of organization of each of HCA HST and the Merging Entity, and by their respective charter or organic documents.

7. The effective time of these Articles of Merger shall be April 1, 2025 at 12:01 a.m. Central Time (the "Effective Time").

8. The Plan of Merger has been executed by the Merging Entity and HCA HST and is on file at the place of business of HCA HST located at One Park Plaza, Nashville, Tennessee 37203.

9. A copy of the Plan of Merger will be furnished by HCA HCT, on request and without cost, to any person holding an interest in HCA HST as the surviving corporation or to any person holding an interest in the Merging Entity.

[*signature page follows*]

IN WITNESS WHEREOF, the parties have executed these Articles of Merger and caused the same to be duly delivered on their behalf on the day and year first above written.

2490 CHURCH, LLC

By: _____
Name: John M. Franck II
Title: Vice President and Assistant Secretary

HCA HEALTH SERVICES OF TENNESSEE, INC.

By: _____
Name: Christopher F. Wyatt
Title: Senior Vice President

[Signature Page to Articles of Merger of 2490 Church, LLC with and into HCA Health Services of Tennessee, Inc.]

Division of Business and Charitable Organizations
Department of State
State of Tennessee
312 Rosa L. Parks Avenue, 6th Floor
Nashville, Tennessee 37243
Phone: 615-741-2286
sos.tn.gov/

Tre Hargett
Secretary of State

Date: 03/29/2025

Invoice: 2025-201737

Customer Information

Capital Filing Service
HCA HEALTH SERVICES OF TENNESSEE, INC.
992 DAVIDSON DRIVE SUITE B
NASHVILLE, TN 37205, USA

Tracking #	Description	Amount Paid
B2025164160	Merger for HCA HEALTH SERVICES OF TENNESSEE, INC. (LLC Filings)	$ 100.00

Payment Details

Fee Total:	$ 100.00
Payment Total:	$ 0.00
Amount Due:	$ 0.00

Payment Method

Payment Type: Credit Card
Check/Confirmation Number: 3894956364

202504030025289

Certificate of Authenticity

I, Quintin Burford, do hereby make oath that I am a licensed attorney and/or the custodian of the original version of the electronic document tendered for registration herewith and that this electronic document is a true and exact copy of the original document executed and authenticated according to law on March 29, 2025.

Date

Affiant Signature

04/03/2025

Date

State of Tennessee

County of Davidson

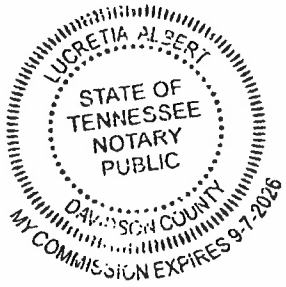
Sworn to and subscribed before me this 03 day of April, 2025.

Notary's Signature

My Commission Expires: 09-07-2026

Date

Notary's Seal (if on paper)



Tre Hargett
Secretary of State

Division of Business and Charitable Organizations
Department of State
State of Tennessee
312 Rosa L. Parks Avenue, 6th Floor
Nashville, Tennessee 37243
Phone: 615-741-2286
sos.tn.gov/

Karen Johnson Davidson County
Batch# 1255909 CHARTER
04/03/2025 08:36:30 AM 6 pgs
Fees: $7.50 Taxes: $0.00
20250403-0025289

Capital Filing Service
992 DAVIDSON DRIVE SUITE B
NASHVILLE, TN 37205, USA

04/02/2025

Filing Acknowledgment

Please review the filing information below and notify our office immediately of any discrepencies.

SOS Control #:	000105942	Effective Date:	03/29/2025

Document Receipt

Receipt #: 2025-201737	Filing Fee:	$100.00
Payment: Credit Card - 3894956364		$100.00

ACKNOWLEDGEMENT OF MERGER

2490 CHURCH, LLC (TENNESSEE) (Qualified Non-Survivor)

merged into **HCA HEALTH SERVICES OF TENNESSEE, INC. (Tennessee) (Qualified Survivor)**

This will acknowledge the filing of the attached Articles of Merger with an effective date as indicated above.

When corresponding with this office or submitting documents for filing, please refer to the control number given above.

You must also file this document in the office of the Register of Deeds in the county where the entity has its principal office if such principal office is in Tennessee.

Tre Hargett
Secretary of State

Event History

2490 CHURCH, LLC (000983734) merged into HCA HEALTH SERVICES OF TENNESSEE, INC. (000105942)

Attachment 10A

Proposed Floor Plan



FIRST FLOOR NOTED PLAN

1/16" = 1'-0"

0' 8' 16' 32'

rowland architecture
rowland architecture
3102 West End Avenue
Suite 750
Nashville, TN 37203

STANDARD COLOR LEGEND

- NEW CONSTRUCTION
- MAJOR RENOVATION
- MINOR RENOVATION
- COSMETIC RENOVATION

STONECREST FSED

TRISTAR STONECREST MEDICAL CENTER

2490 S CHURCH ST, MURFREESBORO, TN 37127

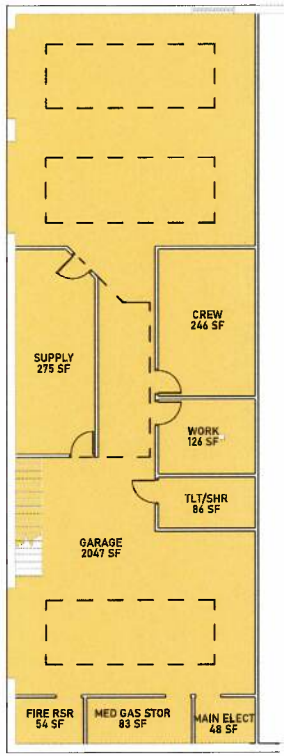
02/07/2025

02824

OVERALL PROPOSED PLAN

DRAWING

1 OF 3



FIRST FLOOR NOTED PLAN COMP 1

1/16" = 1'-0"

0' 8' 16' 32'

rowland architecture
rowland architecture
3102 West End Avenue
Suite 750
Nashville, TN 37203

STANDARD COLOR LEGEND

- NEW CONSTRUCTION
- MAJOR RENOVATION
- MINOR RENOVATION
- COSMETIC RENOVATION

STONECREST FSED

TRISTAR STONECREST MEDICAL CENTER

2490 S CHURCH ST, MURFREESBORO, TN 37127

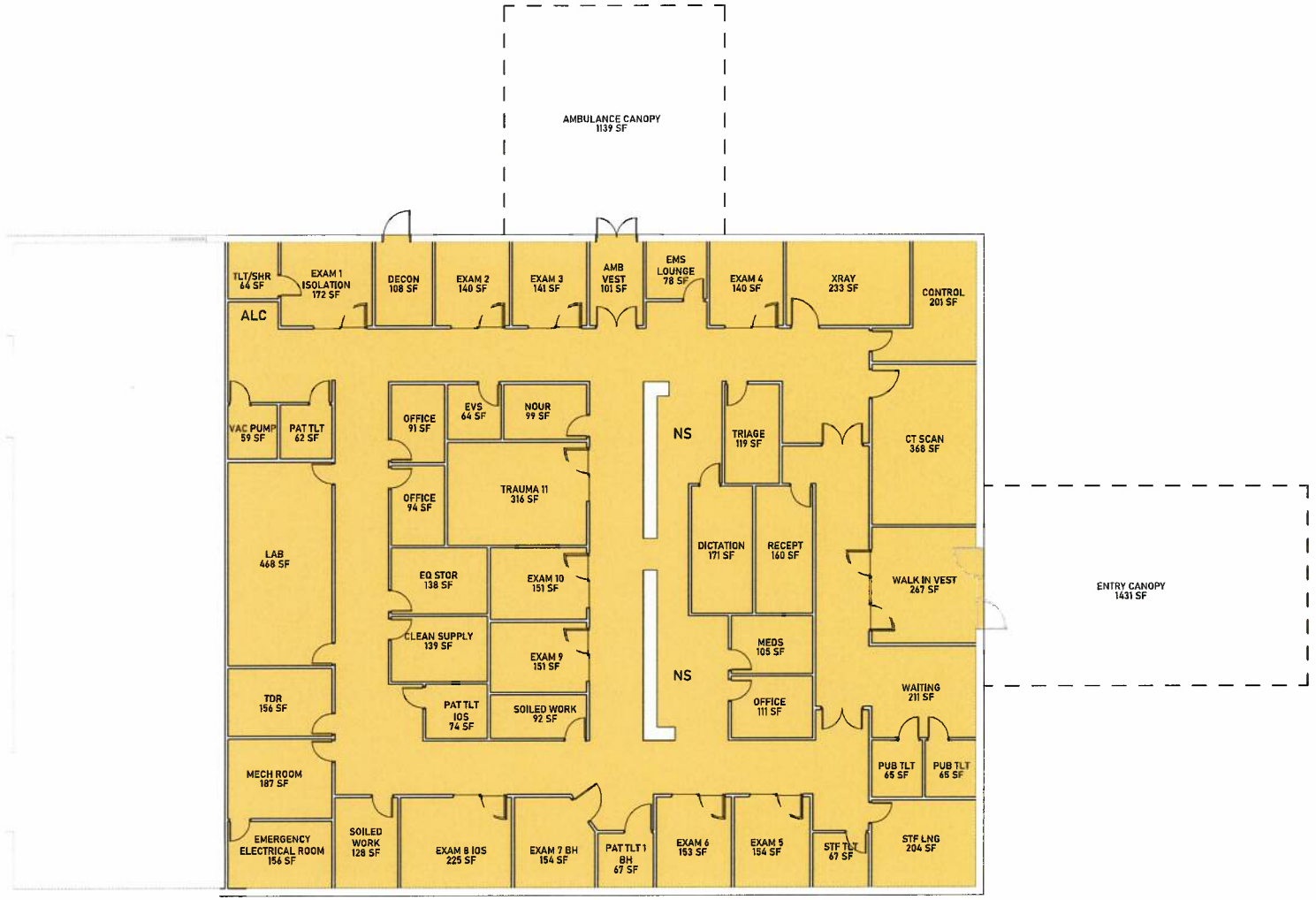
02/07/2025

02824

COMP 1 PROPOSED PLAN

DRAWING

2 OF 3



FIRST FLOOR NOTED PLAN COMP 2

1/16" = 1'-0"

0' 8' 16' 32'

rowland architecture
rowland architecture
3102 West End Avenue
Suite 750
Nashville, TN 37203

STANDARD COLOR LEGEND

- NEW CONSTRUCTION
- MAJOR RENOVATION
- MINOR RENOVATION
- COSMETIC RENOVATION

STONECREST FSED

TRISTAR STONECREST MEDICAL CENTER

2490 S CHURCH ST, MURFREESBORO, TN 37127

02/07/2025

02824

COMP 2 PROPOSED PLAN

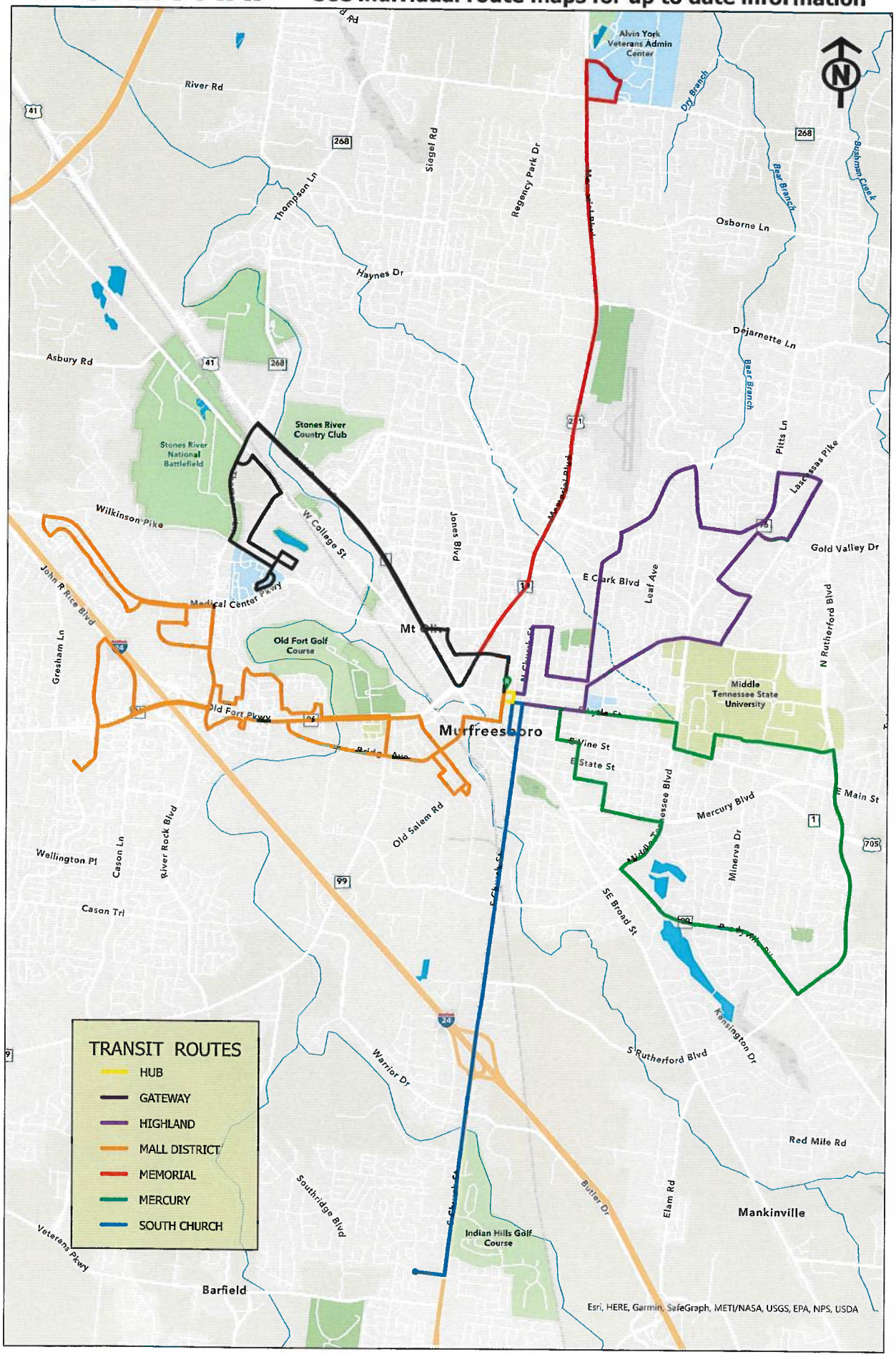
DRAWING

3 OF 3

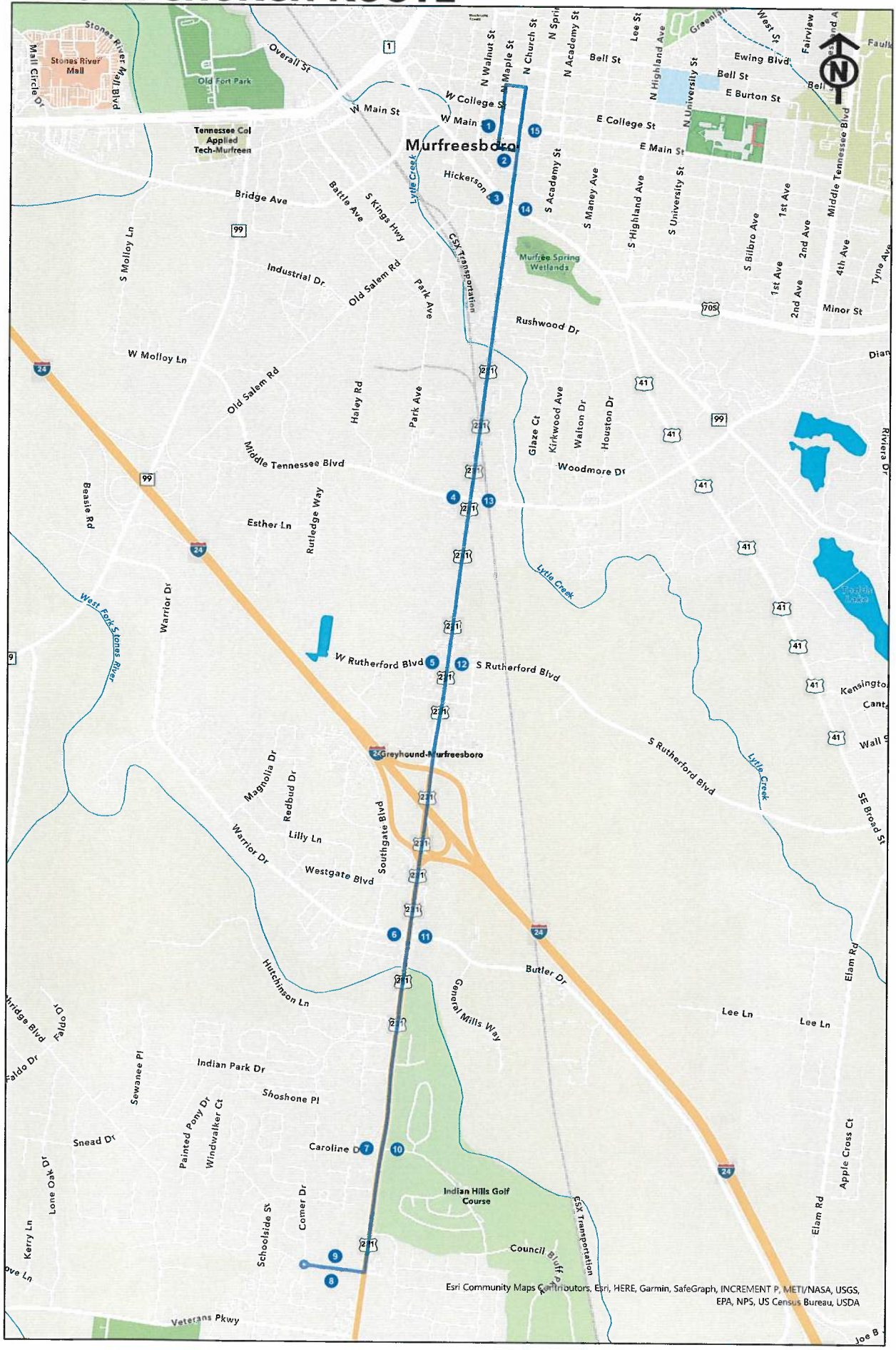
Attachment 11A

Public Transportation (Bus) Route

SYSTEM MAP - See individual route maps for up to date information



SOUTH CHURCH ROUTE



SOUTH CHURCH ROUTE serves Journey Home Ministries, Greenhouse Ministries, Daymar Institute,Innsbrooke Shopping Center, U.S. Post Office, Linebaugh Public Library, City Hall, and Public Square

OUTBOUND				
Walnut at Burton	Broad at S.Church	S. Church at Rutherford	S. Church at Warrior	S. Church at Innsbrooke
6:00	6:04	6:09	6:13	6:18
6:45	6:49	6:54	6:58	7:03
7:30	7:34	7:39	7:43	7:48
8:15	8:19	8:24	8:28	8:33
9:00	9:04	9:09	913	9:18
9:45	9:49	9:54	9:58	10:03
10:30	10:34	10:39	10:43	10:48
11:15	11:19	11:24	11:28	11:33
12:00	**12:04**	**12:09**	**12:13**	**12:18**
12:45	**12:49**	**12:54**	**12:58**	**1:03**
1:30	**1:34**	**1:39**	**1:43**	**1:48**
2:15	**2:19**	**2:24**	**2:28**	**2:33**
3:00	**3:04**	**3:09**	**3:13**	**3:18**
3:45	**3:49**	**3:54**	**3:58**	**4:03**
4:30	**4:34**	**4:39**	**4:43**	**4:48**
5:15	**5:19**	**5:24**	**5:28**	**5:33**

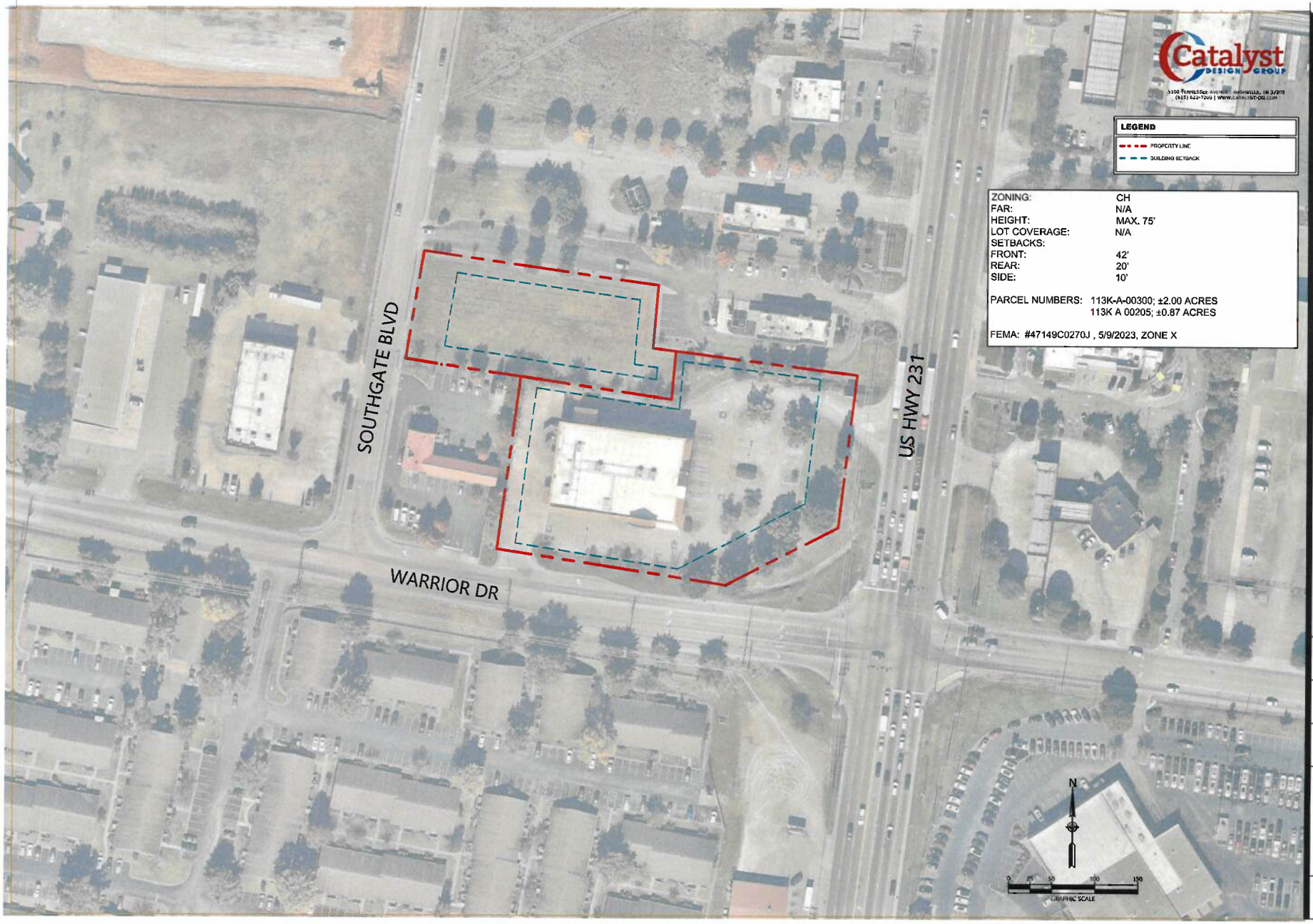
Light type indicates AM times
Bold type indicates PM times

INBOUND				
S. Church at Innsbrooke	S. Church at Warrior	S. Church at Rutherford	S.Church at Broad	Walnut at Burton
6:18	6:22	6:25	6:29	6:33
7:03	7:07	7:10	7:14	7:18
7:48	7:52	7:55	8:00	8:04
8:33	8:37	8:40	8:44	8:48
9:18	9:22	9:25	9:29	9:33
10:03	10:07	10:10	10:14	10:18
10:48	10:52	10:55	10:59	11:02
11:33	11:37	11:40	11:44	11:48
12:18	**12:22**	**12:25**	**12:29**	**12:33**
1:03	**1:07**	**1:10**	**1:14**	**1:18**
1:48	**1:52**	**1:55**	**1:59**	**2:02**
2:33	**2:37**	**2:40**	**2:44**	**2:48**
3:18	**3:22**	**3:25**	**3:29**	**3:33**
4:03	**4:07**	**4:10**	**4:14**	**4:18**
4:48	**4:52**	**4:55**	**4:59**	**5:02**
5:33	**5:37**	**5:40**	**5:44**	**5:48**

Light type indicates AM times
Bold type indicates PM times

Attachment 12A

Plot Plan



Catalyst DESIGN GROUP
5100 TENNESSEE AVENUE, NASHVILLE, TN 37209
(615) 622-7200 | WWW.CATALYST-DG.COM

LEGEND

- PROPERTY LINE
- BUILDING SETBACK

ZONING:	CH
FAR:	N/A
HEIGHT:	MAX. 75'
LOT COVERAGE:	N/A
SETBACKS:	
FRONT:	42'
REAR:	20'
SIDE:	10'

PARCEL NUMBERS: 113K-A-00300; ±2.00 ACRES
113K A 00205; ±0.87 ACRES

FEMA: #47149C0270J , 5/9/2023, ZONE X

ra+ rowland architecture
Rowland Architecture
3102 West End Avenue
Suite 750
Nashville, TN 37203

HCA TRISTAR STONECREST MEDICAL CENTER

FSER BUILDING PLANNING

2490 S CHURCH ST, MURFREESBORO, TN 37128

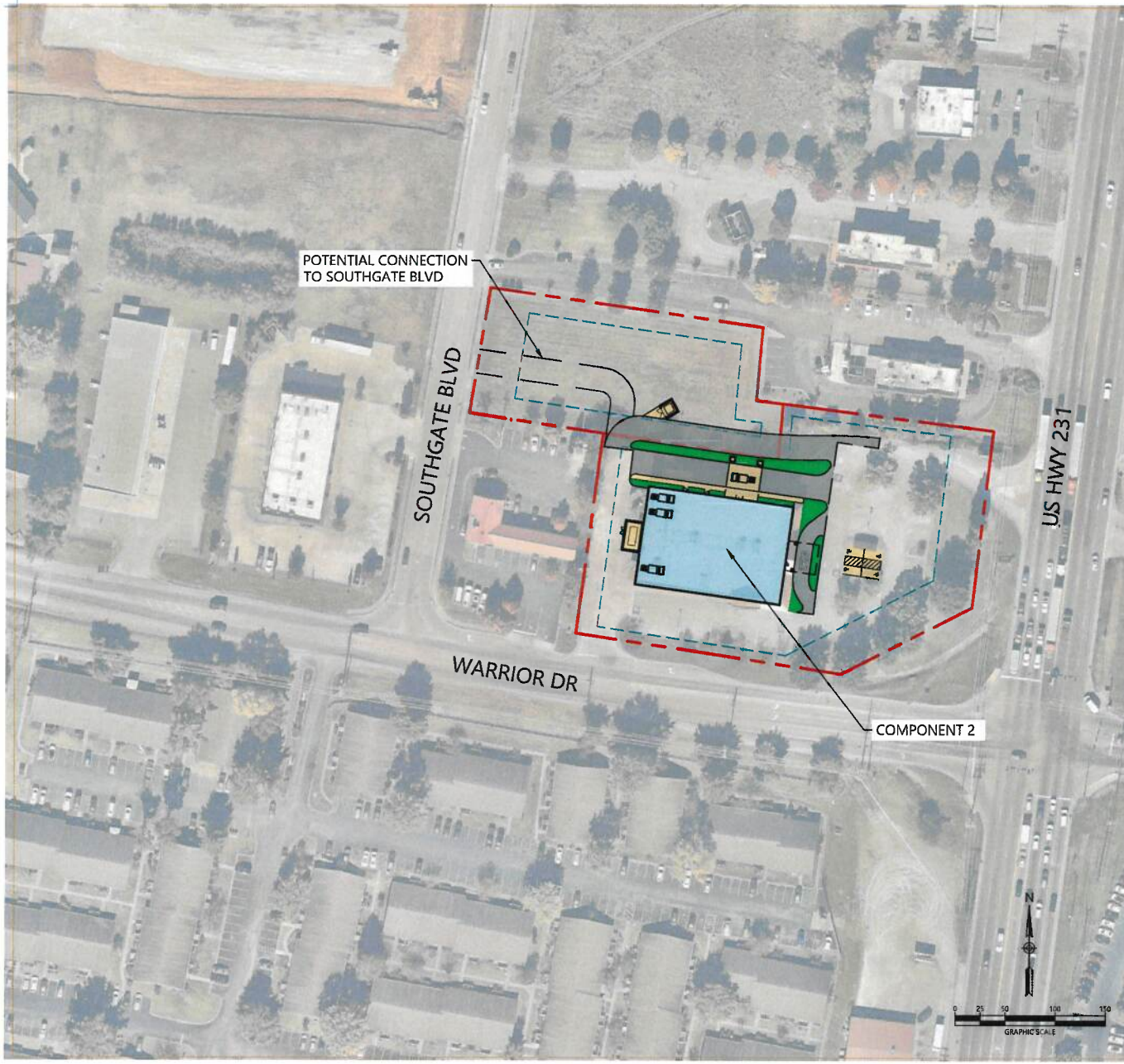
2/7/2025

-

EXISTING CONDITIONS

DRAWING
1 OF 2

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Catalyst DESIGN GROUP
5100 TENNESSEE AVENUE NASHVILLE, TN 37209
(615) 622-7200 | WWW.CATALYST-DG.COM

ra+ rowland architecture
Rowland Architecture
3102 West End Avenue
Suite 750
Nashville, TN 37203

SITE LAYOUT LEGEND

- PROPOSED BUILDING ADDITION (REFER TO ARCH)
- PROPOSED SIDEWALK
- PROPOSED ASPHALT PAVEMENT
- PROPOSED GRASS AREA
- CONCRETE CURB
- PROPERTY LINE
- BUILDING SETBACK

ZONING:	CH
FAR:	N/A
HEIGHT:	MAX. 75'
LOT COVERAGE:	N/A
SETBACKS:	
FRONT:	42'
REAR:	20'
SIDE:	10'

PARCEL NUMBERS: 113K-A-00300; ±2.00 ACRES
113K A 00205; ±0.87 ACRES

FEMA: #47149C0270J , 5/9/2023, ZONE X

PARKING SUMMARY

EXISTING PARKING PROVIDED:	± 68 SPACES
PROPOSED:	
1 SPACE PER 200 SQ FT =	72 SPACES REQUIRED
SURFACE PARKING REMOVED:	15 SPACES
SURFACE PARKING REPLACED:	4 SPACES
RESULTING PROVIDED PARKING:	57 SPACES

SITE CONSIDERATIONS

- EXISTING SITE AND RE-USE FROM COMMERCIAL TO MEDICAL USE
- POTENTIAL REZONING (FURTHER COORDINATION WITH THE CITY IS NECESSARY)
- POTENTIAL PARCEL CONSOLIDATION
- POTENTIAL, FUTURE VEHICLE CONNECTION TO SOUTHGATE BLVD
- NEW MAIN ENTRY AND AMBULANCE CANOPIES
- NEW AMBULANCE GARAGE LOCATED INSIDE THE EXISTING BUILDING
- NEW GENERATOR AND ENCLOSURE
- NEW DUMPSTER ENCLOSURE
- NEW ACCESSIBLE PARKING SPACES; EXISTING ELEVATIONS TO BE VERIFIED TO MEET REQUIRED SLOPES
- TWO NEW, SEPARATE 3" DOMESTIC WATER LINES WITH 3" DOMESTIC METERS AND SEPARATE 3" LINES INTO THE BUILDING (LIKE FT MYERS AND MADISON FSERS); REDUCED PRESSURE BACKFLOW PREVENTERS LOCATED INSIDE THE BUILDING
- NEW 6 SEWER SERVICE LINE
- NEW 500 GALLON DECON TANK
- EXISTING ELECTRICAL SERVICE TO REMAIN IN PLACE

HCA TRISTAR STONECREST MEDICAL CENTER
FSER BUILDING PLANNING
2490 S CHURCH ST, MURFREESBORO, TN 37128

2/7/2025

-

SITE LAYOUT

DRAWING
2 OF 2

P:\2024\20240278_re+ - HCA StoneCrest-Ambulance Building\Arch\Preliminary Design\Phase 1 2025\20240278_LAY.dwg-LAYOUT PLAN Apr 29, 2025 rmckenzie

Attachment 4E

Equipment List > $50,000

HCA Healthcare

4/14/2025

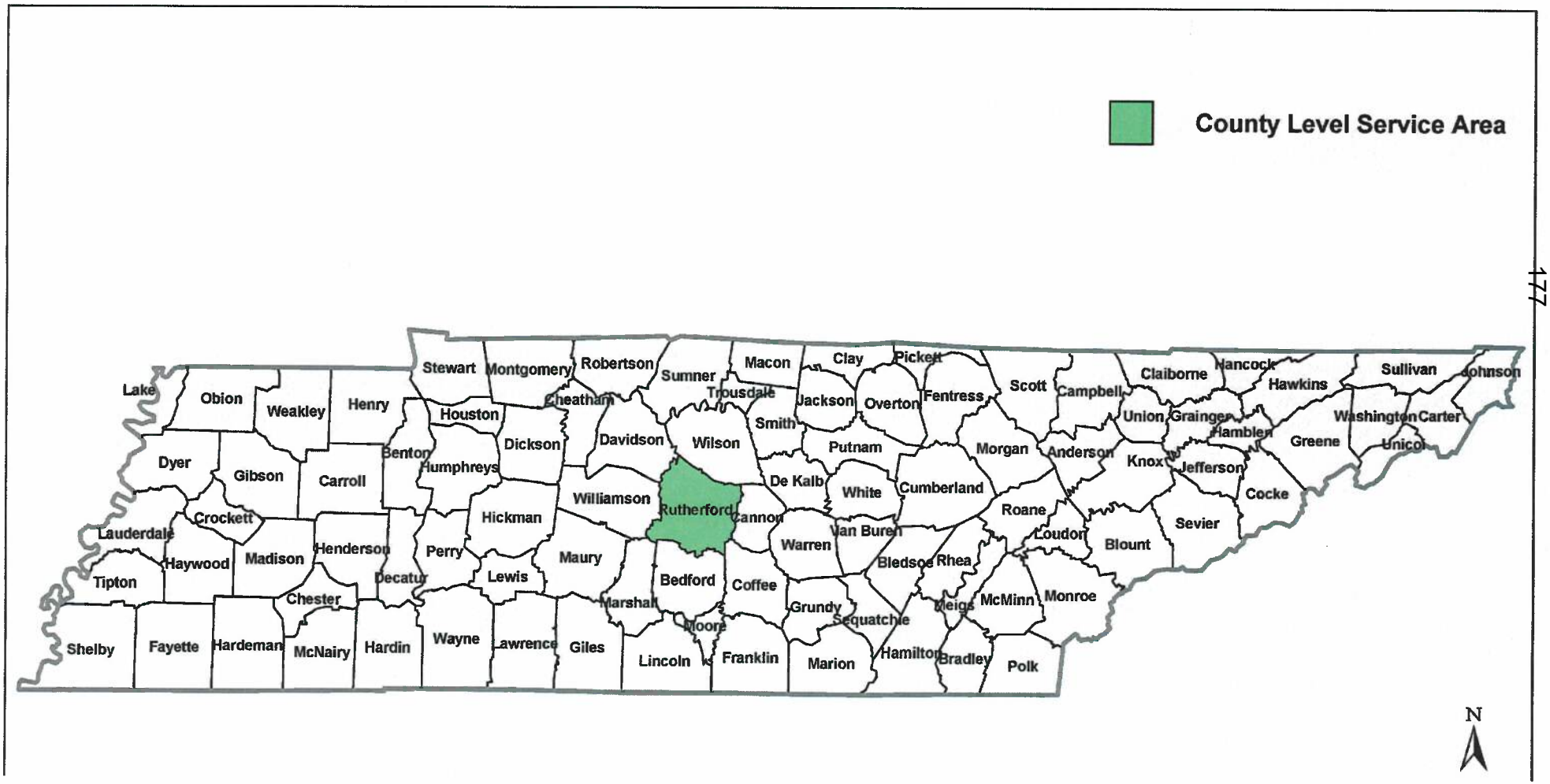
FSER Template
Medical Equipment Summary:
$50,000 +

Vendor	Item	Cost
GE Healthcare	CT - REVOLUTION MAXIMA 32 CHANNEL, 64 SLICE	$387,772
GE Healthcare	X-RAY / RAD - DEFINIUM TEMPO PRO - 65KW GEN RAD	$153,000
GE Healthcare	PORTABLE X-RAY - AMX NAVIGATE	$113,257
GE Healthcare	PHYSIOLOGIC MONITORING SYSTEM - 1 FIXED, 4 PORTABLE, & CENTRAL STATION	$98,557

Attachment 2N

County Level Service Area Map

TriStar StoneCrest Medical Center: TriStar Murfreesboro FSED



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)

The TriStar Murfreesboro FSED is in south Murfreesboro just off exit 81 of Interstate 24 on Highway 231, known as S. Church Street in that area. This location enhances access to the defined three zip code service area of 37037 (Christiana), 37127 (Murfreesboro) and 37128 (Murfreesboro). There is only one existing emergency room in the service area, St. Thomas Westlawn, an 8-treatment room ED that opened in April 2023.[3] There are two additional emergency rooms in Rutherford County, both outside the defined service area. These two include TriStar StoneCrest – the host hospital – 22 minutes north in Smyrna, and STRH, located 15 minutes north in Murfreesboro.

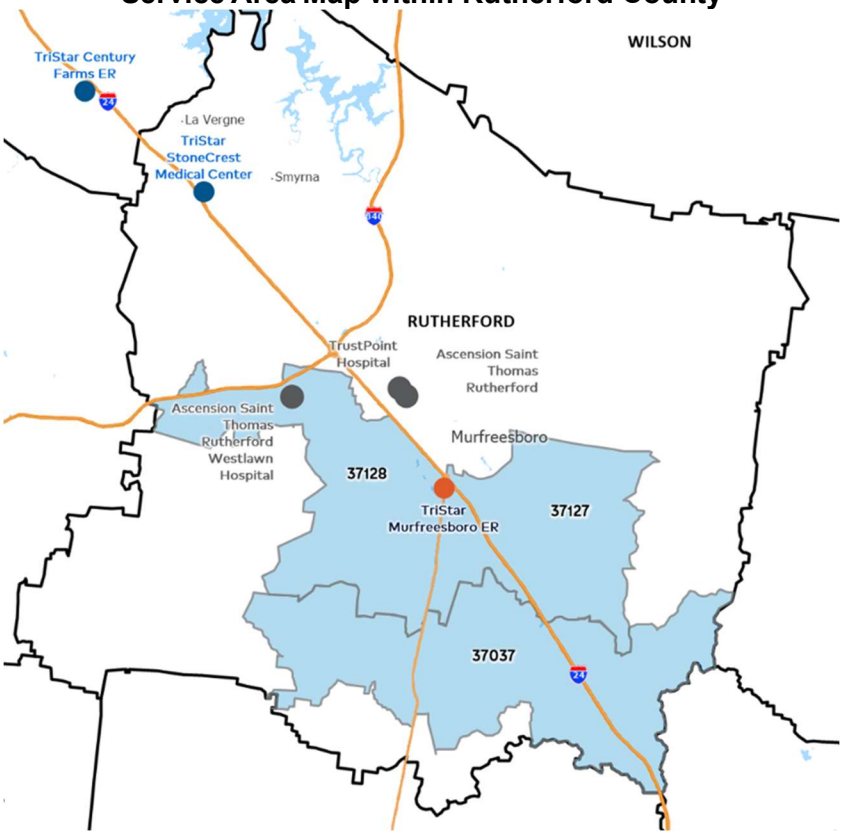
Service Area Definition

See **Attachment 2N** for the proposed county service area map. The proposal in this CON application seeks to develop a new FSED to eliminate geographic isolation and enhance access for residents of the service area. The proposed Murfreesboro FSED is centrally positioned within the defined three zip code service area of 37037 (Christiana), 37127 (Murfreesboro) and 37128 (Murfreesboro). The service area encompasses Southern Rutherford with each of the three zip codes fully located within the county limits.

There is only one existing 8 bed emergency room in the service area's northwest corner – almost 10 miles away from the site and more than 15 miles from the centroid of the service area. There are no other operational emergency services located within the service area's 198 square miles, indicating a vast area which is geographically isolated from emergency services. See Service Area Map below and how it is situated within Rutherford County.

[3] Trustpoint Hospital is an inpatient behavioral health and rehabilitation hospital within Rutherford County. However, it does not operate any medical-surgical beds or an emergency room. In addition, VRH currently has a CON for a 42-bed hospital with 14 emergency treatment rooms in the northwest corner of 37128 (Murfreesboro). However, the CON is currently being challenged on appeal by STRH.

Exhibit 1
Service Area Map within Rutherford County



The proposed FSED is located at the intersection of Highway 231 and Interstate 24, both of which traverse the service area and provide optimal travel routes to the proposed FSED. This is the second busiest intersection in Rutherford County. The Applicant acquired this location approximately six years ago with a long-term plan to establish an additional access point for the community through renovation/in-fill of this building which was formerly a Rite Aid Pharmacy.

Given the population growth of Southern Rutherford, and anticipated growth, it is important to implement an emergency care access point in the service area to enhance access for the residents of these three zip codes through reduced travel times to reach an emergency room. In emergency care where time is muscle or time is brain, the proposed FSED not only saves time to treatment but also eliminates the need for patients to go into the more congested areas of Murfreesboro.

TriStar StoneCrest's objective in this project is to shorten service area residents' travel time to emergency care, thereby reducing the isolation experienced by patients during a critical time when every minute is important for an emergency intervention. The proposed FSED will enhance geographic access to emergency services for patients in the service area and thus improve outcomes for patients with life threatening conditions.

The location in Southern Rutherford, and south Murfreesboro, near the intersection of Highway 231 and Interstate 24, is an optimal location based on a series of factors. These include but are not limited to the following:

- This intersection is one of the busiest in the county;
- Highway 231 provides access southwest in the service area and to the north;
- Interstate 24 provides access from southeast in the service area to the north within the service area;

- This location for Southern Rutherford avoids traveling into the more congested areas of Murfreesboro or even further north for ED services;
- Traffic flow patterns in Southern Rutherford confirm a northward travel to access healthcare services, including emergency care;
- It is closer by 5 to 19 minutes, depending on zip code and ED, for patients to access;
- The number of ED treatment rooms per 1,000 population in the service area is extremely low indicating an underservice;
- Current population and its forecasted growth will place further pressure on the existing ED treatment rooms which are insufficient based on population metrics;
- The estimated trends and future ED demands by zip code, which results in a 6,000 visit increase between 2023 and 2030; and
- Migration patterns of service area residents confirm this location will enhance access and reduce travel times for emergency services while providing quality care closer to home.

Within the context of the above factors, the Applicant identified the zip codes found in **Exhibit 2** as the service area for the proposed Murfreesboro FSED.

Exhibit 2
Proposed Service Area

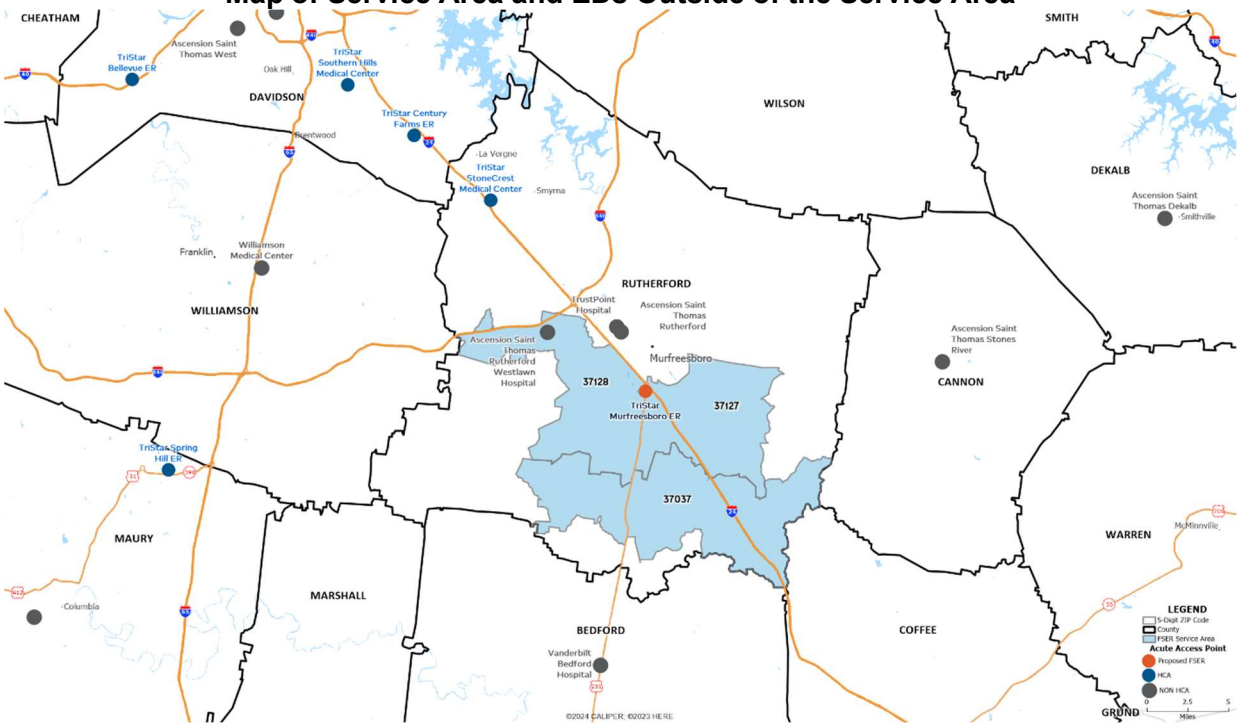
Zip Code	City	County	State
37037	Christiana	Rutherford	TN
37127	Murfreesboro	Rutherford	TN
37128	Murfreesboro	Rutherford	TN

In addition to the factors considered to identify the location of the proposed Murfreesboro FSED, TriStar StoneCrest also considered the following factors in its determination of the proposed service area:

- Geographic proximity of zip codes to the proposed FSED;
- TriStar Health's experience that 70 to 80 percent of patients live within 15 minutes of an FSED;
- The location of the existing hospital ED with the only operational ED in the service area at the far northwest of the service area; and
- FSEDs often pull from a narrower service area than on-campus hospital EDs as evidenced by TriStar Health's affiliate experience.

Based on the aforementioned factors, the proposed service area is reasonable and justified. **Exhibit 3** provides a map of the service area zip codes that are highlighted in blue. The map includes the existing hospital within the service area; the two additional hospitals outside the service area but within Rutherford County, zip codes and major roadways. It also includes the major roadway infrastructure in the area. As noted, the only hospital in the service area, St. Thomas Westlawn at its far northwest, is accessible off Interstate 840 which flows east/west then turning north in that area of Rutherford County to connect with Interstate 40. Residents traveling from Southern Rutherford will travel on average 23 minutes from 37037 and 37127 to access St. Thomas Westlawn. Those living further than the zip code centroids will have greater travel times. For reference purposes the surrounding counties are also shown along with their available hospitals and emergency rooms.

Exhibit 3
Map of Service Area and EDs Outside of the Service Area



Please see additional detailed discussion of ED access for residents of the service area provided in **Attachment 1N**.

As observed in the above map, the proposed FSED will be centrally located on an east-west plane at the northern part of the service area. This is based on traffic flow patterns which confirm a northward travel for Southern Rutherford residents to access healthcare services, including emergency care.

Forecasted Utilization of the TriStar Murfreesboro FSED

Exhibit 4 provides forecasted utilization of the proposed FSED for its first two years of operation. For detailed projected utilization by zip code assumptions, refer to the response to **Question 6N** below.

Exhibit 4
Forecasted ED Visits at the TriStar Murfreesboro FSED

Zip Code	Year 1	% of Total	Year 2	% of Total
Christiana - 37037	433	6.6%	696	6.9%
Murfreesboro - 37127	1,236	19.0%	1,891	18.8%
Murfreesboro - 37128	2,890	44.4%	4,442	44.2%
Service Area	4,558	70.0%	7,028	70.0%
Out of Area	1,954	30.0%	3,012	30.0%
Total	6,512	100.0%	10,040	100.0%

Totals may not add due to rounding.

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

The following section describes in detail the demographics of the population of the proposed service area.

Population

Rutherford County has been and will continue to be the fastest growing population in the State. Its population increased from 263,740 in the 2010 census to 388,909 in 2025. This 125,169 person increase is the largest cumulative increase of any county, ranking Rutherford as #1 in the State. During the next five years, Rutherford County's increase will continue to rank as #1, with the greatest increase in population counts amongst the State's 95 counties, at 44,000. The Rutherford County growth rate between 2010 and 2025 was 48 percent and is forecasted to increase another 11.3 percent between 2025 and 2030.

Since the 2010 Census, the service area population increased by 53,000 residents (87 percent). The two Murfreesboro zip codes increased from nearly 55,000 to 104,000, or 90 percent.

Notably, the 65 and older population grew by 200 percent, having tripled from 4,509 to 13,540. This information is shown in **Exhibit 5** below.

Exhibit 5
2010-2025 Service Area Population by Age Group

	2010				
Service Area Zip Code	**0-17**	**18-44**	**45-64**	**65+**	**Total**
37037 - Christiana	1,825	2,489	1,598	400	6,312
37127 - Murfreesboro	3,957	6,160	4,099	1,570	15,786
37128 - Murfreesboro	10,820	17,358	8,249	2,539	38,966
Total	16,602	26,007	13,946	4,509	61,064
	2025				
Service Area Zip Code	**0-17**	**18-44**	**45-64**	**65+**	**Total**
37037 - Christiana	2,480	3,752	2,638	1,371	10,241
37127 - Murfreesboro	4,993	8,844	5,642	3,257	22,736
37128 - Murfreesboro	19,584	33,464	19,195	8,912	81,155
Total	27,057	46,060	27,475	13,540	114,132
	Percent Growth: 2010 to 2025				
Service Area Zip Code	**0-17**	**18-44**	**45-64**	**65+**	**Total**
37037 - Christiana	35.9%	50.7%	65.1%	242.8%	62.2%
37127 - Murfreesboro	26.2%	43.6%	37.6%	107.5%	44.0%
37128 - Murfreesboro	81.0%	92.8%	132.7%	251.0%	108.3%
Total	63.0%	77.1%	97.0%	200.3%	86.9%

Sources: 2010 from census.gov; 2025 Claritas

Given the fact that the service area population has increased substantially more than the county in the past 15 years, the service area has gone from containing 23 percent of the county's overall population in 2010 to containing 29 percent today (2025).

Population estimates for 2025 through 2030 were obtained from Claritas. As shown in **Exhibit 6** below, the proposed Murfreesboro FSED's service area is projected to increase from 114,132 residents in 2025 to 125,675 residents by 2030, representing a 10.1 percent population growth.

Further, the elderly population is expected to grow 3 times the total service area's population growth rate. Specifically, from 2025 to 2030, the 65 and older population is projected to grow 29.2 percent. The increase is meaningful in each zip code area, ranging between 24.5 and 31.3 percent. The population under the age of 65 is expected to increase 7.5 percent overall in the next five years, ranging between 5.6 and 8.1 percent by individual zip code.

The rapid growth and aging of the service area population will result in increased demand for healthcare services including emergency services. This is particularly true for the elderly population, which has been documented to have a higher incidence of emergency conditions than any other age cohort.[4] This was also confirmed in our analysis of service area use rates by age cohort presented in response to **Question 6N**.

Exhibit 6
2025-2030 Service Area Population by Age Group

	2025				
Service Area Zip Code	**0-17**	**18-44**	**45-64**	**65+**	**Total**
37037 - Christiana	2,480	3,752	2,638	1,371	10,241
37127 - Murfreesboro	4,993	8,844	5,642	3,257	22,736
37128 - Murfreesboro	19,584	33,464	19,195	8,912	81,155
Total	27,057	46,060	27,475	13,540	114,132
	2030				
Service Area Zip Code	**0-17**	**18-44**	**45-64**	**65+**	**Total**
37037 - Christiana	2,493	4,041	2,961	1,734	11,229
37127 - Murfreesboro	5,227	9,203	6,149	4,056	24,635
37128 - Murfreesboro	20,309	35,392	22,409	11,701	89,811
Total	28,029	48,636	31,519	17,491	125,675
	Percent Growth: 2025 to 2030				
Service Area Zip Code	**0-17**	**18-44**	**45-64**	**65+**	**Total**
37037 - Christiana	0.5%	7.7%	12.2%	26.5%	9.6%
37127 - Murfreesboro	4.7%	4.1%	9.0%	24.5%	8.4%
37128 - Murfreesboro	3.7%	5.8%	16.7%	31.3%	10.7%
Total	3.6%	5.6%	14.7%	29.2%	10.1%

Source: 2025 Claritas Spotlight

[4] Ukkonen, M., Jämsen, E., Zeitlin, R., & Pauniaho, S. L. (2019). Emergency department visits in older patients: a population-based survey. *BMC emergency medicine*, *19*(1), 20. https://doi.org/10.1186/s12873-019-0236-3

Service Area Race and Ethnicity

The service area is three contiguous zip codes in Southern Rutherford. These zip codes include south Murfreesboro, and Christiana. In terms of racial and ethnic composition, as shown in **Exhibit 7**, the service area is approximately 67 percent white and 33 percent non-white (minority).

Given that one-third of the population in the service area is minority, the proposed Murfreesboro FSED will improve access to minority populations because it will be located in the service area with a significant portion of minority population count and percentage.

Exhibit 7
2025 Racial and Ethnic Demographics of the Service Area Population

	American Indian	Asian	Black or African American	Native Hawaiian or Pacific Islander	White or Caucasian	Other Race	Total All Races	Hispanic
Population Count by Race and Ethnicity								
37037 - Christiana	62	203	794	0	7,971	1,211	10,241	705
37127 - Murfreesboro	123	980	3,169	26	15,416	3,022	22,736	2,260
37128 - Murfreesboro	331	3,931	13,560	58	52,701	10,574	81,155	7,909
Service Area	516	5,114	17,523	84	76,088	14,807	114,132	10,874
Distribution by Race and Ethnicity								
37037 - Christiana	0.6%	2.0%	7.8%	0.0%	77.8%	11.8%	100.0%	6.9%
37127 - Murfreesboro	0.5%	4.3%	13.9%	0.1%	67.8%	13.3%	100.0%	9.9%
37128 - Murfreesboro	0.4%	4.8%	16.7%	0.1%	64.9%	13.0%	100.0%	9.7%
Service Area	0.5%	4.5%	15.4%	0.1%	66.7%	13.0%	100.0%	9.5%

Source: Claritas, 2025

Service Area Low Income and Uninsured Residents

A benefit of the proposed project is increasing access to care for those with lower income. As shown in **Exhibit 8,** 3.7 percent of service area residents are below the poverty level. The zip code with the greatest proportion of poverty level persons is the home zip code for the proposed FSED, 37127 at 6.1 percent. This is important to note because it indicates that the residents of this zip code are poorer than residents of the rest of the service area.

Research shows that individuals with lower incomes and living in poverty consistently experience worse health outcomes than individuals with higher incomes. Individuals who live in low-income or high poverty neighborhoods are likely to experience poor health due to a combination of these socioeconomic factors, including limited access to proper nutrition and healthy foods, shelter, utilities, and other elements.[5] By adding a new access point, the proposed Murfreesboro FSED will increase access to patients who are more likely to need emergent care.

[5] https://www.aafp.org/about/policies/all/poverty-health.html

Exhibit 8
Service Area Poverty Level

Srevice Area	% of Persons Below Poverty
37037 - Christiana	3.4%
37127 - Murfreesboro	6.1%
37128 - Murfreesboro	3.0%
Service Area Total	3.7%

Source: Claritas 2025

As a hospital emergency room operating under the TriStar StoneCrest license, the proposed Murfreesboro FSED will care for all who need emergency care. As previously established, the proposed Murfreesboro FSED will be part of the larger TriStar Health network, which requires all facilities within its system to adhere to all financial assistance and charity/indigent care policies. Financial relief is available to those patients who have received non-elective care and do not qualify for state or federal assistance and are unable to establish partial payments or pay their balance. Moreover, all self-pay patients will receive a discount similar to managed care, referred to as an "uninsured discount." The Uninsured Discount is available to patients who have no third-party payer source of payment or do not qualify for Medicaid, Charity, or any other discount program the facility offers. See **Attachment 4N-1** for the Financial Assistance Policy for Uninsured Patients Charity Financial Assistance Policy for Uninsured and Underinsured Patients and Discount Policy for Patients.[6] Further, as of January 1, 2022, TriStar StoneCrest complies with the No Surprises Act, which fully protects patients from any cost differential between services provided by in-network or out-of-network providers by holding the patients harmless from any such difference.

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).

Note that the Department of Health Statistics and TennCare do not provide data on a zip code level. TriStar StoneCrest has defined the proposed service area at a zip code level; however, the table below provides the population and demographic data at the county level (Rutherford) as each service area zip code is located within Rutherford County. The service area zip codes and aggregate are also provided with that information and metrics being derived from Claritas, Inc. This enables comparison between the service area and the entirety of Rutherford County.

[6] Uncompensated care includes charity care and self pay patients both of whom qualify for free or discounted care at TriStar Health facilities including TriStar StoneCrest. This represents the patient's payment classification and a count of visits by payor class. It does not represent the amount of write off or adjustments made for these patients. For the purposes of classification, charity care includes medically indigent/free care. Bad debt is not a patient payor classification. Bad debt is an expense taken at the total hospital level.

Demographic Variable/Geographic Area	Department of Health/Health Statistics							Census Bureau				TennCare	
	Total Population-Current Year 2025	Total Population-Projected Year 2029	Total Population-% Change 2025-2029	*Target Population- All Ages Current Year 2025	Target Population- All Ages Project Year 2029	Target Population- % Change, 2025-2029	Target Population Projected Year as % of Total	Median Age	Median Household Income	Person Below Poverty Level	Person Below Poverty Level as % of Total	TennCare Enrollees	TennCare Enrollees as % of Total
37037 - Christiana	10,241	11,031	7.7%	10,241	11,031	7.7%	100%	37.7	$95,912	348	3.4%		
37127 - Murfreesboro	22,736	24,255	6.7%	22,736	24,255	6.7%	100%	37.0	$81,495	1,387	6.1%		
37128 - Murfreesboro	81,155	88,080	8.5%	81,155	88,080	8.5%	100%	35.1	$87,186	2,435	3.0%		
Service Area Total	**114,132**	**123,366**	8.1%	**114,132**	**123,366**	8.1%	100%			**4,170**	3.7%		
Rutherford County	388,909	424,308	9.1%	388,909	424,308	9.1%	100%	34.6	$82,588	35,391	9.1%	62,220	16.0%
State of TN Total	7,242,733	7,462,831	3.0%	7,242,733	7,462,831	3.0%	100%	39.1	$67,097	1,013,983	14.0%	1,414,667	19.5%

Source: Tennessee Department of Health; Census.gov Quick Facts May 2025; Claritas, Inc. for zip code service area population, median household income, poverty level and median age; and Division TennCare, Enrollment as of March 2025 (latest available in May 2025).

Target Population is the population that the project will primarily serve, defined here as Total Population.
Persons Below Poverty Level computed from census.gov quick facts poverty level times Tennessee Department of Health current year population estimates for county and state; poverty level percent for zip code areas from Claritas times current year population estimates for zip code areas.

Attachment 4N-1

Financial Assistance Policies

PARALLON
HCA Healthcare

DEPARTMENT: Support Services	**POLICY DESCRIPTION:** Discount Policy for Patients
PAGE: 1 of 3	**REPLACES POLICY DATED:** 01/01/2015
APPROVED: 05/26/2016	**EFFECTIVE DATE:** 05/26/2016
ANNUAL REVIEW DATE: 03/29/2024	**REFERENCE NUMBER:** PARA.PP.GEN.043

SCOPE:
All SSC (including Specialty Services) and Facility areas responsible for offering discounts at the time of service, or settlements after services are rendered, for the sole purpose of expediting collection efforts.

PURPOSE:
To define the policy for providing discounts and/or settlement offers to patients with outstanding patient liable amounts for the purposes of liquidating receivables. All discounts will be offered in an effort to liquidate receivables and not to induce incremental volume.

POLICY:
Discounts as defined below may be provided to uninsured and insured patients receiving non-elective and elective care based on the patient liable amount as courtesy type discounts. Discounts cannot be considered for Medicare Bad Debt and should not be included in the Medicare Bad Debt Log. Discounts cannot be advertised and are to be offered only in an effort to liquidate receivables. The following outlines the associated discount types:

Uninsured Patients

- **Prompt Pay** – Prompt pay discounts may be offered at the time of service. The discount should be offered contingent on payment of the remaining balance. The maximum prompt payment discount should be no more than 20%.
- **Settlement Offers** – Settlement offers may be extended to the patient/responsible party as part of ongoing collection efforts at any time during the collection process to settle a delinquent account.

Insured Patients

- **Prompt Pay** – Prompt pay discounts may be offered at the time of service provided the patient liable portion has been determined and, provided that the prompt pay discount is in accordance with payer contract provisions and state law. The maximum prompt payment discount should be no more than 20%. A written notification that the provider may have offered a prompt payment discount to the patient liable portion will be included in the remarks section of the UB claim form in FL-80.
- **Out of Network Discounts** – Out of Network discounts may be applied provided the Payer has been notified in advance that the facility intends to waive the out-of-network penalty.
- **Out of Network Medicare and Medicaid PPO/HMO** - Waiving the difference between out-of-network charges and in-network charges for beneficiaries is prohibited. For example, a facility cannot tell a physician that the facility will accept the in-network charge of $300 instead of the out-of-network charge of $700, when the facility is an out-of-network provider. Refer to Compliance Alert #15 (attached) for information regarding permissible waivers.
- **Out of Network PPO/HMO with Medicare as Secondary/Tertiary Payer**- Discounts may not be offered to reduce or waive an Out Of Network penalty when Medicare is also listed as a payer on the account. For example, if the account lists an OON Payer as primary and Medicare as secondary, you may not offer a discount to offset the primary payer's penalty.
- **Settlement Offers** – Settlement offers may be extended to the patient/responsible party as

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part of ongoing collection efforts at any time during the patient liability collection process to settle a delinquent account.

The Division and SSC management teams will work together to establish the allowable discount percent for their respective facilities. The maximum prompt payment discount should be no more than 20%.

PROCEDURE:

Responsible Party	**Action**
Registrar/Financial Counselor/Collection and Support Services Staff	Identifies that the patient/responsible party collection efforts could be shortened if a discount would be provided.
Registrar/Financial Counselor/Collection and Support Services Staff	Determines the appropriate type of discount to offer in accordance with the list of discounts previously approved by the facility, Division and SSC.
Registrar/Financial Counselor/Collection and Support Services Staff	Offers discount to patient/responsible party. If patient/responsible party is contacted by phone, the Verification of Requestors policy should be followed. (SSD.PP.PRI.103)
Registrar/Financial Counselor/Collection and Support Services Staff	Documents the account.

REFERENCE:
Compliance Alert #15: Beneficiary Inducement Prohibition (updated 06/01/2012)
http://atlas2.medcity.net/portal/site/ethics
Select Compliance Alerts and choose Alert #15
Attachment Q

Attachment Q
01072015.doc

PARALLON
HCA Healthcare

DEPARTMENT: Operations Support	POLICY DESCRIPTION: Charity Financial Assistance Policy for Uninsured and Underinsured Patients
PAGE: 1 of 6	REPLACES POLICY DATED: 11/01/2017; 10/1/2020
APPROVED: 02/23/2023	EFFECTIVE DATE: 03/01/2023
ANNUAL REVIEW DATE: 03/29/2024	REFERENCE NUMBER: PARA.PP.OPS.016

SCOPE:

All SSC and Facility areas responsible for requesting and evaluating Financial Assistance Applications ("FAA") for the purposes of processing a charity write-off for certain patients receiving services at HCA-affiliated, non-partnership, acute-care hospitals ("Hospitals").

PURPOSE:

To define the policy for providing partial or full financial relief to patients who (i) have received emergency services, (ii) meet certain income requirements, (iii) do not qualify for state or federal assistance for the date of service, (iv) are uninsured or underinsured, and (v) are unable to make partial or full payment on outstanding balances. In addition, with respect to the FAA and income validation, to establish protocols and supporting documentation requirements.

POLICY:

The following types of patients may qualify for a charity write-off based on the patient's total household income, supporting income verification documentation or processes, as required, and the amount of the patient liability:

1) To be eligible for a charity write-off review, a patient must have incurred emergent, non-elective services.

2) To be eligible for a charity write-off, a patient must be (a) uninsured or underinsured and (b) have an out-of-pocket patient responsibility of $1,500 or more for an individual account. Upon request by a patient and, if there are extenuating circumstances, accounts with out-of-pocket responsibility balances of less than $1,500 may be reviewed and a charity write-off applied if Federal Poverty Guidelines/Level ("FPL") thresholds are met as set forth in Section 9, below.

3) For purposes of this policy, an uninsured patient is one (i) with no third party payer coverage for emergent health care services, (ii) who provides documentation that the patient is unable to pay for some or all of the provided non-elective hospital services and (iii) who satisfies the financial eligibility criteria set forth herein.

4) For purposes of this policy, an underinsured patient is one with some form of third party payer coverage for health care services, but such coverage is insufficient to pay the current bill such that the patient retains a patient liability that they are unable to pay.

5) A validation will be completed, as required in this Policy, to ensure that if any portion of the patient's medical services can be paid by any federal or state governmental health care program (e.g., Medicare, Medicaid, Tricare, Medicare secondary payer), private insurance company, or other private, non-governmental third-party payer, that the payment has been

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received and posted to the account. No charity write-off can be applied to any account with any outstanding payer liability.

6) Supporting Income Verification Documentation & Review:

A. Medicare Accounts

i. All Medicare patients (i.e., inpatients and/or outpatients) must submit supporting income verification documentation. Electronic validation of patient income, e.g., Experian, alone is not sufficient. Medicare requires independent income and resource verification for a charity care determination with respect to Medicare beneficiaries (PRM-I § 312).

ii. In addition to the FAA, the preferred income documentation will be the most current year's Federal Tax Return. Any patient/responsible party unable to provide his/her most recent Federal Tax Return may provide two pieces of supporting documentation from the following list to meet this income verification requirement:

- State Income Tax Return for the most current year
- Supporting W-2
- Supporting 1099's
- Copies of all bank statements for last 3 months
- Most recent bank and broker statements listed in the Federal Tax Return
- Current credit report

iii. Dual-Eligible Beneficiaries: A Medicare beneficiary who also qualifies for Medicaid (dual-eligible beneficiary) may be deemed indigent as long as the "Must Bill" requirements are met. That these requirements are met must be supported by a State Medicaid remittance advice. When claiming an amount as Medicare Bad Debt for a dual-eligible beneficiary, Medicaid must be billed. In addition, the remittance advice showing non-payment must be maintained as supporting documentation for the Medicare Bad Debt adjustment. Charity write-offs for Medicaid Exhausted beneficiaries may be less than $1,500.

iv. Patients who qualify for a Medicare Savings Program (Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), Qualifying Individual (QI), Qualified Disabled and Working Individuals (QDWI)) will be eligible for a full charity write-off. Charity write-offs for Medicare Savings Program qualified patients may be less than $1,500.

B. Non-Medicare Accounts

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HCA Healthcare

DEPARTMENT: Operations Support	POLICY DESCRIPTION: Charity Financial Assistance Policy for Uninsured and Underinsured Patients
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i. Generally, for all non-Medicare Accounts, the following will be acceptable supporting documentation: (i) the documentation listed in A. above, (ii) or any one of the following:

- Most Recent Employer Pay Stubs
- Written documentation from income sources
- Proof of Medicaid Eligibility
- Electronic validation of patient income and family size, such as Experian

ii. Supporting income verification documentation through an electronic validation of patient information/income, such as Experian, shall be obtained where no other income verification is obtained.

iii. To the extent required by state law, a complete FAA shall be obtained for any dollars reported as charity to the state.

iv. Review of assets may take place during the application process where required by state law or regulation.

C. Patients/Responsible Party Deemed Eligible.

The patient/responsible party may be deemed to meet the charity guidelines if:

- the patient/responsible party is determined to be eligible by a local clinic under poverty and income guidelines similar to the ones in this policy; or
- the patient/responsible party presents with Medicaid, and Medicaid does not pay.

D. Charity Processing Based on Extenuating Circumstances, i.e., Potential Charity Write-off Absent Full Documentation.

There may be extenuating circumstances where resource testing cannot be completed because the patient/responsible party does not/cannot (i) complete the FAA, or (ii) provide supporting documentation listed in A or B, above. In those circumstances, a manager may waive the required documentation and extend a charity care write-off, consistent with this Policy. The following may be considered by the manager to be extenuating circumstances:

i. *Patients identified as an undocumented residents or homeless through*:

- Medicaid Eligibility screening
- Registration process

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- Discharge to a shelter
- Clinical or Case Management documentation
- Absence of a credit report

ii. Patients that expire - if it is determined through family contact and/or courthouse records that an estate does not exist, it may be considered for a charity write-off (even if the patient had a spouse) upon documentation and with the manager's review and approval of a policy exception.

iii. Medically Indigent – In addition to the above, if a patient/responsible party meets the medically indigent status based upon state guidelines or requirements, a charity write-off may be applied after the manager completes a resource testing process for the patient/responsible party.

7) Pending Medicaid Effect on Charity Write-off:

The Pending Medicaid and Pending Charity processes should not be concurrent processes. Determination of Pending Medicaid should be resolved prior to evaluating for potential Pending Charity.

8) Health Insurance Marketplace for Qualified Health Plans:

Pending qualification in the Health Insurance Marketplace may take place concurrently with the Pending Charity process. The QHP enrollment is not retroactive. Rather, the coverage becomes effective for future dates of service. Therefore, it is necessary to continue with the Pending Charity process for visits occurring prior to QHP effective dates.

9) Charity Processing based on Federal Poverty Guidelines:

A. Patients with individual or household incomes of between 0-200% of Federal Poverty Guidelines:

Patients with more than a $1,500 patient liability that fall within 0-200% of the FPL will have the entire patient balance processed as charity write-off. Upon request by a patient and, if there are extenuating circumstances, accounts with out-of-pocket responsibility balances of less than $1,500 may be reviewed and a charity write-off applied.

B. Patients with individual or household incomes of between 201- 400% of Federal Poverty Guidelines:

Patients with incomes between 201% and 400% of FPL will have their balances capped at a percentage of their income according to the table below. This percentage will be determined using the patient's FPL.

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- 201% - 300% - balances capped at 3% of annual household income
- 301% - 400% - balances capped at 4% of annual household income

Upon request by a patient and, if there are extenuating circumstances, accounts with out-of-pocket responsibility balances of less than $1,500 may be reviewed and a charity write-off applied.

C. Insured Accounts with emergency services only: Additional financial relief will be available for insured patients with emergent services only. These patients will be identified by having one of the following emergency Evaluation and Management (E/M) codes on their account: 99281,99282,99283,99284,99285, or 99291, and NOT in inpatient status.

After all managed care payments, contractuals and/or discounts have been applied, patients will have their balance capped to a fixed amount depending on their income and corresponding FPL. The patient balance caps are as follows:

E/M Levels 1-3
201% - 300% - balance capped at $1500
301% - 400% - balanced capped at $1750

E/M Levels 4 +
201% - 300% - balance capped at $2500
301% - 400% - balanced capped at $2750

In the event that **Section 9A** or B above provides more relief to the patient, then Section 9)A or B will be used to determine patient responsibility.

10) Patients Who Are Uninsured:

Notwithstanding 9)A. and B. above, patients who are uninsured and who provide the supporting income verification documentation and otherwise meet the requirements of this Policy, will have their patient balance capped at the lesser of the amount calculated under 9)A. or 9)B. above, or the amount calculated pursuant to the uninsured discount model.

Balances from multiple accounts for the same patient may be considered together to determine out-of-pocket responsibility minimums and for calculating the cap.

The write-off will be applied to the entire outstanding patient balance.

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11) Refunds on Charity Accounts:

The general expectation is that all patients pay for services rendered if they are not fully covered by a third party. Therefore, any amount paid by the patient (even if the patient subsequently meets the charity write-off guidelines for their balance due), will be retained. Only amounts paid by the patient that exceed the amount that patient would have paid had they received the uninsured discount, or that exceed their out of pocket responsibility per their insurance, will be refunded. For those patients that do meet the charity write-off criteria and have made a partial payment, the charity write-off will be posted on the remaining patient balance.

12) Patient Dispute Process:

In the event a patient wishes to file a dispute and appeal their eligibility for a Charity write-off under this policy, the patient may seek review from the Operations Support Director, Hospital Chief Financial Officer or an SSC Executive as defined in the Charity Review Appeal Process policy (PARA.PP.OPS.020).

13) Compliance with State regulations:

Each SSC should evaluate whether this Policy complies with the applicable state law and regulations regarding charity care, e.g., California, Florida. If this Policy does not comply with state law and regulations, each SSC must clearly document exceptions to this policy in either a State specific policy or an addendum to this Policy.

REFERENCE:

- **PARA.FT.OPS.606 Federal Charity Guidelines**
- **PARA.FT.OPS.638 Financial Assistance Application**
- **PARA.MF.OPS.804 Collection Charity Letters**
- **PARA.PARS.PP.009 Medicare Bad Debt and Recovery Logs Policy**
- **PARA.PP.OPS.019 Utilizing the Artiva Charity Process**

Attachment 4N-2

Non-Discrimination Policy

TriStar StoneCrest MEDICAL CENTER

DEPARTMENT: Human Resources	**POLICY DESCRIPTION:** Equal Employment Opportunity, Anti-Harassment, and Respectful Workplace
PAGE: 1 of 5	**REPLACES POLICY DATED:** HR.ER.013 (7/1/21); HR.ER.024 (11/1/16); HR.ER.059 (8/1/18)
EFFECTIVE DATE: January 1, 2022	**REFERENCE NUMBER:** HR.ER.072
APPROVED BY: Ethics and Compliance Policy Committee	

SCOPE: All Company-affiliated subsidiaries including, but not limited to hospitals, ambulatory surgery centers, outpatient imaging centers, physician practices, HealthTrust Workforce Solutions, Corporate Departments (Organization Units), Groups, and Divisions (collectively, "Affiliated Employers" and individually, "Affiliated Employer").

PURPOSE: To ensure all colleagues are treated in accordance with the mission and values of the organization in compliance with federal, state, and local laws addressing harassment and discrimination. By outlining responsibilities and requirements for behavior and conduct; ensuring that we act in accordance with our mission, values, and applicable laws; and clearly defining the obligations to identify and report potential violations of this policy, it is the purpose of this policy to create and sustain a safe, welcoming, and productive work environment for all colleagues, patients, and visitors.

POLICY:

A. Equal Employment Opportunity and Unlawful Harassment

1. HCA Healthcare and its Affiliated Employers are equal opportunity employers, committed to promoting an inclusive culture that embraces and nurtures our patients, colleagues, partners, physicians and communities. Equal employment opportunities are provided to all colleagues and applicants for employment without regard to race, color, religion, sex, gender, national origin, age, pregnancy, disability, sexual orientation, gender identity or expression, genetic information or protected veteran status, or status in any group protected by federal, state or local law. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, transfer, leaves of absence, compensation, and training. Reasonable accommodations will be made to known qualified individuals with disabilities. As used within this paragraph, "genetic information":
   a. includes information about an individual's genetic tests, genetic tests of a family member, and family medical history; and
   b. does not include information about the sex or age of an individual or the individual's family members; information that an individual currently has a disease or disorder; or tests for alcohol or drug use.
2. Unlawful harassment is a form of discrimination and violates the policies of HCA Healthcare and its Affiliated Employers. This policy expressly prohibits any form of unlawful colleague harassment based on race, color, religion, sex, gender, national origin, age, pregnancy, disability, sexual orientation, gender identity or expression, genetic information, protected veteran status, or status in any group protected by federal, state or local law. Such harassment may include, but is not limited to, offensive comments, jokes, or innuendoes in printed material, material distributed through electronic media, or items posted on walls or communication boards. Improper interference with the ability of colleagues to perform their expected job duties is not tolerated. Harassment becomes unlawful where:

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DEPARTMENT: Human Resources	**POLICY DESCRIPTION:** Equal Employment Opportunity, Anti-Harassment, and Respectful Workplace
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APPROVED BY: Ethics and Compliance Policy Committee	

a. Enduring the offensive conduct becomes a condition of continued employment, or
b. The conduct is severe and pervasive enough to create a work environment that a reasonable person would consider intimidating, hostile, or abusive.

3. Examples of prohibited harassment or discrimination include, but are not limited to:
   a. Degrading words or name calling used to describe an individual.
   b. Displays of reading materials, objects, or pictures containing negative stereotypes in the workplace.
   c. Using e-mail, voicemail, facsimile, instant messaging, or any other digital media or Affiliated Employer property for the transmission of discriminatory or otherwise inappropriate material.
   d. Offensive jokes, pranks, vandalism, negative comments, threatening language toward others, or other conduct related to the characteristics identified in this policy under Section A.1.
4. Each member of management is responsible for creating an atmosphere free of discrimination and harassment. Further, colleagues are responsible for respecting the rights of their coworkers.

B. Sexual Harassment

1. Colleagues' right to work in an environment free of harassment and disruptive behavior includes the right to a work environment free from sexual harassment. Sexual harassment will not be tolerated. Sexual harassment includes, but is not limited to, unwelcome sexual advances, requests for sexual favors, and all other verbal or physical conduct of a sexual nature, especially where:
   a. Submission to such conduct is made either explicitly or implicitly a term or condition of employment;
   b. Submission to or rejection of such conduct is used as the basis for decisions affecting an individual's employment; or
   c. Such conduct has the purpose or effect of creating an intimidating, hostile, or offensive working environment.
2. Behaviors that produce a hostile or offensive work environment will not be tolerated. These behaviors include but are not limited to:
   a. unwelcome sexual remarks, advances, and/or propositions;
   b. unwelcome touching or other physical contact;
   c. unwelcome requests for dates or other social engagements;
   d. offensive comments, jokes, innuendoes, and other sexually-oriented statements; or
   e. sexually suggestive printed material, material distributed through electronic media, e-mail, voicemail, facsimile, instant messaging or any other digital media or Affiliated Employer property or items posted on walls or bulletin boards.

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3. Each member of management is responsible for creating an atmosphere free of sexual harassment. Further, each colleague is responsible for respecting the rights of coworkers.

C. Respectful Workplace

1. Even when conduct does not rise to the level of unlawful harassment, relationships marred by disrespectful behavior have a negative impact on the quality and safety of care delivered. The establishment of positive, respectful relationships is crucial to preventing these behaviors. Respect is promoted through communication, collaboration, support, and fairness, each of which is foundational to establish healthy relationships with others.
2. Respectful individuals act and speak in a manner that preserves the safety, dignity, autonomy, self-esteem and civil rights of others. In doing so, they must consider the audience, setting, and tone prior to expressing their thoughts in words or actions. The goal is to do this in a constructive manner and in an appropriate setting so as not to impede providing the utmost quality of care to our patients and creating a safe, welcoming, and productive work environment.
3. Management is responsible for creating a workplace that promotes physical and mental well-being. When colleagues do not feel safe, the work environment is left vulnerable, and everyone's safety is compromised and serious problems in the workplace can occur.
4. Under Section 7 of the National Labor Relations Act, colleagues who are "employees" have the right to express their concerns, whether positive or negative, regarding their terms and conditions of employment. We expect such colleagues to exercise those rights in a respectful and courteous manner that does not negatively affect the delivery of safe, effective, efficient, and compassionate care to our patients. This furthers our goal of maintaining a safe, respectful, and productive work environment for colleagues, volunteers, students, contract staff, physicians or any other person doing business with or for our business entity.
5. Representative Examples of Prohibited Conduct, include, but are not limited to:
   a. **Incivility**: the acts of rude and discourteous conduct, gossiping and spreading rumors, the use of profane or obscene language in a demeaning or offensive way, inappropriately refusing to assist a coworker, or similar acts.
   b. **Bullying**: the combination of repeated, unwanted harmful actions intended to humiliate or offend the recipient by abusing or misusing power, creating feelings of defenselessness and injustice, or undermining an individual's inherent right to dignity. Bullying can also include workplace mobbing, which is a form of bullying aimed at an individual from a work group.
   c. **Violence**: the threat or use of verbal or physical harm or force against an individual that reduces or eliminates their sense of being safe or actual safety.

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d. **Retaliation**: any adverse action or behavior that is seeking revenge against another for opposing or reporting inappropriate actions.
e. **Intimidation**: the use of demeaning or undermining comments or actions with the intention to compel or deter another coworker from taking appropriate action or to cause distress to another by withholding support.

D. Reporting Obligations

1. HCA Healthcare and its Affiliated Employers encourage colleagues to report all incidents of harassment or other violations of this policy. If a colleague experiences any job-related harassment based on race, color, religion, sex, gender, national origin, age, pregnancy, disability, sexual orientation, gender identity or expression, genetic information or protected veteran status, or status in any group protected by federal, state or local law; believe that they have experienced job-related harassment or were treated in an unlawful, discriminatory manner; or experiences disrespectful behavior, the colleague should promptly report the incident to their supervisor and/or Human Resources, who will investigate the matter and take appropriate action. In addition, if a colleague believes that they have witnessed behavior that violates this policy, they are highly encouraged to report that conduct to their supervisor and/or Human Resources.

   Colleagues should normally report these items to the colleague's supervisor, who must immediately notify Human Resources. However, if the colleague believes it would be inappropriate to discuss the matter with their supervisor, the colleague may bypass the immediate supervisor and report the incident directly to Human Resources. Additionally, colleagues may report issues at any time to the HCA Healthcare Ethics Line at (800) 455-1996 or online at http://hcahealthcareethicsline.webline.sai360.net.

2. Confidentiality safeguards will be applied in handling complaints of harassment, discrimination, retaliation, or other issues arising under this policy. To the extent possible, the privacy of the complainant, witnesses, and individual(s) accused are kept confidential, although absolute confidentiality cannot be promised.

3. If it is determined that a violation of this policy occurred, appropriate disciplinary action will be taken against the offending colleague, up to and including termination of employment. However, the level of discipline issued as a result of an investigation is typically a confidential matter between the employer and the colleague receiving discipline, and may not be shared with other individuals.

4. Any form of retaliation against any colleague for filing a good faith complaint under this policy or for assisting in a complaint investigation, even if the investigation produces insufficient corroboration to support the claim, is strictly prohibited.

E. Policy Violations and Other Policy Application Guidelines

1. Colleagues who knowingly make a false allegation, provide false or misleading information in the course of an investigation, or otherwise act in bad faith may be

TriStar StoneCrest MEDICAL CENTER

DEPARTMENT: Human Resources	**POLICY DESCRIPTION:** Equal Employment Opportunity, Anti-Harassment, and Respectful Workplace
PAGE: 5 of 5	**REPLACES POLICY DATED:** HR.ER.013 (7/1/21); HR.ER.024 (11/1/16); HR.ER.059 (8/1/18)
EFFECTIVE DATE: January 1, 2022	**REFERENCE NUMBER:** HR.ER.072
APPROVED BY: Ethics and Compliance Policy Committee	

subject to appropriate discipline, up to and including termination; reference the Non-Retaliation Policy, EC.030, and Discipline, Counseling, and Corrective Action Policy, HR.ER.008.

2. Colleagues do not have the right to legal or any other representation during interviews conducted under this policy unless otherwise required by law.
3. Colleagues participating in an investigation are prohibited from recording any part of the investigatory process unless approved by all individuals involved in the recording. "Recording" includes all forms of recording including, but not limited to, audio, video, digital, etc., methods of recording.
4. When the alleged harasser is a member of the medical staff or another practitioner with clinical privileges, investigation and/or corrective action, as appropriate, will be handled in accordance with the applicable Medical Staff Policies and Bylaws.

DISCLOSURE:

If there is any conflict between the information in this policy and a Collective Bargaining Agreement (CBA), the CBA prevails for covered colleagues.

REFERENCES:

1. HCA Healthcare Code of Conduct previous
2. Appropriate Use of Communications Resources and Systems Policy, EC.026 previous
3. Non-Retaliation Policy, EC.030 previous
4. Communication Boards Policy, HR.ER.007
5. Discipline, Counseling, Corrective Action Policy, HR.ER.008
6. Employee Dispute Resolution Process Policy, HR.ER.011
7. Limitations on Employment Policy, HR.ER.019 previous
8. Binding Arbitration Policy, HR.ER.054

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.

The proposed FSED will address the emergency care needs of the service area population. The service area is rapidly growing and aging. As the senior population has a higher incidence of emergent conditions, access to ED services is becoming increasingly critical to this community.

In accordance with TriStar StoneCrest's practice, and applicable Federal and State law, all patients presenting at the proposed FSED with emergency care needs will be served without regard to age, gender, race, ethnicity, income, or ability to pay – just as they are being served at the TriStar StoneCrest main hospital ED. As previously discussed, the proposed Murfreesboro FSED will be part of TriStar Health, which requires all facilities within it to adhere to all financial assistance and charity/indigent care policies. Financial relief is available to those patients who have received non-elective care and do not qualify for state or federal assistance and are unable to establish partial payments or pay their balance. Moreover, all self-pay patients will receive a discount similar to managed care, referred to as an "uninsured discount." The Uninsured Discount is available to patients who have no third-party payer source of payment or do not qualify for Medicaid, Charity, or any other discount program the facility offers.[7] See **Attachment 4N-1** for the Financial Assistance Policy for Uninsured Patients, Charity Financial Assistance Policy for Uninsured and Underinsured Patients and Discount Policy for Patients.[8]

The proposed FSED will not discriminate in its service to any patient. The proposed FSED will serve all patients regardless of race and ethnicity consistent with TriStar StoneCrest's policies and experience. The proposed service area is 33 percent minority (non-white) population. Please see **Attachment 4N-2** for the Non-Discrimination Policy that will apply to the FSED.

TriStar StoneCrest has vast experience serving a diverse patient population reflective of Rutherford County population. As reflected in **Exhibit 1N-33**, TriStar StoneCrest patients are approximately one-third TennCare/Medicaid and an additional 15 percent are uncompensated. Some of the ways in which TriStar StoneCrest addresses community need beyond just direct care to TennCare and low-income groups are reflected in its community participation. See **Attachment 1N Question 18** for a list of TriStar StoneCrest's community linkages including both healthcare facilities and social service organizations.

TriStar StoneCrest's strong community relationships are demonstrated by the significant support from community members as noted throughout this application and in the letters of support in **Attachment 6N.**

TriStar StoneCrest has a diverse employee, medical staff, and Board composition that mirrors the community it serves. The proposed FSED will serve all patients in the service area who present and will enhance access to care for the growing service area by adding a new access point for ED services, shortening travel time to reach an ED and increasing capacity to assure the service area is appropriately served.

[7] https://tristarhealth.com/patient-financial/charity-policy

[8] TriStar Health makes allowances for all persons who have income at less than 400 percent of the poverty level. And for those who are below 200 percent of the poverty level, personal responsibilities are written off in their entirety.

Patient Types

The Applicant has no way to control or predict the type of patients (i.e., behavioral health patients) that will choose to present at the proposed FSED. The largest percentage of patients are expected to be walk-in patients who choose to visit the proposed FSED to treat a variety of diagnoses for a myriad of reasons whether it be proximity to home or the expectation of timely travel or timely access to care. It is expected that EMS patients will also utilize the facility, and the EMS provider will determine which patients are appropriate given the patient's condition, location, patient choice, and a variety of other factors.

TriStar StoneCrest expects that the types of patients who seek care at existing TriStar Health-affiliated FSEDs will also seek care at the proposed FSED. A review of the principal diagnosis of the FSED patient visits seen by TriStar Health-affiliated FSEDs in 2022 through 2024 identify more than 6,500 different principal diagnoses. For this reason, it is very difficult to anticipate what types of patients will present to the proposed FSED. For this time-period, the top five diagnoses included:

- Acute upper respiratory infection, unspecified
- Viral infection, unspecified
- Other chest pain
- Nausea with vomiting, unspecified
- Urinary tract infection, site not specified

These top 5 diagnoses represent just 12.2 percent of all patients seen, emphasizing the diverse patient base treated at TriStar Health-affiliated FSEDs. Thus, it would be almost impossible to fully categorize or predict the range of patients that will present at the proposed FSED. To provide a relevant example, in 2024, TriStar Health FSEDs provided more than 91,000 visits. Of those, the diversity is reflected in the following service line grouping:

- Cardiac medical 5,908 patients visits
- Other cardiac 189 patient visits
- Neurology 3,714 patient visits
- Diabetes 650 patient visits
- Spine 2,455 patient visits
- Behavioral health 1,874 patient visits
- General medicine 1,711 patient visits

Please see additional discussion regarding care for time sensitive emergencies such as cardiac arrest, stroke, and sepsis in **Attachment 1N**.

Affiliated Urgent Care Centers and Primary Care Practices

TriStar StoneCrest is affiliated with the following primary care practices and urgent care centers located within Rutherford County:

- StoneCrest Family Physicians
  300 Stonecrest Blvd Ste 100
  Smyrna, TN 37167
  Primary Care MD's/NP's

- Gastroenterology Specialists of Middle Tennessee
  300 StoneCrest BLVD Suite 110
  Smyrna, TN 37167
  Gastroenterology MD's/NP's

- Centennial Heart
  300 StoneCrest Blvd Ste 410
  Smyrna, TN 37167
  Cardiology MD's/NP's

- CareNow Urgent Care – Smyrna
  570 Sam Ridley Pkwy W
  Smyrna, TN 37167

- CareNow Urgent Care - Murfreesboro Medical Center Parkway
  3031 Medical Center Pkwy Suite B
  Murfreesboro, TN 37129

- CareNow Urgent Care – Murfreesboro
  2105 Memorial Blvd #B
  Murfreesboro, TN 37129

- Solis Mammography
  537 Stonecrest Pkwy Ste 202
  Smyrna, TN 37167
  Mammography, Ultrasound, Biopsy

Attachment 4N

Letters of Support

TriStar StoneCrest Murfreesboro FSED
Letters of Support Nos. 1-28
Submitted 06-02-2025

	Name of Individual	Position/Title
1	Joe S. Carr	Rutherford County Mayor
2	Shane McFarland	Mayor – City of Murfreesboro
3	Mary Esther Reed	Mayor – Town of Smyrna
4	Michael Kusch	Rutherford County Commissioner – District 7
5	Sen. Shane Reeves	TN State Senator – 14th District
6	Rep. Charlie Baum	TN State Representative – 37th District
7	Rep. Tim Rudd	TN State Representative – 34th District
8	Rep. Robert Stevens, J.D.	TN State Representative – 13th District
9	Joseph A. Peay, CPA, CMPE	Chief Executive Officer – Murfreesboro Medical Clinic & Surgicenter
10	Laura Aello	Murfreesboro Resident
11	Dana Bryson	Murfreesboro Resident
12	Keith Bryson	Murfreesboro Resident
13	Cornelious Cooper	Murfreesboro Resident
14	Nelda Davenport	Murfreesboro Resident
15	Cassie Davis	Shelbyville Resident
16	Ron Ford	Murfreesboro Resident
17	Jasmine Gregory	Murfreesboro Resident
18	Kenneth Gregory	Murfreesboro Resident
19	Jennifer Jackson	Rockvale Resident
20	Denis Opito	Murfreesboro Resident
21	Lori Pelham	Christiana Resident
22	Kaitlyn Stamour	Murfreesboro Resident
23	Debbie Sudduth	Shelbyville Resident
24	Bryan Szklarski	Chapel Hill Resident
25	William Turner	Murfreesboro Resident
26	Shelley Walker	Christiana Resident
27	Jim Weiler	Murfreesboro Resident
28	Sabrina Williams	Shelbyville Resident

JOE S. CARR
COUNTY MAYOR



RUTHERFORD COUNTY
TENNESSEE

May 15, 2025

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
Andrew Jackson Building, Ninth Floor
502 Deaderick Street
Nashville, Tennessee 37243

Re: TriStar StoneCrest's Murfreesboro ER

Director Grant,

As the mayor of Rutherford County, I am writing this letter to show my support for TriStar StoneCrest as they seek approval for an ER in Murfreesboro. This ER will have a positive impact on the people who live in this area and address the needs of the community.

No one wants to go to the ER, but unfortunately, accidents happen. When they do, time is of the essence, and every second wasted trying to get to the ER or sitting in a waiting room is precious. It can take a long time to get to the ER from this area in south Murfreesboro. For residents in Christiana, Rockvale, and southern Rutherford County, it takes even longer. Because there are so few ERs in Rutherford County, people may be forced to wait for hours before being seen. An ER in south Murfreesboro would cut down on travel time and alleviate wait times, which benefits everyone. This would be a win for our community and improve the livelihood of our residents.

There is a clear need for additional emergency care in Rutherford County given the rapid growth of both the city and county. Similar sized cities have more emergency care resources, and it's time that Murfreesboro and Rutherford County have the healthcare they need. This area is going to continue to grow and it's important that we think about the future needs of the community. I hope that you take this into account and vote to approve the TriStar StoneCrest Murfreesboro ER.

Sincerely,

Joe Carr
Rutherford County Mayor

The City of Murfreesboro
Office of the Mayor

111 West Vine Street
Post Office Box 1139
Murfreesboro, TN 37133-1139

Office: (615) 849-2629
Fax (615) 849-2679
Email: smcfarland@murfreesborotn.gov

MAYOR SHANE MCFARLAND

CITY COUNCIL MEMBERS:

BILL SHACKLETT
VICE MAYOR

MADELYN SCALES HARRIS

SHAWN WRIGHT

KIRT WADE

AUSTIN MAXWELL

JAMI AVERWATER

May 28, 2025

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
Andrew Jackson Building, Ninth Floor
502 Deaderick Street
Nashville, Tennessee 37243

Re: TriStar StoneCrest's Murfreesboro ER

Executive Director Grant,

I have served as the Mayor of Murfreesboro since 2014, previously, I served as a city council member. In that time, our community has experienced exceptional growth. We are surpassing Hamilton County and Chattanooga in terms of population and show no signs of stopping. The strong economy and high quality of life here has not gone unnoticed, and thousands of individuals and families are moving here every year. It's important to me that residents new and old have what they need to live healthily, and that is why I am fully supportive of TriStar StoneCrest's initiative to build a freestanding ER in Murfreesboro.

The site of the proposed ER is in the southern part of Murfreesboro, located right off of I-24 in an area with many subdivisions, neighborhoods, and schools. For residents in this part of Murfreesboro, the nearest ER is across town on the north side of the city. This means that in an emergency they are forced to take roads that are frequently backed up with traffic in order to receive care. They would benefit greatly from an ER that is more accessible to them. I believe that saving minutes and seconds of travel time will save lives.

Additionally, residents don't have a choice when it comes to emergency care. They should not be limited to only one or two options. By building this ER, TriStar StoneCrest is offering residents the freedom to choose where they go for critical care. I believe that by providing another choice, TriStar StoneCrest will improve health outcomes for patients and improve the overall healthcare landscape of Murfreesboro. The addition of the TriStar Murfreesboro ER will benefit consumers and patients, and so I urge you to grant the required Certificate of Need for this facility.

As you make your decision, please keep in mind the needs of Murfreesboro residents and the positive impact that the proposed ER will have on their quality of life.

Sincerely,

Shane McFarland

Mayor Shane McFarland

Town of Smyrna Administration Office
Mary Esther Reed
Town of Smyrna Mayor

Town of Smyrna City Hall
315 S. Lowry Street, Smyrna, TN 37167
Phone: (615) 267-5005 Fax (615) 355-5715

May 22, 2025

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
Andrew Jackson Building, Ninth Floor
502 Deaderick Street
Nashville, Tennessee 37243

Re: TriStar Murfreesboro FSER Application

Executive Director Grant,

I serve as Mayor of the Town of Smyrna and am familiar with the excellent quality of care at TriStar StoneCrest Medical Center. Their service to Smyrna has been incredible. The physicians and staff take excellent care of this community, and I know that our residents have peace of mind knowing that a high-quality facility is just down the road. They have been an anchor in our community and helped bring more providers to our area. Without TriStar, Smyrna would not have the physicians and specialists we have today. TriStar StoneCrest is proposing a satellite ER for South Murfreesboro, and I believe that they should be given approval due to the growing needs of that community.

The addition of a TriStar ER would give residents of South Murfreesboro and Barfield a more convenient access point for care and would provide them with another health system to choose from. As our county continues to grow, it is crucial that we have adequate health facilities to manage growth and take care of residents. The proposed TriStar ER will ensure that residents can be cared for in the event of a medical emergency or accident.

Growth in Murfreesboro and Rutherford County is not slowing down. We must think about the future, and the TriStar Murfreesboro ER will help prepare South Murfreesboro for the increase in population and traffic that we know this area will receive. I urge you to approve this ER and bring a high-quality emergency facility to an area in need.

Thank you,

Mary Esther Reed

Mary Esther Reed
Mayor, Town of Smyrna

May 13, 2025

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
Andrew Jackson Building, Ninth Floor
502 Deaderick Street
Nashville, Tennessee 37243

Re: TriStar StoneCrest's Murfreesboro ER CON Application

Dear Executive Director Grant,

A wonderful opportunity is coming to an underserved area of Murfreesboro.

While it is one of the two fastest growing areas of Rutherford County it is without a close proximity emergency care facility to assist its growing population. TriStar StoneCrest is looking to change that by bringing an ER to South Murfreesboro.

As a 17-year Rutherford County Planning Commissioner and a 3-term county commissioner in the neighboring district to the proposed ER facility, I cannot emphasize enough the need for a standalone emergency care facility in this part of town. Residents have to drive long distances on crowded roads and highways, wasting precious time in an emergency. There is a need for a closer option for residents in this growing area.

The current long emergency room waits, which I experienced multiple times in 2024, as well as the minimum 20–25-minute drive time is not serving our constituents, citizens, taxpayers, friends and neighbors adequately.

This facility is needed and will positively contribute to the overall health and wellbeing of our community.

I 100 percent support TriStar Health's desire to seek approval of this facility, and I urge you to vote for its approval.

Best regards,



Rutherford County Commissioner Michael Kusch
615.351.9164

SENATOR SHANE REEVES

14TH SENATORIAL DISTRICT
BEDFORD, CANNON, MOORE & PARTS OF RUTHERFORD COUNTIES

425 REP JOHN LEWIS WAY N
CORDELL HULL BUILDING, SUITE 722
NASHVILLE, TN 37243
(615) 741-1066
SEN.SHANE.REEVES@CAPITOL.TN.GOV

Senate Chamber
State of Tennessee
NASHVILLE

MEMBER OF COMMITTEES

CHAIRMAN - ENERGY, AGRICULTURE, & NATURAL RESOURCES

HEALTH & WELFARE

COMMERCE & LABOR

May 13, 2025

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
Andrew Jackson Building, Ninth Floor
502 Deaderick Street
Nashville, Tennessee 37243

Re: TriStar StoneCrest's Murfreesboro ER CON Application

Dear Executive Director Grant,

I represent Murfreesboro in our State Senate, and I have seen the growth of our community firsthand. The importance of access to emergency care cannot be understated. Growth brings traffic and increases the strain on existing facilities. Residents in South Murfreesboro, Barfield, and Christiana need to be able to get to the ER quickly, and the proposed TriStar Murfreesboro ER will allow them to do so.

TriStar StoneCrest Medical Center in Smyrna has been serving the Ruthford County community well, providing high-quality care to the growing community there. I have no doubt TriStar StoneCrest would maintain its high standard of quality care at its proposed satellite ER in Murfreesboro. I believe that another high-quality option would be welcomed in the community. Right now, residents only have one option for where they want to receive care. I believe that allowing residents to have a choice will improve outcomes for patients and improve the quality of healthcare in the area. Patients deserve to have a choice, and it is my hope that the Health Facilities Commission will see the need for Murfreesboro residents to have another choice for emergency care.

TriStar StoneCrest is a well-respected hospital in the Murfreesboro community, and I am excited at the prospect of an additional emergency room to meet the needs of our growing community. I am confident that TriStar StoneCrest will provide high-quality care and save lives, and so I ask that you join me in supporting their CON application.

Blessings,



Senator Shane Reeves
District 14

Charlie Baum
State Representative
House District 37

rep.charlie.baum@capitol.tn.gov

Legislative Address
Cordell Hull Building
425 Rep John Lewis Way, Suite 620
Nashville, TN 37243
(615) 741-6849

House of Representatives
State of Tennessee

CHAIRMAN
Higher Education Subcommittee

MEMBER
Education Committee
Finance, Ways & Means Committee

May 12, 2025

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
Andrew Jackson Building, Ninth Floor
502 Deaderick Street
Nashville, Tennessee 37243

Re: TriStar Stonecrest's Murfreesboro ER CON Application

Dear Executive Director Grant,

As a representative of Rutherford County, I feel it is my responsibility to promote the health and wellbeing of Rutherford County residents. In a medical emergency where time is of the essence, it is critical to have easily accessible emergency care. Due to the growth of Murfreesboro, many residents on the south side of the city have to drive to the other side of town in order to receive care. That wastes precious minutes and seconds that could be the difference between life and death. TriStar StoneCrest is looking to address this issue with an ER in South Murfreesboro, and I urge the Health Facilities Commission to support their application.

TriStar StoneCrest has a long history of providing high quality care in Rutherford County. Though their main hospital is located in Smyrna, residents from across the county come to receive care. They are looking to place their ER in a rapidly growing part of Murfreesboro, providing residents with a much more convenient access point in an emergency. This gives residents a closer choice for care and another high-quality health system to choose from. Overall, I feel that the addition of this ER will benefit consumers in Murfreesboro and Rutherford County.

Murfreesboro is growing quickly, and healthcare must keep up with the growing needs of the population. I urge you to approve TriStar StoneCrest's application for a freestanding ER in Murfreesboro, and bring life-saving care to residents who need it.

Charlie Baum
State Representative
House District 37

rep.charlie.baum@capitol.tn.gov

Legislative Address
Cordell Hull Building
425 Rep John Lewis Way, Suite 620
Nashville, TN 37243
(615) 741-6849

House of Representatives
State of Tennessee

CHAIRMAN
Higher Education Subcommittee

MEMBER
Education Committee
Finance, Ways & Means Committee

Sincerely,

Charlie Baum

Charlie Baum
Tennessee State Representative, District 37

TIM RUDD
STATE REPRESENTATIVE
34TH LEGISLATIVE DISTRICT
RUTHERFORD COUNTY

Committees:
Insurance & Banking
State Government
Insurance & Banking Subcommittee

House of Representatives
State of Tennessee

NASHVILLE

520 CORDELL HULL BUILDING
425 5TH AVENUE NORTH
NASHVILLE, TENNESSEE 37243-0105
(615) 741-2804
(615) 253-0322 Fax
1-800-449-8366 Ext. 44571 Toll Free

E-MAIL:
rep.tim.rudd@capitol.tn.gov

May 21, 2025

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
Andrew Jackson Building, Ninth Floor
502 Deaderick Street
Nashville, Tennessee 37243

Re: TriStar StoneCrest's Murfreesboro ER Application

Executive Director Grant,

I represent the southern part of Murfreesboro and Rutherford County, including the proposed site of this freestanding ER. I am excited at the prospect of this facility and what it can do for Rutherford County residents. The population of Rutherford County has increased year after year, and we need the healthcare infrastructure to keep up with that growth. An additional access point for residents living far from the existing ERs will be beneficial and make getting emergency care more convenient.

Rutherford County overtook Hamilton County in population, in 2024, as Tennessee's 4th largest county. However, Rutherford County lacks the same options for care. There are only three existing emergency facilities in the county, which isn't enough to handle the influx of new residents. This county will continue to grow and needs the proper healthcare facilities to handle the growing need for care. The TriStar Murfreesboro ER will be able to treat the life-threatening emergencies that residents face.

There is a sizable retired and elderly community in the area around the proposed site, and if one of those residents suffers from a stroke or a heart attack, their only option right now is to go across town. They would benefit greatly from an ER close to their homes. Additionally, there are several schools not far from this site that would also benefit from having a facility nearby that could treat injuries and emergencies that arise. Lastly, the ambulance services in Rutherford County would benefit from another access point instead of having to drive through traffic to get patients to the ER.

The TriStar Murfreesboro ER will bring a much-needed service to my district, and I believe they should have the approval to do so. I urge you to approve the CON application for the TriStar Murfreesboro ER for the betterment and benefit of the Rutherford County community.

Sincerely,

Tim Rudd
State Representative
34th District

ROBERT STEVENS
State Representative
13th House District

House of Representatives
State of Tennessee

LEGISLATIVE OFFICE
Cordell Hull Building, Suite 432
Nashville, TN 37243
(615) 741-3830

May 28, 2025

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
Andrew Jackson Building, Ninth Floor
502 Deaderick Street
Nashville, Tennessee 37243

Re: TriStar StoneCrest's Murfreesboro ER Application

Executive Director Grant:

As a representative of Rutherford County, I am always delighted to support initiatives that will benefit the health and well-being of our residents. The freestanding ER that TriStar StoneCrest has proposed for South Murfreesboro will contribute to the health and preparedness of Rutherford County as a whole. I am very much in support of its approval and hope that it does in fact come to fruition.

As Rutherford County continues to grow, there is an ever-increasing need for emergency healthcare. In the event of a medical emergency, it is very important that we have the necessary facilities for a timely response. For the area around the proposed site of this ER, that is not currently the case. All of the existing ER's are in the northern part of Rutherford County, making it difficult to reach one in a timely manner. The proposed ER will be situated in an area that does not have convenient access to care, thus addressing a critical need in our county.

In addition to providing access to care, this ER would provide residents with another option for where they want to receive emergency care. Residents currently only have access to one healthcare system in Murfreesboro, leaving them with no choice. Providing additional options will benefit the consumer and improve the quality of care throughout the county. This facility will provide a number of benefits for residents, and for that reason, I feel that it should be approved.

I urge you to approve the CON application for the TriStar Murfreesboro ER and bring this critical healthcare facility to South Murfreesboro.

We look forward to seeing how this proposed project progresses. In the meantime, please feel free to contact me at my office if I can be of any assistance.

Sincerely,

Robert S. Stevens, J.D.

MURFREESBORO
MEDICAL CLINIC
&SURGICENTER

May 29, 2025

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
502 Deaderick St.
Andrew Jackson Bldg., 9th Floor
Nashville, Tennessee 37243

RE: Tristar StoneCrest Freestanding ER CON Application

Dear Mr. Grant:

This letter is to express my support for the certificate of need application for TriStar StoneCrest Hospital's freestanding emergency room (FSER) in Murfreesboro, Tennessee. As CEO of Murfreesboro Medical Clinic (MMC) and a life-long resident of Rutherford County, I continue to witness the tremendous growth in Murfreesboro and Rutherford County. With that growth comes the need for additional medical services such as the proposed FSER.

This FSER would allow the residents on the south side of Murfreesboro and southern Rutherford County to access emergency care in a more timely manner without the need to travel several miles in, what can be, very challenging traffic situations. It is for similar reasons that MMC opened a medical office building further down Shelbyville Pike to allow patients to receive care close to home without having to drive across town. Their proposed FSER in this location should have a similar effect benefiting the citizens of our community by providing more emergency room bed capacity in a rapidly growing part of Rutherford County.

As Rutherford County and Murfreesboro continue to experience exponential growth over the next several years, the need for additional health services, including emergency room capacity, will continue to grow. I urge the Health Facilities Commission to approve this certificate of need.

Sincerely,

Joseph A. Peay, CPA, CMPE
Chief Executive Office

1272 Garrison Drive • Murfreesboro, TN 37129
615-893-4480 • www.mmclinic.com • 1-800-842-6692

05.27.2025

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
Andrew Jackson Building, Ninth Floor
502 Deaderick Street
Nashville, Tennessee 37243
Re: TriStar Murfreesboro ER

Dear Director Grant,

There is a need for emergency care in this area. HCA healthcare is a great provider of care. There is a healthcare desert in this area for emergency services. This is a great solution to the problem. We need more options for lifesaving care. This would be so much more convenient for many residents.

Thank you,

Laura Aello

Laura Aello
4321 Adoree dr Murfreesboro, TN 37130

05-27-2025

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
Andrew Jackson Building, Ninth Floor
502 Deaderick Street
Nashville, Tennessee 37243
Re: ER in Murfreesboro, TN

To the Executive Director,

For my insurance coverage, I have to drive to StoneCrest in Smyrna for an emergency visit. This would be much closer to me and many other people in Murfreesboro. There aren't any ERs here, so it would be great to have an option closer to home. This is an excellent idea for our growing population and I hope it is approved because it is needed!

Thank you,

Dana Bryson

Dana Bryson
117 PrairieView Drive
Murfreesboro, TN 37127

05.27.2025

Andrew Jackson Building, Ninth Floor
502 Deaderick Street
Nashville, Tennessee 37243

Re: ER for Southern Murfreesboro

To Mr. Grant,

Located near the busy and dangerous I25 and Highway 231 and with the population boom of South Murfreesboro, this is no brainer to ensure quality emergency care close by. It also gives residents, like myself living only 10 min away, a choice close to home.

The residents of Murfreesboro need more access and more choices to serve the rapidly growing community. This ER should be approved.

Sincerely,

Keith Bryson

Keith Bryson
117 Prairieview Dr
Murfreesboro, TN 37127

May 27, 2025

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
Andrew Jackson Building, Ninth Floor
502 Deaderick Street
Nashville, Tennessee 37243
Re: TriStar StoneCrest Murfreesboro ER

Dear Mr. Grant,

A new ER would be a benefit for residents of Murfreesboro in need of medical care. In an emergency, this would be close to a lot of people and that is good for residents and their families. It would let people get to the ER faster and save people's lives.

Competition and availability is everything. The residents of Rutherford county win when there is more competition and options. Right now there is only one option for people in Murfreesboro. Another option would allow people to choose and force both hospitals to be better.

Please approve the TriStar Murfreesboro ER and bring more options and healthcare to Murfreesboro.

Thank you,

Cornelious Cooper

Cornelious Cooper
2430 Dewdrop Ct
Murfreesboro, TN 37128

05/27/2025

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
Andrew Jackson Building, Ninth Floor
502 Deaderick Street
Nashville, Tennessee 37243
Re: TriStar Murfreesboro ER

Dear Director Grant,

I live on the south side of Murfreesboro on Warrior Dr and it would benefit our side of town not to have to fight the traffic and then sit and wait in the ER at St Thomas Rutherford anywhere from 2 to 4 hours waiting to be seen. So yes I am all for a new ER because it would mean that everyone in Murfreesboro can be seen quicker in an emergency.

My brother passed of lung cancer several years ago. I had taken him to the ER at St Thomas Rutherford he was in extreme pain, and they made us sit and wait and he could barely catch his breath, after I got extremely mad with the triage staff they finally got him back and got him medical attention..

I don't want another family to go through the feeling of helplessness when they have a loved one in pain and having to wait to be seen by a doctor. We need an ER here because so many are moving to this area and there is no care for them. Everyone deserves access to care and to be seen quickly in a life-threatening situation.

Thank you,

Nelda Davenport
Nelda Davenport
325 Warrior Dr. Apt 43 Murfreesboro, TN 37128

May 27, 2025

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
Andrew Jackson Building, Ninth Floor
502 Deaderick Street
Nashville, Tennessee 37243
Re: TriStar Murfreesboro ER

Dear Director Grant,

We need more options for care. St. Thomas Rutherford is a great hospital but the wait times in the ER is too long. When you need an emergency room quickly, that won't help you. Also, it takes a long time to drive there and this would be much closer to people south of the downtown Murfreesboro area.

This ER should be approved to give Murfreesboro more than one option. People deserve to have a choice of where they want to go.

Thank you,

Cassie Davis
Cassie Davis
105 Stanley Davis Circle Shelbyville, TN 37160

May, 27, 2025

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
Andrew Jackson Building, Ninth Floor
502 Deaderick Street
Nashville, Tennessee 37243
Re: Emergency Care Close to Home

To the Executive Director,

We need an ER in this area to help people during traffic delays and to relieve current ER when times get rough! There is a lot of traffic in Murfreesboro and people need to be able to get to the ER quickly.

The professionalism of Tri-Star would be a great addition. I trust that this facility will help the community and bring ER care where it is needed most in Murfreesboro.

Sincerely,

Ronald W Ford

Ron Ford
2844 Islington Dr.
Murfreesboro, TN 37128

05.27.2025

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
Andrew Jackson Building, Ninth Floor
502 Deaderick Street
Nashville, Tennessee 37243
Re: TriStar Murfreesboro ER

Dear Director Grant,

I am in support of this ER because it would give us closer access to healthcare in time of need.

With the increased growth in population comes the concern of not having enough providers to cover medical care for everyone in an emergency situation. People's health could be at risk, and that doesn't need to be the case. We need a new ER to take care of all of the residents in South Murfreesboro.

Thank you,

Jasmine M. Gregory
Jasmine Gregory
2106 Pathfinder Drive, Murfreesboro, TN 37127

05/27/2025

Andrew Jackson Building, Ninth Floor
502 Deaderick Street
Nashville, Tennessee 37243

Re: ER for Southern Murfreesboro

To Mr. Grant,

We are in need of care for the fast growing population in south Murfreesboro. There are no ERs in this part of town to take care of all the people here. People have to drive far to get emergency care. With traffic getting worse, it will get more difficult than it is already for cars and ambulances to get to the ERs in north Murfreesboro. A new ER will make that better and lower the wait times as well.

To cover the growing population on the south side of Murfreesboro, there needs to be ER care. That is why this facility should be approved.

Sincerely,

Kenneth Gregory

Kenneth Gregory
2106 Pathfinder Drive
Murfreesboro, TN 37127

05.27.2025

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
Andrew Jackson Building, Ninth Floor
502 Deaderick Street
Nashville, Tennessee 37243
Re: TriStar StoneCrest Murfreesboro ER

Dear Mr. Grant,

I support the TriStar ER coming to Murfreesboro. I feel that it would be good for the area and so I ask that you give this facility the approval it needs to be built in Murfreesboro.

Thank you,

Jennifer Jackson
Jennifer Jackson
7126 Jackson Ridge Rd
Rockvale, TN 37153-4270

27-May, 2025

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
Andrew Jackson Building, Ninth Floor
502 Deaderick Street
Nashville, Tennessee 37243
Re: TriStar Murfreesboro ER

Dear Director Grant,

A new ER will save lives quicker instead of driving 50 minutes away before getting care. It is too far to try and get to the ER, even the closest ones are too far away. I have personally experienced situations where it was difficult to access emergency care.

We have more people than ER services. The population keeps growing and there needs to be more ER services to take care of people.

Thank you,

Denis Opito

Denis Opito
3734 Mathewson Way, Murfreesboro, TN 37128

27-May, 2025

Andrew Jackson Building, Ninth Floor
502 Deaderick Street
Nashville, Tennessee 37243

Re: ER for Southern Murfreesboro

To Mr. Grant,

The growth of Murfreesboro has been tremendous, and our ERs are overrun and unable to handle the strain. We need more emergency care in the southern part of the county in order to take care of the residents that live here.

12 years ago, my father waited in the waiting room for 6 hours with a spinal cord injury because the hospital was so packed that the emergency room had no way to see patients. A new ER would decrease wait times and improve outcomes.

Please vote to approve the StoneCrest Murfreesboro ER.

Sincerely,

Lori Pelham

Lori Pelham
8343 Cobb Rd
Christiana, TN 37037

27-May, 2025

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
Andrew Jackson Building, Ninth Floor
502 Deaderick Street
Nashville, Tennessee 37243
Re: TriStar Murfreesboro ER

Dear Director Grant,

South Murfreesboro would benefit in many ways. The traffic here has gotten 10x worse and to get across town to an emergency department could take you more time than you have in an emergency situation. The quicker we act, the more we save lives. This is a great idea! It also helps people out with jobs as well!

As I said above, the quicker we have to save lives the better the turnout. Having a closer resource will benefit south Murfreesboro tremendously

Thank you,

Kaitlyn Stamour
Kaitlyn Stamour
407 Josiah Court, Murfreesboro, TN 37128

05.27.2025

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission

Re: Southern Murfreesboro ER

Dear Mr. Grant,

There are so many people in this area, we need closer medical care. The population keeps growing and growing and yet there aren't any ERs or emergency medical centers close to us. This ER would be closer and easier to get to.

The ERs in the northern part of Rutherford County are not enough for the growing population. We need more emergency care and I would like to see a TriStar ER come to our part of town. Please approve this ER.

Thank you,

Deborah E Sudduth

Debbie Sudduth
102 Doubletree Circle
Shelbyville, TN 37160

05-27-2025

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
Andrew Jackson Building, Ninth Floor
502 Deaderick Street
Nashville, Tennessee 37243
Re: TriStar StoneCrest Murfreesboro ER

Dear Mr. Grant,

I believe that Murfreesboro needs a new ER and that it would be good for residents in Rutherford County. This will be great for the community and I hope to see it approved.

Thank you,

Bryan Szklarski

Bryan Szklarski
4501 Nashville Highway
Chapel Hill, TN 37034

May 27, 2025

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
Andrew Jackson Building, Ninth Floor
502 Deaderick Street
Nashville, Tennessee 37243
Re: TriStar StoneCrest Murfreesboro ER

Dear Mr. Grant,

Murfreesboro is a fast-growing city and our community needs better and faster access to emergency care to serve residents in all areas of the city. Additionally, the proposed location would not just serve the south side of Murfreesboro, but also the outlying communities that have limited and convenient access to emergency services, like Christiana, Bell Buckle, Beech Grove, these are all areas growing in population. The proposed location is in my neighborhood, within walking distance of my home. I am excited about the possibility of a freestanding ER being so close to me, my family and my neighbors.

I am a resident in the neighborhood of the proposed location; my home is less than a half a mile away. Last June i was experiencing a critical medical emergency that was not immediately apparent to the staff at St. Thomas on Medical Center. The wait time I experienced, of nearly 3 hours before I received care nearly cost me my life. My blood pressure was high and steadily rising while I was sitting in the emergency room at St Thomas. When I was finally brought back to a room after hours of waiting, I went into cardiac arrest. Thankfully I am here today to be able to tell my story, but the effects beyond that event did not only nearly cost me my life, but it also cost me additional cost with a hospital stay and impacts to my mental health.

Our community is growing, we need more options and better access to emergency healthcare. This location is also convenient to a heavily tracked interstate where a just a few extra miles to access emergency care could literally mean the difference between life and death.

Thank you,

William Turner

William Turner
416 Jonquil Ct
Murfreesboro, TN 37128

May 27, 2025

Andrew Jackson Building, Ninth Floor
502 Deaderick Street
Nashville, Tennessee 37243

Re: ER for Southern Murfreesboro

To Mr. Grant,

It takes us about 20 to 30 minutes to get to the ER from our house. I have many times thought about going to Bedford County, but it doesn't take my insurance. We need an ER closer and easier to get to.

My mother died because she had a heart attack, and it took seven minutes for the ambulance to get here and 911 told me not to do the breathing as we were doing chest compressions. If an emergency room was closer, I think an ambulance would have been closer as well.

To better serve the people of South Murfreesboro, we need an ER. The area has just grown too big to rely on ERs far away. Traffic continues to get worse and will only make it more difficult to get to the ER.

Sincerely,

Shelley Walker

Shelley Walker
7419 Midland Rd.
Christiana, TN 37037

27 May 2025

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
Andrew Jackson Building, Ninth Floor
502 Deaderick Street
Nashville, Tennessee 37243
Re: TriStar StoneCrest Murfreesboro ER

Dear Mr. Grant,

This ER would help the folks in the southern part of Rutherford County where there is no ER care. People should be able to get care when they need it and this ER will make that possible for people in southern Murfreesboro and other communities in that area. We could use more ER care here and so I am asking that you vote to approve the new ER for southern Murfreesboro.

Thank you,

Jim Weiler
Jim Weiler
1151 Stratus Dr
Murfreesboro, TN 37127

27-May, 2025

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
Andrew Jackson Building, Ninth Floor
502 Deaderick Street
Nashville, Tennessee 37243
Re: ER in Murfreesboro, TN

To the Executive Director,

Having a facility in south Murfreesboro would be beneficial for residents and non residents on that side of town. With the growing population, comes heavy traffic, which makes the commute longer for emergency care. As someone who is a non resident, living just minutes away from Murfreesboro, it gives us the option for a closer facility for emergency care as well.

A growing community needs emergency care where they can travel without heavy traffic to get the care they need. Lives could be saved with a shorter commute. This ER should absolutely be approved.

Thank you,

Sabrina Williams

Sabrina Williams
230 Gregory Mill Rd
Shelbyville, TN 37160

5N. Describe the existing and approved but unimplemented services of similar healthcare providers in the service area. Include utilization and/or occupancy trends for each of the most recent three years of data available for this type of project. 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.

Rutherford County and Service Area Emergency Care Providers

There is one operational emergency care provider and one unimplemented emergency care provider in the service area and two additional providers within Rutherford County as follows:

Service Area:

- St. Thomas Westlawn (37128)
- Vanderbilt Rutherford Hospital (37128) -- Unimplemented

Outside the Service Area:

- TriStar StoneCrest (37067)
- St. Thomas Rutherford (37129)

Trends in utilization for these providers are discussed in detail in **Attachment 1N**. Also discussed is the level of utilization in relation to ACEP guidelines for the host hospital, TriStar StoneCrest. The underservice to the County and service area population is also demonstrated based on only 3 operational access points for a population of 388,000 which is markedly lower than counties of similar size and high population counties. With respect to ED treatment rooms, the underservice is also demonstrated based on 121 ED treatment rooms serving 388,000 people and just 8 ED treatments rooms in the service area for 114,000 people. Based on these factors, and the need to improve access for Southern Rutherford, it is quite evident that additional ED capacity is needed to meet the current and future ED need of the service area.

Rutherford County/Service Area Utilization Trends

There are three emergency rooms operating within Rutherford County, one in the service area. The other two are located north of the service area, one in Murfreesboro and the other in Smyrna. The annual ED visit count by Rutherford County ED separated between the service area EDs and the out of service area ED is presented in **Exhibit 9.** St. Thomas Westlawn opened in April 2023. While there is no available Joint Annual Report for that hospital during that year, the hospital summary report identified 1,379 ER visits.

Exhibit 9
ED Visits by Rutherford County Emergency Department, 2021 through 2023

Zip Code/County	Facility	Most Recent Years Reported			% Change
		2021 ED Visits	2022 ED Visits	2023 ED Visits	
EDs in the Service Area					
37128 - Rutherford	St Thomas Westlawn	0	0	1,379	--
Rutherford County EDs Outside the Service Area					
37167 - Rutherford	TriStar StoneCrest	47,731	49,854	50,621	6.1%
37129 - Rutherford	St Thomas Rutherford	70,592	76,554	79,813	13.1%
TOTAL		118,323	126,408	131,813	11.4%

Zip Code/County	Facility	Most Recent Years Reported			% Change
		2021 ED Visits	2022 ED Visits	2023 ED Visits	
EDs in the Service Area					
37128/Rutherford	St Thomas Westlawn	0	0	n/a	--
Rutherford County EDs Outside the Service Area					
37167/Rutherford	TriStar StoneCrest	47,731	49,854	50,621	6.1%
37129/Rutherford	St Thomas Rutherford	70,592	76,554	79,813	13.1%
TOTAL		118,323	126,408	130,434	10.2%

Source: Hospital Joint Annual Report for the respective year, page 41 and Hospital Summary Report 2023 for St. Thomas Westlawn.

While calendar year 2024 data is not publicly available as of this date, internal records for TriStar StoneCrest indicate utilization of its ED continued to increase throughout calendar year 2024. This is presented in **Exhibit 10**.

Exhibit 10
TriStar StoneCrest ED Visits, Calendar Year 2021 through 2024

Facility	2021 ED Visits	2022 ED Visits	2023 ED Visits	2024 ED Visits	% Change
TriStar StoneCrest	47,731	49,854	50,621	51,861	8.7%

Source: Hospital Joint Annual Report for 2021 to 2023, page 41. CY 2024 is internal data.

The emergency departments in Rutherford County provide the majority of ED services to service area residents. However, using HDDS data (Table 9A2), only 10 percent of service area ED visits are actually treated in an emergency room in the service area. This means that 90 percent travel further than would be the case with the implementation of the proposed Murfreesboro FSED.

In terms of County population and EDs, 82 percent of service area residents are treated within the county, the majority being outside the service area. This compares with 81 percent of county residents being treated at county EDs. 2023 service area utilization by zip code area and provider county are presented in **Exhibit 11**.

Exhibit 11
Service Area ED Visits by Provider County, 2023

ED Location	37037 Christiana	37127 Murfreesboro	37128 Murfreesboro	Service Area Total	Rutherford County
ED Visits within County and Out of County					
Rutherford County Providers	2,074	5,882	17,858	25,814	104,227
Out of County Providers	702	1,210	3,671	5,583	24,680
Total ED Visits	2,776	7,092	21,529	31,397	128,907
Distribution of Visits within County and Out of County					
Rutherford County Providers	74.7%	82.9%	82.9%	82.2%	80.9%
Out of County Providers	25.3%	17.1%	17.1%	17.8%	19.1%
Total ED Visits	100.0%	100.0%	100.0%	100.0%	100.0%

Source: THA data.

Service Area Urgent Care Providers Are Not An Alternative

Minor, non-emergent conditions are often served in an urgent care center ("UCC") or physician's office. It is important to note that UCCs are not equipped to provide emergency care and therefore are not a substitute for the proposed FSED for multiple reasons. UCCs are not licensed acute care facilities. They are not required to and do not care for all comers. They do not publicly report utilization. For medical emergencies, they are not acceptable alternatives to a hospital-operated emergency room. Moreover, UCCs are not open 24 hours a day. Another important distinction between a hospital affiliated FSED and a UCC relates to the obligation to serve all patients regardless of ability to pay and meet federal Emergency Medical Treatment and Labor Act ("EMTALA") requirements. A UCC has no obligation to do so. By contrast, hospital affiliated FSEDs are required to serve all patients regardless of ability to pay.

Below is a list of urgent care centers and walk-in clinics in the proposed service area. It should be noted none are in the Christiana zip code, 37037.

- Urgent Team – Murfreesboro-West (37128)
- Ascension St Thomas Urgent Care (37127)
- Barfield Clinic (37127)
- Ascension St Thomas Urgent Care (37127)
- One Stop Family Clinic (37127)
- MMC Now (37128)
- The Little Clinic (37128)
- St Thomas Medical Partners – New Salem (37128)
- The Little Clinic (37127)
- Mills Family Pharmacy (37128)

UCCs only offer limited services. The below table compares services that are typically available in emergency rooms compared to those of UCCs. It is evident that UCCs do not provide emergency care and are therefore not effective alternatives to FSEDs. The following chart provides some examples of the types of patients that can appropriately be seen at an FSED that are inappropriate for a UCC. For these reasons, UCCs in the area are not an alternative and cannot address the access issues that service area patients face for emergency care.

Capabilities of the Emergency Department Compared to Typical Urgent Care Center			
Conditions	**Urgent Care**	**StoneCrest Campus ED**	**Proposed Murfreesboro FSED**
Stroke	X	✓	✓
Severe Chest Pain	X	✓	✓
Traumatic Injuries	X	✓	✓
EMS Offload	X	✓	✓
Advanced Life Support	X	✓	✓
Deep Puncture Wounds	X	✓	✓
Complex Radiologica Services	X	✓	✓
Patients in Labor	X	✓	✓
Complex Lab Services	X	✓	✓
Complex Imaging Services	X	✓	✓

The following photograph shows a typical TriStar Health FSED treatment room and some of the typical equipment available that clearly is not available in an urgent care center. Based on capability, equipment, facility design, and operational licensure requirements, a UCC is not an alternative for an FSED much less a hospital ED. With the same quality of care and accreditation standards as a hospital-based ED, FSEDs are able to see patients faster than traditional emergency rooms. This can mean the difference between life and death for someone experiencing a medical crisis. As presented in **Attachment 1N**, TriStar Health FSEDs serve all patients in all ED acuity levels.

FSED Treatment Room Example



1. **Adult Resuscitation/Intubation Cart**
2. **Pediatric Resuscitation/Intubation Cart**
3. **Cardiac Monitor**
4. **Rapid Blood Infuser**
5. **Critical Equipment / Supplies**
   a) Pediatric / Adult Ventilator
   b) Cricothyrotomy Kit
   c) Chest Tube Kit
   d) Central Lines
   e) Foley Catheters
6. **Pyxis: Critical Medications**

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.

Historical Utilization

Exhibit 12 provides the historical trend in ED visits from 2021 through 3rd quarter 2024 for the service area. CY 2023 reflects a total of 31,397 ED visits in the service area.

Exhibit 12
ED Visits by Zip Code, Age Cohort and Year

	ER Visits by Year			
Zip Code	**2021**	**2022**	**2023**	**3Qs 2024**
Christiana - 37037				
<18	336	406	465	363
18-44	908	977	1,084	894
45-64	631	612	692	609
65-74	287	282	278	210
75-84	137	188	209	180
85+	68	53	48	38
Total	2,367	2,518	2,776	2,294
Murfreesboro - 37127				
<18	821	1,003	1,029	872
18-44	2,366	2,519	2,900	2,240
45-64	1,447	1,577	1,632	1,273
65-74	642	695	779	583
75-84	375	515	524	444
85+	159	182	228	174
Total	5,810	6,491	7,092	5,586
Murfreesboro - 37128				
<18	2,879	3,492	4,040	3,144
18-44	7,691	8,213	8,906	7,063
45-64	3,974	4,200	4,579	3,790
65-74	1,529	1,653	1,910	1,529
75-84	962	1,277	1,461	1,264
85+	449	507	633	525
Total	17,484	19,342	21,529	17,315
Service Area Total				
<18	4,036	4,901	5,534	4,379
18-44	10,965	11,709	12,890	10,197
45-64	6,052	6,389	6,903	5,672
65-74	2,458	2,630	2,967	2,322
75-84	1,474	1,980	2,194	1,888
85+	676	742	909	737
Total	25,661	28,351	31,397	25,195

Source: THA Data

Distribution of the above ED visits by emergency room providing the care confirms that the majority of the patients residing in the service area are treated outside this area. Only 10 percent of service area patients utilize service area EDs, meaning 90 percent out-migrate. Furthermore, on a county-wide basis, 18 percent leave the county, with most of the remaining 82 percent being treated in Rutherford County but outside the service area.

HDDS data provides distribution of the 37127 and 37128 zip codes by hospital. Unfortunately, HDDS truncates zip code 37037 from its 2023 ED visit count of 2,776 (THA data) to more than 130,000 visits. By aggregating all '370' zip codes with less than 20,000 persons, there is significant distortion resulting in an absurd result that is not applicable to the proposed Murfreesboro FSED service area. Removing 37037 from the presentation due to data restriction policies, **Exhibit 13** provides utilization by zip code and hospital for the most recent year (2023). Out of county EDs are separated between TriStar Health affiliates and all other.

Exhibit 13
ED Visits by Hospital and Zip Code, 2023

Zip Code/County	Service Area ED St. Thomas Westlawn	Other Rutherford County ED TriStar StoneCrest	Other Rutherford County ED St. Thomas Rutherford	Subtotal of County EDs	Out of County TriStar EDs	All Other Out of County EDs	Total
37037 - Christiana		296		2,074	90	612	2,776
37127 - Murfreesboro	279	614	4,989	5,882	268	921	7,071
37128 - Murfreesboro	2,841	1,754	13,254	17,849	748	2,848	21,445
Total Service Area	3,120	2,664	18,243	25,805	1,016	4,471	31,292
Overall % by Hospital	10.0%	8.5%	58.3%	82.5%	3.2%	14.3%	100.0%
Percent Distribution within the County	12.1%	10.3%	70.7%	100.0%			

Source: HDDS data, except for 37037 which is masked THA data

ED visits by zip code have steadily increased during the past three years consistent with population growth and also a return to normalcy as a result of the COVID-19 pandemic's impact on ED usage between 2020 and 2022. As a result, ED visits are generally increasing at a faster rate than population resulting in recent higher use rates of ED visits per 1,000 population. ED rates have rebounded to 2019 rates and slightly greater as a result of aging population.

Exhibit 14 provides the annual ED visit per 1,000 population (use rates) for the past three years. 2024 is not included in the chart due to the potential distortion of annualizing three quarter data to arrive at a use rate.

Exhibit 14
ED Use Rates by Zip Code, Age Cohort and Year

Zip Code	ED Visits per 1,000 Population 2021	2022	2023
Christiana - 37037			
<18	135.53	163.75	187.53
18-44	273.43	284.96	306.53
45-64	269.61	253.44	278.00
65-74	373.60	351.01	331.50
75-84	480.36	611.58	634.10
85+	1089.74	770.35	638.30
Total	255.72	264.99	284.76
Murfreesboro - 37127			
<18	172.44	208.13	210.99
18-44	290.75	302.98	341.55
45-64	275.79	295.01	299.76
65-74	367.70	384.19	416.13
75-84	461.03	601.78	583.39
85+	712.37	769.88	913.46
Total	277.62	303.60	324.84
Murfreesboro - 37128			
<18	154.87	185.37	211.66
18-44	256.41	266.12	280.69
45-64	241.37	244.94	256.82
65-74	334.84	343.39	377.38
75-84	466.54	579.14	622.23
85+	722.79	784.34	942.53
Total	241.83	259.58	280.59
Service Area Total			
<18	156.25	187.51	209.28
18-44	264.52	274.83	294.59
45-64	251.62	256.51	267.94
65-74	347.15	354.15	381.76
75-84	466.37	587.85	613.57
85+	745.48	779.74	912.28
Total	250.39	269.00	289.89

Source: THA data and Claritas

Projected Utilization

To project the utilization of the proposed FSED, the historical utilization by service area residents by zip code and age cohort for 2021 through 2023 was analyzed using THA data, as the full year of 2024 THA data was not yet available.[9] **Exhibit 15** provides the resulting forecasted service area ED visits by year for 2027 through 2030.

[9] Based on THA's data release policy, data for providers that are not affiliated with TriStar Health are masked/grouped unless publicly available based on time lapse.

Exhibit 16
Projected Service Area ED Visits by Zip Code and Year

Zip Code	2027	2028	2029	2030
Christiana - 37037	3,090	3,163	3,236	3,310
Murfreesboro - 37127	7,726	7,877	8,029	8,180
Murfreesboro - 37128	24,080	24,678	25,275	25,873
Service Area	34,895	35,718	36,540	37,363

Given that the use rate by age cohort for 2023 is the proxy for the forecasted utilization, the differential from 2023 driving the increased ED visits in the service area is solely the population and the aging of that population. The impact is nearly 6,000 ED visit growth in the service area between 2023 and 2030 as reflected in **Exhibit 17.**

Exhibit 17
ED Visits, 2023 versus 2030

Zip Code	2023	2030	Change
Christiana - 37037	2,776	3,310	534
Murfreesboro - 37127	7,092	8,180	1,088
Murfreesboro - 37128	21,529	25,873	4,344
Service Area	31,397	37,363	5,966

There are several advantages derived by service area population being treated at the proposed FSED. These include a more proximate closer to home ED, faster time to access treatment, shorter wait times, shorter treatment times and a quality provider. Given the expected reception of the proposed FSED in the service area, **Exhibit 18** provides the percent of ED patients to be treated at the proposed Murfreesboro FSED. This level of patients by zip code is consistent with TriStar Health affiliate experience at other FSEDs in terms of patient percentage, distances and access enhancement. Overall, the proposed FSED, being the ED furthest south in the county, is estimated to treat approximately 20 percent of the population residing in Southern Rutherford.

Exhibit 18
Percent of Service Area Patients to be Treated by the Proposed Murfreesboro FSED

Zip Code	2027	2028	2029	2030
Christiana - 37037	14.0%	22.0%	22.0%	22.0%
Murfreesboro - 37127	16.0%	24.0%	24.0%	24.0%
Murfreesboro - 37128	12.0%	18.0%	18.0%	18.0%
Service Area (Weighted Avg)	13.1%	19.7%	19.7%	19.7%

Applying the percent of patients to the forecasted ED visits in the service area results in the estimated number of ED visits by year to be treated by the proposed Murfreesboro FSED. Years 1 and 2 percent distribution by zip code area are provided in **Exhibit 19.** Additionally, it is estimated that 30 percent of the proposed FSED patients will originate from outside the service area. This 30 percent factor is also included in **Exhibit 19.**

Exhibit 19
Projected ED Visits Years 1 and 2

Zip Code	Year 1	% of Total	Year 2	% of Total
Christiana - 37037	433	6.6%	696	6.9%
Murfreesboro - 37127	1,236	19.0%	1,891	18.8%
Murfreesboro - 37128	2,890	44.4%	4,442	44.2%
Service Area	4,558	70.0%	7,028	70.0%
Out of Area	1,954	30.0%	3,012	30.0%
Total	6,512	100.0%	10,040	100.0%

Totals may not add due to rounding.

Next, the base of patients that would shift from existing service area TriStar Health affiliates and unaffiliated providers to the proposed FSED by zip code was calculated based on the assumption that at least some patients closer to the proposed FSED would shift their use to the new facility. These shift percentages consider the following:

- TriStar StoneCrest patients who live in the service area;
- TriStar Health affiliates patient volume from the service area;
- Shift percentages were adjusted by zip code based on the relative proximity of each existing hospital and the FSED to the zip code population;
- Patients of the host hospital and affiliates are projected to experience the largest proportionate shift to the new FSED;
- Less than 10 percent of visits was projected to come from other existing providers based on the increased access to care in the service area that will be created through the proposed FSED;
- The patient shifts were assumed to increase slightly from Year 1 to Year 2 based on a ramp-up period for the first years; and
- It was assumed that 30 percent of patients at the FSED would come from outside of the service area zip codes.

Based on these assumptions, **Exhibit 20** summarizes the growth in service area ED visits between 2023 and year 2 and the number of visits expected to be shifted from TriStar StoneCrest and TriStar Health affiliates.

Exhibit 20
Service Area ED Visit Growth and Patient Shift

CY 2023 Service Area Visits	31,397
Projected Year 2 Service Area Visits	35,718
Incremental Visits from Service Area Population Growth	4,321
Projected Shift from TriStar StoneCrest and Affiliates	2,133
Combined Total of Growth and Shift	6,453
Projected FSED Service Area Volume Year 2	7,028

The proposed FSED service area ED visits in year two are only slightly greater than the overall market increase and the patient shift from TriStar Health affiliates.

Regarding level of care or acuity of the ER patient who will present at the proposed FSED, the Applicant anticipates its experience will be similar to the average across the TriStar Health FSEDs. Based on that assessment, **Exhibit 21** provides the expected patient acuity mix at the proposed FSED.

Exhibit 21
Expected Acuity by ER Level of Care at TriStar Murfreesboro FSED

Acuity Level	Projected Murfreesboro FSED
ER Level 1	3.2%
ER Level 2	8.7%
ER Level 3	46.4%
ER Level 4	33.7%
ER Level 5	8.0%
ER Critical Level	0.1%
Total	100.0%

Summary

The proposed Murfreesboro FSED will introduce an additional choice of provider in Murfreesboro, and the first in Southern Rutherford. Allowing TriStar StoneCrest to alleviate geographic isolation for the proposed service area residents will provide consumers with a choice of providers locally to experience shorter wait times, access alternate medical staff, and reduce travel.

The proposed FSED is within 10 to 15 minutes of the centroid of its zip codes. It will improve access by addressing geographic isolation for those residents of Southern Rutherford by bringing ED services geographically closer to patients' homes by between 5 and 19 minutes depending on the zip code and emergency room; and introducing shorter wait times and enhanced quality metrics into Southern Rutherford. Improved ED operational efficiencies and access to timely emergency care are positively associated with enhanced quality of care, patient safety, and patient satisfaction, leading to potential reduction of healthcare costs.

An additional benefit to be derived by the service area residents is that TriStar Health will be operating a Ground Transport Base at the proposed FSED. The Ground Transport Base can accommodate 3 ambulances for intra-facility transport. Patients at the FSED who require transport will have ready access to these ambulances. Additionally, patients of other area facilities both in and surrounding Rutherford County will have improved ambulance access for patient transport between facilities with the establishment of this Ground Transport Base.

Attachment 1C-1

Transfer Agreements

FACILITY TRANSFER AGREEMENT (Revised 04-2011)

This Transfer Agreement (the "Agreement") is made as of this 20 day of June, 2024, by and between: HCA Health Services of Tennessee, Inc., doing business as TriStar Southern Hills Medical Center and HCA Health Services of Tennessee, Inc. d/b/a StoneCrest Medical Center, each individually referred to herein as "facility," or "Transferring Facility" if transferring a patient, or "Receiving Facility" if receiving a patient, pursuant to the terms and provisions of this Agreement, and collectively as "facilities."

WITNESSETH:

WHEREAS, the parties hereto desire to enter into this Agreement governing the transfer of patients between the two facilities; and,

WHEREAS, the parties hereto desire to enter into this Agreement in order to specify the rights and duties of each of the parties and to specify the procedure for ensuring the timely transfer of patients between the facilities;

NOW, THEREFORE, to facilitate the continuity of care and the timely transfer of patients and records between the facilities, the parties hereto agree as follows:

1. **Transfer of Patients.** In the event any patient of either facility is deemed by that facility (the "Transferring Facility") as requiring the services of the other facility (the "Receiving Facility") and the transfer is deemed medically appropriate, a member of the nursing staff of the Transferring Facility or the patient's attending physician will contact the admitting office or Emergency Department of the Receiving Facility to arrange for appropriate treatment as contemplated herein. All transfers between the facilities shall be made in accordance with applicable federal and state laws and regulations, the standards of the Joint Commission and any other applicable accrediting bodies, and reasonable policies and procedures of the facilities. Neither the decision to transfer a patient nor the decision to not accept a request to transfer a patient shall be predicated upon arbitrary, capricious, or unreasonable discrimination or based upon the patient's inability to pay for services rendered by either facility. The Receiving Facility's responsibility for the patient's care shall begin when the patient is admitted to the Receiving Facility.

2. **Responsibilities of the Transferring Facility.** The Transferring Facility shall be responsible for performing or ensuring performance of the following:

(A) Provide, within its capabilities, for the medical screening and stabilizing treatment of the patient prior to transfer;

(B) Arrange for appropriate and safe transportation and care of the patient during transfer, in accordance with applicable federal and state laws and regulations;

(C) Designate a person who has authority to represent the Transferring Facility and coordinate the transfer of the patient from the facility;

(D) Notify the Receiving Facility's designated representative prior to transfer to receive confirmation as to availability of appropriate facilities, services, and staff necessary to provide care to the patient;

(E) Prior to patient transfer, the transferring physician shall contact and secure a receiving physician at the Receiving Facility who shall attend to the medical needs of the patient and who will accept responsibility for the patient's medical treatment and hospital care;

(F) Provide, within its capabilities, appropriate personnel, equipment, and services to assist the transferring physician with the coordination and transfer of the patient;

(G) Provide, within its capabilities, personnel, equipment, and life support measures determined appropriate for the transfer of the patient by the transferring physician;

(H) Forward to the receiving physician and the Receiving Facility a copy of those portions of the patient's medical record that are available and relevant to the transfer and continued care of the patient, including records related to the patient's condition, observations of signs or symptoms, preliminary diagnosis, treatment provided, results of any tests, and with respect to a patient with an emergency medical condition that has not been stabilized, a copy of the patient's informed

consent to the transfer or physician certification that the medical benefits of the transfer outweigh the risk of transfer. If all necessary and relevant medical records are not available at the time the patient is transferred, then the records will be forwarded by the Transferring Facility as soon as possible;

(I) Transfer the patient's personal effects, including, but not limited to, money and valuables, and information related to those items;

(J) Notify the Receiving Facility of the estimated time of arrival of the patient;

(K) Provide for the completion of a certification statement, summarizing the risk and benefits of the transfer of a patient with an emergency condition that has not been stabilized, by the transferring physician or other qualified personnel if the physician is not physically present at the facility at the time of transfer;

(L) Acknowledge any contractual obligations and comply with any statutory or regulatory obligations that might exist between a patient and a designated provider;

(M) Recognize the right of a patient to request to transfer into the care of a physician and facility of the patient's choosing;

(N) Recognize the right of a patient to refuse consent to treatment or transfer;

(O) Complete, execute, and forward a memorandum of transfer form to the Receiving Facility for every patient who is transferred;

(P) Establish a policy and/or protocols (i) for maintaining the confidentiality of the patient's medical records in accordance with applicable state and federal law, and (ii) for the inventory and safekeeping of any patient valuables sent with the patient to the Receiving Facility; and,

(Q) Recognize and comply with the requirements of any state law and regulations or local ordinances that apply to the care and transfer of patients.

3. **Responsibilities of the Receiving Facility.** The Receiving Facility shall be responsible for performing or ensuring performance of the following:

(A) Provide, as promptly as possible, confirmation to the Transferring Facility regarding the availability of bed(s), appropriate facilities, services, and staff necessary to treat the patient and confirmation that the Receiving Facility has agreed to accept transfer of the patient. The Receiving Facility shall respond to the Transferring Facility within **thirty (30)** minutes after receipt of the request to transfer a patient with an emergency medical condition or in active labor;

(B) Provide, within its capabilities, appropriate personnel, equipment, and services to assist the receiving physician with the receipt and treatment of the patient transferred and maintain a call roster of physicians at the Receiving Facility;

(C) Reserve beds, facilities, and services as appropriate for patients being transferred from the Transferring Facility who have been accepted by the Receiving Facility and a receiving physician, if deemed necessary by a transferring physician unless such are needed by the Receiving Facility for an emergency;

(D) Designate a person who has authority to represent and coordinate the transfer and receipt of patients into the facility;

(E) When appropriate and within its capabilities, assist with the transportation of the patient as determined appropriate by the transferring or receiving physician;

(F) Provide the Transferring Facility with a copy of the patient's clinical or medical records, including any record generated in the emergency department;

(G) Maintain the confidentiality of the patient's clinical or medical records in accordance with applicable state and federal law;

(H) Establish a policy and/or protocols (i) for maintaining the confidentiality of the patient's clinical or medical records in accordance with applicable state and federal law, (ii) for the receipt of the patient into the facility, and (iii) for the acknowledgment and inventory of any patient valuables transported with the patient;

(I) Provide for the return transfer of patients to the Transferring Facility when requested by the patient or the Transferring Facility and ordered by the patient's attending/transferring physician, if the Transferring Facility has a statutory or regulatory obligation to provide health care assistance to the patient, and if transferred back to the Transferring Facility, provide the items and services specified in Section 2 of this Agreement;

(J) Provide the Transferring Facility any information available about the patient's coverage or eligibility under a third party coverage plan, Medicare or Medicaid, or a healthcare assistance program established by a county, public hospital, or hospital district;

(K) Upon request, provide current information concerning its eligibility standards and payment practices to the Transferring Facility and patient;

(L) Acknowledge any contractual obligations and comply with any statutory or regulatory obligations that might exist between a patient and a designated provider;

(M) Complete, execute, and return the memorandum of transfer form to the Transferring Facility; and,

(N) Recognize and comply with the requirements of any state law and regulations or local ordinances that apply to the care and transfer of patients.

4. **Billing.** All claims or charges incurred with respect to any services performed by either facility for patients received from the other facility pursuant to this Agreement shall be billed and collected by the facility providing such services directly from the patient, third party payer, Medicare or Medicaid, or other sources appropriately billed by that facility, unless applicable law and regulations require that one facility bill the other facility for such services. *In those cases in which the regulations apply, the facilities shall bill in accordance to the regulations that apply to skilled nursing facility prospective payment system ("SNF PPS") and consolidated billing. In those cases in which payment rates are consistent with SNF PPS regulations and have been negotiated, such payment shall be made at* NA *% of charges or in accordance with the payment fee schedule, labeled as Exhibit* NA*, attached hereto and incorporated herein by this reference.* In addition, it is understood that professional fees will be billed by those physicians or other professional providers who actually participate in the care and treatment of the patient and who are entitled to bill for their professional services at usual and customary rates. Each facility agrees to provide information in its possession to the other facility and such physicians or professional providers sufficient to enable them to bill the patient, responsible party, or appropriate third party payer.

5. **Transfer Back; Discharge; Policies.** At such time as the patient is ready for transfer back to the Transferring Facility or another health care facility or discharge from the Receiving Facility, in accordance with the direction from the Transferring Facility and with the proper notification of the patient's family or guardian, the patient will be transferred to the agreed upon location. If the patient is to be transferred back to the Transferring Facility, the Receiving Facility will be responsible for the care of the patient up until the time the patient is re-admitted to the Transferring Facility. Such transfers shall be conducted in accordance with HCA Healthcare Corporation Ethics and Compliance Policies and Procedures (*e.g., Discharge Planning and Referrals of Patients to Post Discharge Providers Policy, LL.HH.016 and EMTALA – Transfer Policy, EM.003*).

6. **Compliance with Law.** Both facilities shall comply with all applicable federal and state laws, rules and regulations, including, without limitation, those laws and regulations governing the maintenance of clinical or medical records and confidentiality of patient information as well as with all standards promulgated by any relevant accrediting agency.

7. **Indemnification; Insurance.** The facilities shall each be responsible for their own acts and omissions in the performance of their duties hereunder, and the acts and omissions of their own employees and agents, and shall indemnify and hold harmless the other party from and against any and all claims, liabilities, causes of action, losses, costs, damages and expenses (including reasonable attorney's fees) incurred by the other party as a result of such acts and omissions. In addition, each party shall maintain, throughout the term of this Agreement, comprehensive general and professional liability insurance and property damage insurance coverage in amounts reasonably acceptable to the other party, and shall provide evidence of such coverage upon request.

8. **Term; Termination.** The term of this Agreement shall be a minimum of one (1) year, commencing on the 1 day of August, 2024, and ending on the 31 day of July, 2026, unless sooner terminated as provided herein. Either party may terminate this Agreement without cause upon thirty (30) days advance written notice to the other party. Either party may terminate this Agreement upon breach by the other party of any material provision of this Agreement, provided such breach continues for five (5) days after receipt by the breaching party of written notice of such breach from the non-breaching party. In addition, this Agreement may be terminated immediately upon the occurrence of any of the following events:

(A) Either facility closes or discontinues operation to such an extent that patient care cannot be carried out adequately, or

(B) Either facility loses its license, or Medicare certification.

This Agreement may be renewed for subsequent one (1) year terms upon the mutual written consent of the parties.

9. **Arbitration.** Any dispute or controversy arising under, out of or in connection with, or in relation to this Agreement, or any amendment hereof, or the breach hereof shall be determined and settled by arbitration in **Davidson County**, **Tennessee**, in accordance with the rules of the American Health Lawyers Association Alternative Dispute Resolution Services and applying the laws of the state specified in section 11 below. Any award rendered by the arbitrator shall be final and binding upon each of the parties, and judgment thereof may be entered in any court having jurisdiction thereof. The costs shall be borne equally by both parties. During the pendency of any such arbitration and until final judgment thereon has been entered, this Agreement shall remain in full force and effect unless otherwise terminated provided hereunder.

10. **Entire Agreement; Modification.** This Agreement contains the entire understanding of the parties with respect to the subject matter hereof and supersedes all prior agreements, oral or written, and all other communications between the parties relating to such subject matter. This Agreement may not be amended or modified except by mutual written agreement.

11. **Governing Law.** This Agreement shall be construed in accordance with the laws of the State of **Tennessee** in which the facility affiliated with HCA is located.

12. **Partial Invalidity.** If any provision of this Agreement is prohibited by law or court decree of any jurisdiction, said prohibition shall not invalidate or affect the remaining provisions of this Agreement.

13. **Notices.** All notices hereunder by either party to the other shall be in writing, delivered personally, by certified or registered mail, return receipt requested, or by overnight courier, and shall be deemed to have been duly given when delivered personally or when deposited in the United States mail, postage prepaid, addressed as follows:

If to: **HCA Health Services of Tennessee, Inc. dba**
TriStar Southern Hills Medical Center
391 Wallace Road
Nashville, Tennessee 37211
Attention: Chief Executive Officer

Copy to: One Park Plaza, P.O. Box 550
Nashville, Tennessee 37202-0550
Attention: **Nancy Kim**, Operations Counsel

If to: **HCA Health Services of Tennessee, Inc dba**
TriStar StoneCrest Medical Center
200 Stonecrest Boulevard
Smyrna, Tennessee 37167
Attention: Chief Executive Officer

or to such other persons or places as either party may from time to time designate by written notice to the other.

14. **Waiver.** A waiver by either party of a breach or failure to perform hereunder shall not constitute a waiver of any subsequent breach or failure.

15. **Assignment; Binding Effect.** Each facility shall not assign or transfer, in whole or in part, this Agreement or any of its rights, duties or obligations under this Agreement without the prior written consent of the other Facility, and any assignment or transfer by either Facility without such consent shall be null and void. This Agreement shall inure to the benefit of and be binding upon the parties hereto and their respective heirs, representatives, successors and permitted assigns.

16. **Change in Law.** Notwithstanding any other provision of this Agreement, if the governmental agencies (or their representatives) which administer Medicare, any other payer, or any other federal, state or local government or agency passes, issues or promulgates any law, rule, regulation, standard or interpretation, or if any court of competent jurisdiction renders any decision or issues any order, at any time while this Agreement is in effect, which prohibits, restricts, limits or in any way substantially changes the method or amount of reimbursement or payment for services rendered under this Agreement, or which otherwise significantly affects either party's rights or obligations hereunder, either party may give the other notice of intent to amend this Agreement to the satisfaction of both parties, to compensate for such prohibition, restriction, limitation or change. If this Agreement is not so amended in writing within thirty (30) days after said notice was given, this Agreement shall terminate as of midnight on the thirtieth (30th) day after said notice was given.

17. **Warranty of Non-Exclusion.** Each party represents and warrants to the other that the party, its officers, directors and employees (i) are not currently excluded, debarred, or otherwise ineligible to participate in the federal health care programs as defined in 42 U.S.C. §1320a-7b(f) (the "federal healthcare programs"), (ii) have not been convicted of a criminal offense related to the provision of healthcare items or services but have not yet been excluded, debarred, or otherwise declared ineligible to participate in the federal healthcare programs, and (iii) are not, to the best of its knowledge, under investigation or otherwise aware of any circumstances which may result in the party or any such individual being excluded from participation in the federal healthcare programs. This shall be an ongoing representation and warranty during the term of this Agreement and each party shall immediately notify the other of any change in the status of the representations and warranty set forth in this section. Any breach of this section shall give the other party the right to terminate this Agreement immediately for cause.

18. **HIPAA Compliance Requirements.** To the extent applicable to this Agreement, Contractor agrees to comply with the Health Information Technology for Economic and Clinical Health Act of 2009 (the "HITECH Act"), the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, as codified at 42 USC § 1320d through d-8 ("HIPAA") and any current and future regulations promulgated under either the HITECH Act or HIPAA, including without limitation the federal privacy regulations contained in 45 C.F.R. Parts 160 and 164 (the "Federal Privacy Regulations"), the federal security standards contained in 45 C.F.R. Parts 160, 162 and 164 (the "Federal Security Regulations"), and the federal standards for electronic transactions contained in 45 C.F.R. Parts 160 and 162 (the "Federal Electronic Transactions Regulations"), all as may be amended from time to time, and all collectively referred to herein as "HIPAA Requirements." Contractor agrees to enter into any further agreements as necessary to facilitate compliance with HIPAA Requirements.

19. **Access To Records.** Pursuant to the requirements of 42 CFR §420.300 et seq., each party agrees to make available to the Secretary of Health and Human Services ("HHS"), the Comptroller General of the Government Accounting Office ("GAO") or their authorized representatives, all contracts, books, documents and records relating to the nature and extent of costs hereunder for a period of four (4) years after the furnishing of Services hereunder for any and all Services furnished under this Agreement. In addition, each party hereby agrees to require by contract that each subcontractor makes available to the HHS and GAO, or their authorized representative, all contracts, books, documents and records relating to the nature and extent of the costs thereunder for a period of four (4) years after the furnishing of Services thereunder.

20. **Execution of Agreement.** This Agreement shall not become effective or in force until all of the below named parties have fully executed this Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first above written.

HCA Health Services of Tennessee, Inc. dba
TriStar Southern Hills Medical Center
391 Wallace Road Nashville, Tennessee37211

By: _____
Its: **Chief Executive Officer**

HCA Health Services of Tennessee, Inc. dba
TriStar StoneCrest Medical Center
200-Stonecrest Boulevard Smyrna, Tennessee 37167

By: _____
Its: **Chief Executive Officer**

AMENDMENT NO. 3
TO THE
PATIENT TRANSFER AGREEMENT
BETWEEN
VANDERBILT UNIVERSITY MEDICAL CENTER
AND
TRISTAR STONECREST MEDICAL CENTER

This Amendment hereby amends that certain Patient Transfer Agreement effective November 1, 2016 by and between Vanderbilt University Medical Center ("Vanderbilt"), a Tennessee not for profit research and healthcare corporation located in Nashville, Tennessee, and HCA Health Services of Tennessee, Inc. doing business as TriStar StoneCrest Medical Center located in Smyrna, Tennessee (hereinafter referred to as "StoneCrest") (both Vanderbilt and StoneCrest will also be referred to collectively as "Institutions" or individually, an "Institution".

The Agreement is hereby amended as follows:

1. Pursuant to **SECTION 8. Term; Termination**, the term of the agreement is renewed for one year, through October 31, 2022.

   The remainder of this section shall remain unchanged and in full force and effect.

2. Except as provided herein, all other terms and conditions of the Agreement shall remain unchanged and in full force and effect.

IN WITNESS WHEREOF, the parties hereto have caused this AMENDMENT NO. 3 to be executed by their duly authorized representatives.

FOR VANDERBILT UNIVERSITY MEDICAL CENTER

Approved By:

C Wright Pinson — 4/21/22

C. Wright Pinson, M.B.A., M.D. — Date
Deputy CEO, Chief Health System Officer

FOR TRISTAR STONECREST MEDICAL CENTER

Louis F. Caputo — 2/3/22

Print Name: Louis F. Caputo — Date
Print Title: CEO

Print Name: _____ — Date
Print Title: _____

RENEWAL OF AGREEMENT OR CONTRACT
(Rev. 6/16)

This RENEWAL, dated May 29, 2024, is attached to and incorporated into that Facility Transfer Agreement (hereinafter "Original Agreement") dated the March 1, 2017, by HTI Memorial Hospital Corporation dba TriStar Skyline Medical Center and HCA Healthservices of Tennessee Inc. dba/Stonecrest Medical Center regarding patient transfers.

WHEREAS, the parties hereto mutually desire to extend the term of the Original Agreement on terms and conditions set forth herein;

NOW, THEREFORE, it is agreed as follows:

1. The Original Agreement is hereby readopted and reaffirmed and its terms and conditions are incorporated herein by reference (check and complete one box, as appropriate):

   a. ☑ No other term, condition or requirement of the Original Agreement is hereby modified or amended except as provided in paragraph 2 below.

   b. ☐ The Original Agreement is amended in the following manner:

   _____

   _____

   _____

2. The term of the Original Agreement is hereby extended for an additional period commencing upon the expiration date of the Original Agreement and ending on March 1st, 2025.

3. Each party agrees to comply with the Health Information Technology for Economic and Clinical Health Act of 2009 (the "HITECH ACT"), the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, as codified at 42 USC § 1320d through d-8 ("HIPAA") and any current and future regulations promulgated under either the HITECH Act or HIPAA including without limitation the federal privacy regulations contained in 45 C.F.R. Parts 160 and 164 (the "Federal Privacy Regulations"), the federal security standards contained in 45 C.F.R. Parts 160, 162 and 164 (the "Federal Security Regulations") and the federal standards for electronic Transactions Regulations"), all as may be amended from time to time, and all collectively referred to herein as "HIPAA Requirements.". Each party further agrees not to use or disclose any Protected Health Information (as defined in 45 C.F.R. § 164.501) or Individually Identifiable Health Information (as defined in 42 USC § 1320d), other than as permitted by HIPAA Requirements and the terms of this Agreement.

HTI Memorial Hospital Corporation dba TriStar Skyline Medical Center	HCA Health Services of Tennessee Inc. dba/ Tristar Stonecrest Medical Center
Mark Miller	Louis Caputo
Mark Miller Chief Executive Officer	Louis Caputo Chief Executive Officer

Attachment 1C-2

List of Non-HCA Affiliations

TriStar StoneCrest Medical Center
Community Linkages and Affiliations

Home Health:

- TriStar Home Health Care
- Amedisys Home Health
- All Heart Home Health
- Adoration Home Health
- Suncrest Home Health
- Accent Care Home Health
- Aveanna Home Health
- Enhabit Home Health

Rehabilitation Hospitals:

- TriStar Southern Hills Medical Center
- Murfreesboro Rehab Hospital
- Encompass Rehab Hospital

Skilled Nursing Facilities:

- Life Care Hickory Woods
- The Waters of Smyrna
- Bethany Center for Rehabilitation
- Good Samaritan
- Whites Creek
- Smyrna Care Center
- NHC Adams Place
- Stones River
- Lebanon Center for Rehab
- Quality Center for Rehab

Long Term Acute Care Hospitals:

- Select Specialty

Hospice:

- Alive Hospice
- Gentiva Hospice
- Aveanna Hospice
- Heart and Soul Hospice
- Adoration Hospice

Assisted Living:

- Traditions
- The Pavilion

Attachment 1C-3

Annual Community Report



TriStar StoneCrest

Smyrna, Tennessee

TriStar StoneCrest Medical Center has provided high-quality, comprehensive healthcare to Rutherford County and surrounding communities since 2003. Our 24/7 emergency room is a certified Chest Pain Center, an Advanced Primary Stroke Center and Tennessee's first Level III Trauma Center verified by the American College of Surgeons (ACS).

We offer a full array of acute care services, including a specialized Spine Surgery Institute and Center for Joint Replacement. We offer comprehensive OB/GYN care, featuring a Level II NICU, 24/7 laborist coverage supported by a midwifery program, OB/GYN emergency services and private birthing suites.

TriStar StoneCrest is a Blue Distinction Center of Excellence for Hip and Knee Replacement and Spine Surgery. We are designated as an accredited Center of Excellence in Hernia Surgery by the Surgical Review Corporation. Healthgrades ranks our facility among the nation's 100 Best Hospitals and one of Tennessee's top facilities for pulmonary care, gastrointestinal care and surgery and critical care.



Lou Caputo
Chief Executive Officer

7,319
Patient admissions

52,222
Total annual ER visits

32,329
Outpatient visits

742
Colleagues

119
Licensed beds

Key services:

- Cardiology
- Critical care
- Emergency
- Gastroenterology
- General surgery
- Gynecology
- Neonatology
- Obstetrics
- Orthopedics
- Oncology
- Outpatient physical rehabilitation
- Pulmonology
- Radiation oncology
- Robotic-assisted surgery
- Spine surgery
- Trauma (Level III)
- Urology
- Vascular surgery
- Wound care center

All data based on 2024 annual results.

Attachment 4C-1

Clinical Training Affiliations

TriStar StoneCrest Medical Center
Clinical Training Affiliations

Nursing:

- South College
- Galen School of Nursing
- Motlow State Community College
- Belmont University
- Middle Tennessee State University
- Lipscomb University
- WGU Tennessee
- Walden University

Ancillary:

- Vol State Community College
- Columbia State Community College
- Tennessee State University
- University of Mississippi
- Madisonville Community College

Attachment 4C-2

EMTALA Policy

Current Status: *Active* **PolicyStat ID:** *15343440*

TriStar StoneCrest MEDICAL CENTER

Effective Date:	*02/2016*
Last Approved:	*02/2024*
Last Revised:	*12/2021*
Next Review:	*02/2026*
Owner:	*Cynthia Zimmerman: Dir Emergency Svcs*
Policy Area:	*Emergency Services*
References:	
Applicability:	*TriStar StoneCrest Medical Center*

EMTALA – Tennessee Medical Screening Examination and Stabilization (Facility Policy)

TriStar StoneCrest Medical Center

Tennessee EMTALA – Medical Screening Examination and Stabilization Policy

This policy reflects guidance under the Emergency Medical Treatment and Labor Act ("EMTALA") and associated State laws only. It does not reflect any requirements of The Joint Commission or other regulatory entities. Each facility should ensure it has policies and procedures to address such additional requirements. No facility may edit this policy in a manner that would remove existing language. Additions to this policy should be clearly identifiable (*e.g.*, in another color, different font or italicized text).

The definitions in the Company EMTALA Policy, LL.EM.001, apply to this and all other Company and facility EMTALA policies.

Purpose: To establish guidelines for providing appropriate medical screening examinations ("MSE") and any necessary stabilizing treatment or an appropriate transfer for the individual as required by EMTALA, 42 U.S.C. § 1395dd, and all Federal regulations and interpretive guidelines promulgated thereunder.

Policy: An EMTALA obligation is triggered when an individual comes to a dedicated emergency department ("DED") and:

1. **the individual or a representative acting on the individual's behalf requests an examination or treatment for a medical condition; or**
2. **a prudent layperson observer would conclude from the individual's appearance or behavior that the individual needs an examination or treatment of a medical condition.**

Such obligation is further extended to those individuals presenting elsewhere on hospital property requesting examination or treatment for an emergency medical condition ("EMC"). Further, if a prudent layperson observer would believe that the individual is experiencing an EMC, then an appropriate MSE, within the capabilities of the hospital's DED (including ancillary services routinely available and the availability of on-call physicians), shall be performed. The MSE must be completed by an individual (i) qualified to perform such an

examination to determine whether an EMC exists, or (ii) with respect to a pregnant woman having contractions, whether the woman is in labor and whether the treatment requested is explicitly for an EMC. If an EMC is determined to exist, the individual will be provided necessary stabilizing treatment, within the capacity and capability of the facility, or an appropriate transfer as defined by and required by EMTALA. Stabilization treatment shall be applied in a non-discriminatory manner (*e.g.*, no different level of care because of age, gender, disability, race, color, ancestry, citizenship, religion, pregnancy, sexual orientation, gender identity or expression, national origin, medical condition, marital status, veteran status, payment source or ability, or any other basis prohibited by federal, state or local law).

Procedure:

1. When a MSE is required

A hospital must provide an appropriate MSE within the capability of the hospital's emergency department, including ancillary services routinely available to the DED, to determine whether or not an EMC exists: (i) to any individual, including a pregnant woman having contractions, who requests such an examination; (ii) an individual who has such a request made on his or her behalf; or (iii) an individual whom a prudent layperson observer would conclude from the individual's appearance or behavior needs an MSE. An MSE shall be provided to determine whether or not the individual is experiencing an EMC or a pregnant woman is in labor. An MSE is required when:

a. The individual ***comes to a DED*** of a hospital and a request is made by the individual or on the individual's behalf for examination or treatment for a medical condition, including where:

i. The individual requests medication to resolve or provide stabilizing treatment for a medical condition.

ii. The individual arrives as a transfer from another hospital or health care facility. Upon arrival of a transfer, a physician or qualified medical person ("QMP") must perform an appropriate MSE. The physician or QMP shall provide any additional screening and treatment required to stabilize the EMC. The MSE of the individual must be documented. This type of screening cannot be performed by the triage nurse. If an EMC is determined to exist and the hospital admits the individual as an inpatient for further treatment, the hospital's obligation under EMTALA ceases.

Note: The MSE and other emergency services need not be provided in a location specifically identified as a DED. The hospital may use areas to deliver emergency services that are also used for other inpatient or outpatient services. MSEs or stabilization may require ancillary services available only in areas or facilities of the hospital outside of the DED.

b. The individual arrives on the ***hospital property other than a DED*** and makes a request or another makes a request on the individual's behalf for examination or treatment for an EMC.

i. Screening where the individual presented: If an individual is initially screened in a department or location on-campus other than the DED, the individual may be moved to another hospital department or facility on-campus to receive further screening or stabilizing treatment without such movement being a transfer. The hospital shall not move the individual to an off-campus facility or department (such as an urgent care center or satellite clinic) for an MSE.

ii. Transporting to the DED: The hospital may determine that movement of an individual to the hospital's DED may be necessary for screening. However, common sense and individual judgment should prevail. When determining how best to transport the individual to the DED (means of transport, accompanying qualified personnel, equipment, etc.), the following factors

should be taken into account but shall not be determinative:

- Whether the hospital DED has the personnel and resources necessary to render adequate medical treatment to all existing patients in the DED,
- Whether responding to the emergency could send hospital personnel into harm's way or unreasonably endanger or jeopardize the lives or health of such personnel, and
- Whether non-hospital paramedics, emergency medical technicians, or other qualified personnel are more appropriate to respond.

iii. Transporting to other hospital property: The facility may direct individuals to other hospital-based facilities that are on hospital property and operated under the hospital's provider number. However, the hospital should not move an individual to a hospital-based facility located off-campus, such as a rural health clinic or physician office, for an MSE or other emergency services. Individuals should only be moved to the hospital-based on-campus facility when the following conditions are met:

- all persons with the same medical condition are moved to this location regardless of their ability to pay for treatment,
- there is a bona fide medical reason to move the individual, and
- QMP accompany the individual.

Note: Unless outpatient testing is associated with an individual presenting to the DED with a request for an emergency medical screening, it should not be performed in the emergency department. Individuals presenting for outpatient testing should be registered as outpatients and not as emergency patients.

Note: Anyone may make the request for an MSE or treatment described in both a. and b. above. Specifically,

- A minor (child) can request an examination or treatment for an EMC. Hospital personnel should not delay the MSE by waiting for parental consent. If, after screening the minor, it is determined that no EMC is present, the staff may wait for parental consent before proceeding with further examination and treatment. **Note:** For additional information regarding treatment of minors, please consult your operations counsel.
- Emergency Medical Services (EMS) personnel may request an evaluation or treatment on an individual's behalf.

Example: If an individual is on a gurney or stretcher or in an ambulance or on a helipad at the hospital and EMS personnel, the individual, or a legally responsible person acting on the individual's behalf, requests examination or treatment of an EMC from hospital staff, an MSE must be provided.

c. The individual arrives ***on the hospital property***, either in the DED or property other than the DED, ***and no request is made*** for evaluation or treatment, but the appearance or behavior of the individual would cause a prudent layperson observer to believe that the individual needed such examination or treatment.

d. An individual is in a ***ground or air ambulance*** for purposes of examination and treatment for a medical condition at a hospital's DED, and the ambulance is either:

i. *owned and operated by the hospital,* even if the ambulance is not on hospital grounds, or

ii. neither owned nor operated by the hospital, but *on hospital property*.

e. A ***community-wide plan*** exists for specific hospitals to treat certain EMCs (*e.g.*, psychiatric, trauma,

physical or sexual abuse). Prior to transferring the individual to the community plan hospital, an MSE must be performed and any necessary stabilizing treatment rendered.

f. If a ***law enforcement official*** requests hospital emergency personnel to provide ***medical clearance*** for incarceration, the Hospital has an EMTALA obligation to provide an MSE to determine if an EMC exists. If an EMC is found to exist and is stabilized, the Hospital has met its EMTALA obligations and additional requests for assessment or testing are not required. All facilities must remain in compliance with federal and state HIPAA regulations.

g. If a ***law enforcement official*** brings a person who is exhibiting behavior that suggests that he or she is intoxicated to the DED for ***drawing of the blood alcohol*** and asks for an MSE, or if a prudent layperson observer would believe that the individual needed examination or treatment for a possible EMC, then an MSE must be performed. This is required because some medical conditions could present behaviors similar to those of an inebriated individual.

h. If an individual presents to a facility which does not have the capability to perform a rape kit when one is needed, the hospital's obligation is to provide an appropriate MSE without disturbing the evidence and transfer the individual to a hospital that has the capability to gather the evidence. Transfer must occur only in compliance with hospital policies and procedures that are Medicare Hospital Conditions of Participation (CoP) and licensure compliant.

i. ***Born Alive Infant.*** When an infant is born alive in the DED, if a request is made on the infant's behalf for screening for a medical condition or if a prudent layperson would conclude based on the infant's appearance or behavior that the infant needed examination or treatment for a medical condition, the hospital and physician must provide an MSE. If the infant is born alive elsewhere on the hospital's campus and a prudent layperson observer would conclude based on the born alive infant's appearance or behavior that the infant was suffering from an EMC, the hospital and medical staff must perform an MSE to determine whether or not an EMC exists. If an EMC exists, the hospital must provide for stabilizing treatment or an appropriate transfer.

j. ***Off-Campus Provider-Based Emergency Department.*** **An off-campus provider based-emergency department is a department of the hospital, located no more than 35 miles from the main hospital, that meets all the provider-based requirements, holds the same Medicare provider number as the main hospital and either is (i) licensed by the state as an Emergency Department, (ii) is advertised as providing care for emergency medical conditions on an urgent basis without appointment, or (iii) provides at least one-third of all its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring previously scheduled appointments.** If an individual presents to an off-campus provider-based emergency department (should not be referred to as a "free-standing" emergency department), he or she must be provided an appropriate MSE just as he or she would if the presentation was at the main campus emergency department. Should the individual require additional screening for stabilizing care by a physician specialist, he or she will be moved to the main campus or another non-HCA facility for the additional care required. Such movement would be via an appropriate transport vehicle as designated by the ED Physician with appropriate equipment and personnel as determined by the ED Physician.

2. When an MSE is NOT Required

a. If an individual **presents to a DED** in the following circumstances only, **no MSE is required by EMTALA:**

i. ***The individual requests services that are NOT examination or treatment for an EMC,*** *such*

as preventive care services or drugs that are not required to stabilize or resolve an EMC; **Example**: An individual presents to the DED and tells the clerk that he needs a flu shot because it is now flu season. The hospital is not obligated to provide an MSE under EMTALA because the request for a flu vaccine is a preventive care service.

ii. ***The individual requests services that are NOT for an EMC such as gathering of evidence for criminal law cases*** (sexual assault, blood alcohol). When the request made is only to collect evidence, not to analyze the results or otherwise examine or treat the individual, no EMTALA obligation exists;

iii. ***When an individual appears for non-emergency tests*** or pursuant to a previously scheduled visit. The hospital must ensure and document that no EMC was present or that no request was made to examine or treat the individual for an EMC.

a. When an individual presents to the DED for medical care that is, by its nature, clearly unlikely to involve an EMC, the individual's statement that he or she is not seeking emergency care, together with brief questioning by QMP, is sufficient to establish that there is no EMC.

b. A QMP is not required to question or examine the individual if the individual presents to the DED solely to fill a physician's order for a non-emergency test. The QMP should, however, question the individual to confirm that no EMC exists if the individual requests treatment for a non-emergency condition unrelated to the physician's order.

Example: A physician refers an individual to the emergency department for occupational medicine testing.

b. If the individual is in a ***ground or air ambulance*** which is:

i. *owned and operated* by the hospital and *operated under community-wide EMS protocols or EMS protocols "mandated by State law" that direct it to transport* the individual to a hospital other than the hospital that owns the ambulance (i.e., to the closest appropriate facility). In this case, the individual is considered to have "come to the emergency department of the hospital" to which the individual is transported, at the time the individual is brought onto hospital property; or

ii. *not owned by the hospital and not on the hospital's property* even if the ambulance personnel contact the hospital by telephone or telemetry communications and inform the hospital that they want to transport the individual to the hospital for examination and treatment; or

iii. *owned but not operated by the hospital* as where a physician who is not employed or otherwise affiliated with the hospital that owns the ambulance directs its operation and the ambulance is not on hospital property.

Note: A hospital may deny access to individuals when it is in "official diversionary" status because it does not have the capability or capacity to accept any additional emergency individuals at the time. The hospital shall develop and adopt written criteria that describe the conditions under which any or all of the hospital's emergency services are deemed to be at maximum capacity.

Caution: If the ambulance staff disregards the hospital's instructions and brings the individual on to hospital property, the individual has come to the emergency department and the hospital must perform an appropriate MSE. Should a hospital which is not in official diversionary status fail to accept a telephone or radio request for transfer or admission, the refusal could represent a violation of other Federal or State regulations.

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Note: The hospital shall maintain written records documenting the date and time of the start and end of each period of diversionary status.

c. ***Use of hospital-owned helipad on hospital property for patient transport.*** No MSE is required for individuals being transported by local ambulance services or other hospitals to tertiary hospitals throughout the state through use of a ***hospital-owned helipad on the hospital's property*** by local ambulance services or other hospitals **as long as the sending hospital conducted the MSE prior to transporting the individual** to the helipad for medical helicopter transport to a designated recipient hospital. The sending hospital is responsible for conducting the MSE prior to transfer to determine if an EMC exists and implementing stabilizing treatment or conducting an appropriate transfer.
Caution: If the individual's condition deteriorates while being transported to the helipad or while at the helipad, the hospital at which the helipad is located must provide another MSE and stabilizing treatment within its capacity if requested by medical personnel accompanying the individual.
If, as part of the EMS protocol, EMS activates helicopter evacuation of an individual with a potential EMC, the hospital with the helipad does not have an EMTALA obligation if they are not the recipient hospital, unless a request is made by EMS personnel, the individual, or a legally responsible person acting on the individual's behalf for the examination or treatment of an EMC.

d. ***Off campus, non-DED.*** If an individual requests emergency care in a hospital department off the hospital's main campus that does not meet the definition of a DED, EMTALA does not apply and the hospital department is not obligated to perform an MSE. However, the off-campus department must have policies and procedures in place as to how to handle patients in need of immediate care.

3. Extent of the MSE

a. **Determine if an EMC exists.** The hospital must perform an MSE to determine if an EMC exists. It is not appropriate to merely "log in" or triage an individual with a medical condition and not provide an MSE. Triage is not equivalent to an MSE. Triage entails the clinical assessment of the individual's presenting signs and symptoms at the time of arrival at the hospital in order to prioritize when the individual will be screened by a physician or other QMP.

b. **Definition of MSE.** An MSE is the process required to reach, with reasonable clinical confidence, the point at which it can be determined whether the individual has an EMC or not. It is not an isolated event. The MSE must be appropriate to the individual's presenting signs and symptoms and the capability and capacity of the hospital.

c. **An on-going process.** The individual shall be continuously monitored according to the individual's needs until it is determined whether or not the individual has an EMC, and if he or she does, until he or she is stabilized or appropriately admitted or transferred. The medical record shall reflect the amount and extent of monitoring that was provided prior to the completion of the MSE and until discharge or transfer.

d. **Judgment of physician or QMP.** The extent of the necessary examination to determine whether an EMC exists is generally within the judgment and discretion of the physician or other QMP performing the examination function according to algorithms or protocols established and approved by the medical staff and governing board.

e. **Extent of MSE varies by presenting symptoms.** The MSE may vary depending on the individual's signs and symptoms:

    i. Depending on the individual's presenting symptoms, an appropriate MSE can involve a wide spectrum of actions, ranging from a simple process involving only a brief history and physical examination to a complex process that also involves performing ancillary studies and procedures

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such as (but not limited to) lumbar punctures, clinical laboratory tests, CT scans and other diagnostic tests and procedures.

ii. *Pregnant Women:* The medical records should show evidence that the screening examination includes, at a minimum, on-going evaluation of fetal heart tones, regularity and duration of uterine contractions, fetal position and station, cervical dilation, and status of membranes (*i.e.,* ruptured, leaking and intact), to document whether or not the woman is in labor. A woman experiencing contractions is in true labor unless a physician, certified nurse-midwife or other QMP acting within his or her scope of practice as defined by the hospital's medical staff bylaws and State medical practice acts, certifies in writing that after a reasonable time of observation, the woman is in false labor. The recommended timeframe for such physician certification of the QMP's determination of false labor should be within 24 hours of the MSE, however, the medical staff bylaws, rules and regulations can provide guidance on the timeframe.

iii. *Individuals with psychiatric or behavioral symptoms:* The medical records should indicate both medical and psychiatric or behavioral components of the MSE. The MSE for psychiatric purposes is to determine if the psychiatric symptoms have a physiologic etiology. The psychiatric MSE includes an assessment of suicidal or homicidal thoughts or gestures that indicates danger to self or others.

Non-discrimination. The hospital must provide an MSE and necessary stabilizing treatment to any individual regardless of age, gender, disability, race, color, ancestry, citizenship, religion, pregnancy, sexual orientation, gender identity or expression, national origin, medical condition, marital status, veteran status, payment source or ability, or any other basis prohibited by federal, state or local law.

4. Who May Perform the MSE

a. Only the following individuals may perform an MSE:

i. A qualified physician with appropriate privileges;

ii. Other qualified licensed independent practitioner (LIP) with appropriate competencies and privileges; or

iii. A qualified staff member who:

- is qualified to conduct such an examination through appropriate privileging and demonstrated competencies;
- is functioning within the scope of his or her license and in compliance with state law and applicable practice acts (*e.g.*, Medical or Nurse Practice Acts);
- is performing the screening examination based on medical staff approved guidelines, protocols or algorithms; and
- is approved by the facility's governing board as set forth in a document such as the hospital bylaws or medical staff rules and regulations, which document has been approved by the facility's governing body and medical staff. It is not acceptable for the facility to allow informal personnel appointments that could change frequently.

b. **Qualified Medical Personnel.** QMPs may perform an MSE if licensed and certified, approved by the hospital's governing board through the hospital's bylaws, and only if the scope of the EMC is within the individual's scope of practice.

i. The designation of QMP is set forth in a document approved by the governing body of the

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hospital. Each individual QMP approved to provide an MSE under EMTALA must be appropriately credentialed and must meet the requirements for annual evaluations set forth in the protocol agreements with physicians and the State's medical practice act, nurse practice act or other similar practice acts established to govern health care practitioners. Only appropriately credentialed APRNs, PAs and physicians may perform MSEs in the DED.

ii. **Psychiatric QMP.** The ED physician shall consult the QMP providing the behavioral assessment for psychiatric purposes but shall remain the primary decision-maker with regard to transfer and discharge of the individual presenting to the DED with psychiatric or behavioral emergencies. Should an individual with a psychiatric or behavioral emergency present to a behavioral department of a hospital that meets the requirements of a DED, that department is responsible for ensuring that the individual has the appropriate MSE, including any behavioral examination, and providing necessary stabilizing treatment.

iii. **Labor and Delivery QMP.** QMPs in the labor and delivery DED may be appropriately-approved RNs and must communicate their findings as to whether or not a woman is in labor to the obstetrician on call, the laborist, or the ED physician.

iv. **Limitations.** The hospital has established a process to ensure that:

a. a physician examines all individuals whose conditions or symptoms require physician examination;

b. an ED physician on duty is responsible for the general care of all individuals presenting themselves to the emergency department; and

c. the responsibility remains with the ED physician until the individual's private physician or an on-call specialist assumes that responsibility, or the individual is discharged.

5. No Delay in Medical Screening or Examination

a. **Reasonable Registration Process.** An MSE, stabilizing treatment, or appropriate transfer will not be delayed to inquire about the individual's method of payment or insurance status, or conditioned on an individual's completion of a financial responsibility form, an advance beneficiary notification form, or payment of a co-payment for any services rendered. The facility may follow reasonable registration processes for individuals for whom examination or treatment is required. Reasonable registration processes may include asking whether the individual is insured, and if so, what that insurance is, as long as these procedures do not delay screening or treatment or unduly discourage individuals from remaining for further evaluation. The hospital may seek non-payment information from the individual's health plan about the individual, such as medical history. In the case of an individual with an EMC, once the hospital has conducted the MSE and has initiated stabilizing treatment, it may seek authorization for all services from the plan as long as doing so does not delay completion of the stabilizing treatment.

b. **Managed Care.** For individuals who are enrolled in a managed care plan, prior authorization from the plan shall NOT be required or requested before providing an appropriate MSE and initiating any further medical examination and necessary stabilizing treatment.

c. **EMS.** A hospital has an obligation to see the individual once the individual presents to the DED whether by EMS or otherwise. A hospital that delays the MSE or stabilizing treatment of any individual who arrives via transfer from another facility, by not allowing EMS to leave the individual, could be in violation EMTALA and the Hospital CoP for Emergency Services. Even if the hospital cannot immediately complete an appropriate MSE, the hospital must assess the individual's condition upon arrival of the EMS service to ensure that the individual is appropriately prioritized based on his or her

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presenting signs and symptoms to be seen for completion of the MSE.

d. **Contacting the individual's physician.** An ED physician or non-physician practitioner may contact the individual's personal physician at any time to seek advice regarding the individual's medical history and needs that may be relevant to medical treatment and screening of the individual, so long as this consultation does not inappropriately delay services.

e. **Financial Responsibility Forms.** The performance of the MSE and the provision of stabilizing treatment will NOT be conditioned on an individual's completion of a financial responsibility form, an advance beneficiary notification form, or payment of a co-payment for any services rendered.

f. **Financial Inquiries.** Individuals who inquire about financial responsibility for emergency care should receive a response by a staff member who has been well trained to provide information regarding potential financial liability. The staff member who provides information on potential financial liability should clearly inform the individual that the hospital will provide an MSE and any necessary stabilizing treatment, regardless of his or her ability to pay. Individuals who believe that they have an EMC should be encouraged to remain for the MSE.

Note: There is no delay in the provision of an MSE or stabilizing treatment if: (i) there is not an open bed in the DED; (ii) there are not sufficient caregivers present to render the MSE and/or stabilizing treatment; and (iii) the individual's condition does not warrant immediate screening and treatment by a physician or QMP.

6. Refusal to Consent to Treatment

a. **Written Refusal – Partial Refusal of Care or Against Medical Advice.** If a physician or QMP has begun the MSE or any stabilizing treatment and an individual refuses to consent to a test, examination or treatment or refuses any further care and is determined to leave against medical advice, after being informed of the risks and benefits and the hospital's obligations under EMTALA, reasonable attempts shall be made to obtain a written refusal to consent to examination or treatment using the form provided for that purpose or document the individuals refusal to sign the Partial Refusal of Care or the Against Medical Advice Form (see Partial Refusal of Care or Against Medical Advice Form). The medical record must contain a description of the screening and the examination, treatment, or both if applicable, that was refused by or on behalf of the individual.

b. **Waiver of Right to Medical Screening Examination.** If an individual refuses to consent to examination or treatment and indicates his or her intention to leave prior to triage or prior to receiving an MSE or if the individual withdrew the initial request for an MSE, facility personnel must request that the individual sign the Waiver of Right to Medical Screening Examination Form that is part of the Sign-In Sheet or document on the Sign-In Sheet the individual's refusal to sign the Waiver of Right to Medical Screening Examination Form.

c. **Documentation of Information.** If an individual refuses to sign a consent form, the physician or nurse must document that the individual has been informed of the risks and benefits of the examination and/or treatment but refused to sign the form.

d. **Documentation of Unannounced Leave.** If an individual leaves the facility without notifying facility personnel, this must be documented upon discovery. The documentation must reflect that the individual had been at the facility and the time the individual was discovered to have left the premises. Triage notes and additional records must be retained. If the individual leaves prior to transfer or leaves prior to an MSE, the information should be documented on the individual's medical record. If an individual has

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not completed a Sign-In Sheet, an ED staff member should complete a sheet and if the individual's name is not known a description of the individual leaving should be entered on the form. All individuals presenting for evaluation or treatment must be entered into the Central Log.

7. Stabilizing Treatment Within Hospital Capability

The determination of whether an individual is stable is not based on the clinical outcome of the individual's medical condition. An individual has been provided sufficient stabilizing treatment when the physician treating the individual in the DED has determined, within reasonable clinical confidence, that no material deterioration of the condition is likely, within reasonable medical probability, to result from or occur during the transfer of the individual from a facility, or with respect to an EMC of a woman in labor, that the woman has delivered the child and placenta; or in the case of an individual with a psychiatric or behavioral condition, that the individual is protected and prevented from injuring himself/ herself or others. For those individuals who are administered chemical or physical restraints for purposes of transfer from one facility to another, stabilization may occur for a period of time and remove the immediate EMC, but the underlying medical condition may persist and, if not treated for longevity, the individual may experience exacerbation of the EMC. Therefore, the treating physician should use great care when determining if the EMC is in fact stable after administering chemical or physical restraints.

a. **Stable.** The physician or QMP providing the medical screening and treating the emergency has determined within reasonable clinical confidence, that the EMC that caused the individual to seek care in the DED has been resolved although the underlying medical condition may persist. Once the individual is stable, EMTALA no longer applies. (The individual may still be transferred; however, the "appropriate transfer" requirement under EMTALA does not apply.)

b. **Stabilizing Treatment Within Hospital Capability and Transfer.** Once the hospital has provided an appropriate MSE and stabilizing treatment within its capability, an appropriate transfer may be effected by following the appropriate transfer provisions. (See Transfer Policy.) If there is a disagreement between the physician providing emergency care and an off-site physician (*e.g.*, a physician at the receiving facility or the individual's primary care physician if not physically present at the first facility) about whether the individual has been provided sufficient stabilized treatment to effect a transfer, the medical judgment of the transferring physician takes precedence over that of the off-site physician.
Refer to the hospital's Transfer Policy for additional directions regarding transfers of those individuals who are not medically stable. If a hospital has exhausted all its capabilities and is unable to stabilize an individual, an appropriate transfer should be implemented by the transferring physician.

c. **Stabilizing Treatment and Individuals Whose EMCs Are Resolved.** An individual is considered stable and ready for discharge when, within reasonable clinical confidence, it is determined that the individual has reached the point where his or her continued care, including diagnostic work-up and/or treatment, could reasonably be performed as an outpatient or later as an inpatient, provided the individual is given a plan for appropriate follow-up care with the discharge instructions. The EMC that caused the individual to present to the DED must be resolved, but the underlying medical condition may persist. Hospitals are expected within reason to assist/provide discharged individuals the necessary information to secure follow-up care to prevent relapse or worsening of the medical condition upon release from the hospital.

8. When EMTALA Obligations End

The hospital's EMTALA obligation ends when a physician or QMP has made a decision:

a. That no EMC exists (even though the underlying medical condition may persist);

b. That an EMC exists and the individual is appropriately transferred to another facility; or

c. That an EMC exists and the individual is admitted to the hospital for further stabilizing treatment; or

d. That an EMC exists and the individual is stabilized and discharged.

Note: A hospital's EMTALA obligation ends when the individual has been admitted in good faith as an inpatient, whether or not the individual has been stabilized.* An individual is considered to be an inpatient when the individual is formally admitted to the hospital by a physician's order. A hospital continues to have a responsibility to meet the patient's emergency needs in accordance with hospital CoPs. A patient in observation status is not considered admitted as an inpatient, therefore, EMTALA obligations continue.

- Case law provides that EMTALA does apply to inpatients who have not been stabilized in Kentucky, Tennessee, Ohio and Michigan. *Moses v. Providence Hospital and Medical Centers, Inc. and Paul Lessem, 6th Circuit Court of Appeals, April 6, 2009*.

e. ***EMTALA Waivers and Requirements During Pandemics and Other Declared Emergencies.***

a. Alternative Screening Sites on Campus for Screening during a Pandemic (No Waiver Required.) For the screening of influenza like illnesses, the hospital may establish an alternative screening site(s) on campus. Individuals may be redirected to these sites AFTER being logged in. The redirection and logging can take place outside the entrance to the DED. However, the person doing the directing must be qualified (*e.g.*, an RN or QMP) to recognize individuals who are obviously in need of immediate treatment in the DED. The MSEs must be conducted by qualified personnel.

b. Alternative Screening Site Off-Campus (No Waiver Required.) The hospital may encourage the public to go to an off-campus hospital-controlled site **for the screening of influenza like illness**. However, the hospital may NOT tell an individual who has already come to the DED to go to the off-site location for the MSE. The off-campus site for influenza like illnesses should not be held out to the public as a place that provides care for EMCs in general on an urgent, unscheduled basis.

c. EMTALA Waivers.

i. A hospital operating under an EMTALA waiver will not be sanctioned for an inappropriate transfer or for directing or relocating an individual who comes to the DED to an alternative off-campus site, for the MSE if the following conditions are met:

1. The transfer is necessitated by the circumstances of the declared emergency in the emergency area during the emergency period (as those terms are defined in the hospital's EMTALA Transfer Policy);
2. The direction or relocation of an individual to receive medical screening at an alternate location is pursuant to an appropriate State emergency preparedness plan or, in the case of a public health emergency that involves a pandemic infectious disease, pursuant to a State pandemic preparedness plan;
3. The hospital does not discriminate on the basis of an individual's source of payment or ability to pay;
4. The hospital is located in an emergency area during an emergency period; and
5. There has been a determination that a waiver of sanctions is necessary.

ii. An EMTALA waiver can be issued for a hospital only if:

1. The President has declared an emergency or disaster under the Stafford Act or the National Emergencies Act; and

2. The Secretary of HHS has declared a Public Health Emergency (PHE); and
3. The Secretary invokes his or her waiver authority including notifying Congress at least 48 hours in advance; and
4. The waiver includes waiver of EMTALA requirements and the hospital is covered by the waiver.

d. In the absence of CMS notification of area-wide applications of the waiver, the hospital must contact CMS and request that the waiver provisions be applicable to the hospital.

e. In addition, in order for an EMTALA waiver to apply to the hospital and for sanctions not to apply, (i) the hospital must activate its disaster protocol, and (ii) the State must have activated an emergency preparedness plan or pandemic preparedness plan in the emergency area, and any redirection of individuals for an MSE must be consistent with such plan.

f. Even when a waiver is in effect, there is still the expectation that everyone who comes to the DED will receive an appropriate MSE, if not in the DED, then at the alternate care site to which they are redirected or relocated.

Except in the case of waivers related to pandemic infectious disease, an EMTALA waiver is limited in duration to 72 hours beginning upon activation of the hospital's disaster protocol. In the case of a PHE involving pandemic infectious disease, the general EMTALA waiver authority will continue in effect until the termination of the declaration of the PHE. However, the waiver may be limited to a date prior to the termination of the PHE declaration, as determined by CMS. If a State emergency/pandemic preparedness plan is deactivated in the area where the hospital is located prior to the termination of the PHE, the hospital no longer meets the conditions for an EMTALA waiver and the hospital waiver would cease to be in effect as of the deactivation date. Likewise, if the hospital deactivates its disaster protocol prior to the termination of the PHE, the hospital no longer meets the conditions for an EMTALA waiver and the hospital waiver would cease to be in effect as of the deactivation date.

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Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
	Amy Cason: CNO StoneCrest Med Ctr	02/2024
Emergency Services Committee	Cynthia Zimmerman: Dir Emergency Svcs	02/2024
	Cynthia Zimmerman: Dir Emergency Svcs	02/2024

Applicability

TriStar StoneCrest Medical Center

Current Status: *Active* **PolicyStat ID:** *14268203*

TriStar StoneCrest MEDICAL CENTER

Effective Date:	*02/2016*
Last Approved:	*11/2023*
Last Revised:	*09/2018*
Next Review:	*11/2025*
Owner:	*Cynthia Zimmerman: Dir Emergency Svcs*
Policy Area:	*Emergency Services*
References:	
Applicability:	*TriStar StoneCrest Medical Center*

EMTALA- Tennessee Central Log Policy (Facility Policy)

PURPOSE:

This policy reflects guidance under the Emergency Medical Treatment and Labor Act ("EMTALA") and associated State laws only. It does not reflect any requirements of The Joint Commission or other regulatory entities. Each facility should ensure it has policies and procedures to address such additional requirements. No facility may edit this policy in a manner that would remove existing language. Additions to this policy should be clearly identifiable (*e.g.*, in another color, different font or italicized text).

The definitions in the Company EMTALA Policy, LL.EM.001, apply to this and all other Company and facility EMTALA policies.

To establish guidelines for tracking the care provided to each individual seeking care in a dedicated emergency department ("DED") for a medical condition or seeking care in areas on hospital property other than a DED for an emergency medical condition ("EMC") as required of any hospital with an emergency department by EMTALA, 42 U.S.C. § 1395dd, and all Federal regulations and interpretive guidelines promulgated thereunder.

POLICY:

The hospital will maintain a Central Log containing information on each individual who comes on the hospital campus requesting assistance or whose appearance or behavior would cause a prudent layperson observer to believe the individual needed examination or treatment, whether he or she left before a medical screening examination ("MSE") could be performed, whether he or she refused treatment, whether he or she was refused treatment, or whether he or she was transferred, admitted and treated, stabilized and transferred or discharged.

The Central Log includes the patient logs from the traditional ED and, either by direct or indirect reference, patient logs from any other areas of the hospital that may be considered DEDs or where an individual may present for emergency services or receive an MSE, such as Labor and Delivery

PROCEDURE

All hospitals must maintain the Central Log in an electronic format. An electronic template that includes all federal requirements for All hospitals must maintain the Central Log in an electronic format. An electronic template that includes all federal requirements for EMTALA is available on Meditech for each market or

division to customize. is available on Meditech for each market or division to customize.

1.
2. 2. All ancillary logs maintained by all hospital departments, including the DEDs, labor & delivery, behavioral health, pediatric EDs, and catheterization labs, are incorporated by reference and become part of the facility's EMTALA Central Log.
3. 3.The Central Log, including all additional logs incorporated into the Central Log by reference, shall be maintained in the same manner and with the same central core of information. The logs must contain at a minimum, the name of the individual, the date and time of arrival, the record number, and whether the individual:
   refused treatment,
   was refused treatment,
   was transferred,
   was admitted and treated,
   was stabilized and transferred,
   was discharged, or
   expired.
4. 4. A log entry for all individuals who have come to the hospital seeking medical attention or who appear to need medical attention must be made by the appropriate individual. Further, in non-DED departments of the hospital where an individual may present with an EMC, the department will provide the necessary information from the point of contact to the DED for logging purposes.
5. 5. The Central Log of individuals who have come to the hospital seeking medical attention or who appear to need medical attention will be available within a reasonable amount of time for surveyor review and must be retained for a minimum of five years from the date of disposition of the individual.
6. 6. Duplicate accounts created for the same patient who visits the hospital on more than one occasion must be consolidated so that only one medical record number per patient exists in the Central Log.

REFERENCES:

Source: Tenn. Comp. R. & Regs. 1200-8-1-.07(5)(i)

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
	Amy Cason: CNO StoneCrest Med Ctr	11/2023
Emergency Services Committee	Cynthia Zimmerman: Dir Emergency Svcs	08/2023
	Cynthia Zimmerman: Dir Emergency Svcs	08/2023

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Applicability

TriStar StoneCrest Medical Center

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Current Status: *Active* **PolicyStat ID:** *15343454*

TriStar StoneCrest MEDICAL CENTER

Effective Date:	*02/2016*
Last Approved:	*02/2024*
Last Revised:	*12/2021*
Next Review:	*02/2026*
Owner:	*Cynthia Zimmerman: Dir Emergency Svcs*
Policy Area:	*Emergency Services*
References:	
Applicability:	*TriStar StoneCrest Medical Center*

EMTALA- Transfer Policy- (Facility Policy)

TriStar StoneCrest Medical Center
EMTALA – Transfer Policy

This policy reflects guidance under the Emergency Medical Treatment and Labor Act ("EMTALA") and associated State laws only. It does not reflect any requirements of The Joint Commission or other regulatory entities. Each facility should ensure it has policies and procedures to address such additional requirements. No facility may edit this policy in a manner that would remove existing language. Additions to this policy should be clearly identifiable (*e.g.*, in another color, different font or italicized text).

The definitions in the Company EMTALA Policy, LL.EM.001, apply to this and all other Company and facility EMTALA policies.

PURPOSE: To establish guidelines for either accepting an appropriate transfer from another facility or providing an appropriate transfer to another facility of an individual with an emergency medical condition ("EMC"), who requests or requires a transfer for further medical care and follow-up to a receiving facility as required by EMTALA, 42 U.S.C. § 1395dd, and all Federal regulations and interpretive guidelines promulgated thereunder.

POLICY: Any transfer of an individual with an EMC must be initiated either by a written request for transfer from the individual or the legally responsible person acting on the individual's behalf or by a physician order with the appropriate physician certification as required under EMTALA. EMTALA obligations regarding the appropriate transfer of an individual determined to have an EMC apply to any emergency department ("ED") or dedicated emergency department ("DED") of a hospital whether located on or off the hospital campus and all other departments of the hospital located on hospital property.

A hospital with specialized capabilities or facilities (including, but not limited to burn units, shock-trauma units, neonatal intensive care units, dedicated behavioral health units, or regional referral centers in rural areas) shall accept from a transferring hospital an appropriate transfer of an individual with an EMC who requires specialized capabilities if the receiving hospital has the capacity to treat the individual. The transferring hospital must be within the boundaries of the United States.

The transfer of an individual shall not consider age, gender, disability, race, color, ancestry, citizenship, religion, pregnancy, sexual orientation, gender identity or expression, national origin, medical condition, marital status, veteran status, payment source or ability, or any other basis prohibited by federal, state or local law, except to the extent that pre-existing medical condition or physical or mental handicap is significant to the provision of appropriate medical care to the individual.

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The CEO must designate in writing an administrative designee by title responsible for accepting transfers in conjunction with a receiving physician. The CEO designee in conjunction with the ED physician has authority to accept the transfer if the hospital has the capability and capacity to treat the individual.

Note: Movement of an individual to another part of the same hospital is not considered a transfer for EMTALA purposes.

1. **Transfer of Individuals Who Have Not Been Stabilized**

a. If an individual who has come to the emergency department has an EMC that has not been stabilized, the hospital may transfer the individual only if the transfer is an appropriate transfer and meets the following conditions:

i. The individual or a legally responsible person acting on the individual's behalf requests the transfer, after being informed of the hospital's obligations under EMTALA and of the risks and benefits of such transfer. The individual must have received complete and accurate information about matters pertaining to the transfer decision, including: medical necessity of the movement; availability of appropriate services at both the transferring and receiving hospitals; the availability of indigent care at the hospital initiating the transfer and the facility's legal obligations to provide medical services without regard to the patient's ability to pay; and any obligation of the hospital through its participation in government medical assistance programs to accept such program's reimbursement as payment in full for needed medical care. The request must be in writing and indicate the reasons for the request as well as indicate that the individual is aware of the risks and benefits of transfer; or

ii. A physician has signed a certification that, based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual or, in the case of the woman in labor, to the woman or the unborn child, from being transferred. The certificate must contain a written summary of the risks and benefits upon which it is based; or

iii. If a physician is not physically present in the DED at the time the individual is transferred, a qualified medical person ("QMP") has signed a certification after a physician in consultation with the QMP, agrees with the certification and subsequently countersigns the certification. The certification must contain a written summary of the risks and benefits upon which it is based.
Note: The date and time of the physician or QMP certification should match the date and time of the transfer.

b. A transfer will be an appropriate transfer if:

i. The transferring hospital provides medical treatment within its capacity that minimizes the risks to the individual's health and, in the case of a woman in labor, the health of the unborn child;

ii. The receiving facility has available space and qualified personnel for the treatment of the individual and a physician at the receiving facility has agreed to accept the transfer and to provide appropriate medical treatment;

iii. The transferring hospital sends the receiving hospital copies of all medical records related to the EMC for which the individual presented that are available at the time of transfer as well as the name and address of any on-call physician who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment; and

iv. The transfer is effected through qualified personnel and transportation equipment as required including the use of necessary and medically appropriate life support measures during the transport.
Hospitals that request transfers must recognize that the appropriate transfer of individuals with unstabilized EMCs that require specialized services should not routinely be made over great distances,

bypassing closer hospitals with the necessary capability and capacity to care for the unstabilized EMC.

c. **Higher Level of Care**. A higher level of care should be the more likely reason to transfer an individual with an EMC that has not been stabilized. The following are examples of a higher level of care:

   a. A receiving hospital with **specialized capabilities or facilities** that are not available at the transferring hospital (including, but not limited to burn units, shock-trauma units, neonatal intensive care units, dedicated behavioral health units, or regional referral centers in rural areas) must accept an appropriate transfer of an individual with an EMC who requires specialized capabilities or facilities if the hospital has the capacity to treat the individual.

   b. If there is a local, regional or state plan for hospital care for designated populations such as individuals with psychiatric disorders or high risk neonates, the transferring hospital must still provide an MSE and stabilizing treatment prior to transferring to the hospital so designated by the plan.

2. **Additional Transfer-Related Situations**

a. a. **Diagnostic Facility**. If an individual is moved to a diagnostic facility located at another hospital for diagnostic procedures not available at the transferring hospital and the hospitals arrange to return the individual to the transferring hospital, the transfer requirements must still be met by the sending hospital. The receiving hospital is not obligated to meet the EMTALA transfer requirements when implementing an appropriate transfer back to the transferring hospital. The recipient hospital will send or communicate the results of the tests performed to the transferring hospital.

   b. **Off-Campus hospital-based facilities to nonaffiliated hospital**. A transfer from a hospital-based facility located off-campus to a nonaffiliated hospital must still comply with the requirements of an appropriate transfer as defined by EMTALA. A Memorandum of Transfer must be used in such situations.
   Note: Off-Campus Provider-based EDs or DED. A movement of a patient from an off-campus provider-based ED or DED to the main hospital ED is a movement and not a transfer.

   c. **Pre-Existing Transfer Agreements**. Appropriate transfer agreements should be in place and in writing between the hospital, including any outpatient or other off-campus departments where care is provided and other hospitals in the area where the outpatient or off-campus departments are located. Even if there are pre-existing transfer agreements between transferring and receiving hospitals, a physician certification is required for any medically indicated transfer for an unstable individual. Transfer Agreements shall not include financial provisions for transfer but may include reciprocal provisions for transferring the individual back to the original transferring hospital when the higher level of care is no longer required.

   d. **Transfers for High Risk Deliveries**. A hospital that is not capable of handling the delivery of a high-risk woman in labor must still provide an MSE and any necessary stabilizing treatment as well as meet the requirements of an appropriate transfer even if a transfer agreement is in place. In addition, a physician certification that the benefits of transfer outweigh the risks of transfer is required for the transfer of the woman in labor.

   e. **Diversion/Exceeded Capacity**. If the transferring hospital has the capability but lacks the capacity to treat the individual, then the individual would likely benefit from the transfer and it would be permissible if all other conditions of an appropriate transfer are met. In addition, the hospital may transfer an individual due to bed shortage or overcrowding, if it has exhausted all its capabilities, even if the individual does not require any specialized capabilities of the receiving hospital. The receiving hospital must accept the transfer of the individual if it has the capacity and capability to do so. In communities with a community-wide emergency services system, the receiving hospital must accept the individual being transferred from a hospital on diversionary status if it has the capacity and capability. After acceptance, the

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receiving hospital may attempt to validate that the transferring hospital has, in fact, exhausted all its capabilities prior to transfer.

f. **Lateral Transfers**. Transfers between hospitals of comparable resources and capabilities are not permitted unless the receiving facility would offer enhanced care benefits to the patient that would outweigh the risks of the transfer. Examples of such situations include a mechanical failure of equipment or no ICU beds available.

g. **Women in Labor**. For a woman in labor, a transfer may be made only if the woman in labor or her representative requests the transfer, or if a physician signs a certification that the benefits reasonably expected from the provision of appropriate medical treatment at another facility outweigh the increased risks to the individual or the unborn child. A hospital cannot cite State law or practice as the basis for transfer. A woman in labor who requests transfer to another facility may not be discharged against medical advice to go to the other facility. The risks associated with such a disposition must be thoroughly explained to the patient and documented. If the patient still insists on leaving to go to another facility, the facility should take all reasonable steps to obtain the patient's request in writing and take all reasonable steps to have the patient transported using qualified personnel and transportation equipment. Transporting a woman in labor by privately-owned vehicle is not an appropriate form of transportation.

h. **Observation Status**. An individual who has been placed in observation status is not an inpatient, even if the individual occupies a bed overnight. Therefore, an individual placed in an observation status who came to the hospital's DED for example, does not terminate the EMTALA obligations of that hospital or a recipient hospital toward an individual who remains in unstable condition at the time of transfer. The EMTALA obligation does not end until the patient has been stabilized, appropriately transferred, or discharged. Therefore, any transfer of a patient in observation status who initially presented to a DED must meet all the requirements of an EMTALA transfer.

3. **Authority to Decline a Transfer Request**

The ED physician, working in conjunction with the CEO, Administrator-on-Call (AOC), or a hospital leader who routinely takes administrative call has the authority to decline a transfer request based on a determination that the facility does not have the capability and/or capacity to accept such transfer. This requirement applies to all transfer requests, regardless of whether the transfer request is facilitated by a Transfer Center representative or the facility's CEO designee or ED physician. For purposes of this requirement, a Nursing Supervisor, House Supervisor, or other similarly titled position is not considered to be an equivalent of the AOC.

4. **Authority to Conduct a Transfer**

The transferring physician is responsible for determining the appropriate mode of transportation, equipment and attendants for the transfer in such a manner as to be able to effectively manage any reasonably foreseeable complication of the individual's condition that could arise during the transfer. Only qualified personnel, transportation and equipment, including those life support measures that may be required during transfer shall be employed in the transfer of an individual with an unstabilized EMC. If the individual refuses the appropriate form of transportation determined by the transferring physician and decides to be transported by another method, the transferring physician is to document that the individual was informed of the risks associated with this type of transport and the individual should sign a form indicating the risks have been explained and the individual acknowledges and accepts the risks. All additional requirements of an appropriate transfer are to be followed by the transferring hospital.

5. **Transfer Center Use**

Hospitals may utilize a Transfer Center to facilitate the transfer of any individual from or to the Emergency

Department of the transferring facility to the receiving facility. The transferring physician, after discussion with the individual patient or his or her legally authorized representative, determines the appropriate receiving facility for providing the care necessary to stabilize and treat the individual's emergent condition. The Transfer Center then facilitates the transfer from the transferring facility to the facility selected by the transferring physician and/or the patient. Transfer Centers do not: 1) diagnose or determine treatment for medical conditions; 2) make independent decisions regarding the feasibility of transfer; 3) make independent decisions as to where the individual will be transferred; or 4) determine how a transfer shall be effected.

At the ED Physician's request, the Transfer Center must facilitate a discussion between the ED Physician and the on-call physician of the receiving facility. The on-call physician **does not have the authority** to refuse an appropriate transfer on behalf of the facility.

The Transfer Center may, at the transferring ED Physician's request, provide a list of the receiving facilities with capability and capacity for accepting the individual in need of transfer. The list should include geographic distances and specific capabilities of the receiving facilities. The ED Physician and the individual to be transferred then make the decision on the receiving facility.

The Transfer Center may, at the request of the transferring facility, provide information on the availability of EMS or transport options for transfer of an individual. However, the Transfer Center does NOT select the level of care provided by the transferring facility. The transfer acceptance cannot be predicated upon the transferring facility using a mode of transportation chosen by the receiving facility or a Transfer Center.

6.**Bed Management/Transfer Center Facility**

If the Transfer Center has real time access to necessary data elements documenting capability and capacity, the facility, the ED physician, and the Transfer Center representatives may develop criteria and algorithms for allowing the Transfer Center to accept a transfer request on behalf of the facility and the ED physician in order to expedite the transfer process. Such documents allowing a Transfer Center to accept a patient on behalf of a facility shall be in writing in the ED and on file in the Transfer Center. However, prior to completing the transfer process, the Transfer Center should validate the acceptance with the receiving ED and notify the facility of the transfer to ensure that the capability and capacity status has not changed and that the on-call physician is available when needed. A Transfer Center may not make any independent decisions to refuse a transfer request, except that a bed management Transfer Center may refuse a request with respect to capacity.

PROCEDURES:

1. **Transfers of Individuals Who Are Not Medically Stable**

Requirements Prior to Transfer. After the hospital has provided medical treatment within its capability to minimize the risks to the health of an individual with an EMC who is not medically stable, the hospital may arrange an appropriate transfer for the individual to another more appropriate or specialized facility. Evaluation and treatment shall be performed and transfer shall be carried out as quickly as possible for an individual with an EMC which has not been stabilized or when stabilization of the individual's vital signs is not possible because the hospital does not have the appropriate equipment or personnel to correct the underlying process. The following requirements must be met for any transfer of an individual with an EMC that has not been stabilized:

a. **Minimize the Risk. Before any transfer may occur, the transferring hospital must first provide, within its capacity and capability, medical treatment to minimize the risks to the health of the individual or unborn child.**

b. **Individual's Request or Physician's Order. Any transfer to another medical facility of an individual**

with an EMC must be initiated either by a written request for transfer from the individual or the legally responsible person acting on the individual's behalf or by a physician order with the appropriate physician or QMP and Physician certification as required under EMTALA. Any written request for a transfer to another medical facility from an individual with an EMC or the legally responsible person acting on the individual's behalf shall indicate the reasons for the request and that he or she is aware of the risks and benefits of the transfer. The individual must have received complete and accurate information about matters pertaining to the transfer decision, including: medical necessecity of the movement; availability of appropriate services at both the transferring and receiving hospitals; the availability of indigent care at the hospital initiating the transfer and the facility's legal obligations to provide medical services without regard to the patient's ability to pay; and any obligation of the hospital through its participation in government medical assistance programs to accept such program's reimbursement as payment in full for needed medical care.

c. **Request To Transfer Made to Receiving Facility. The transferring hospital must call the receiving hospital or the Transfer Center if the facility is part of a Transfer Center network to verify the receiving hospital has available space and qualified personnel for the treatment of the individual. A physician at the receiving hospital must agree to accept the transfer and provide appropriate treatment. The transferring hospital must obtain permission from the receiving hospital to transfer an individual. This may be facilitated by a Transfer Center. Such permission should be documented on the medical record by the transferring hospital, including the date and time of the request and the name and title of the person accepting transfer. The transferring physician shall ensure that a receiving hospital has appropriate services and has accepted responsibility for the individual being transferred. If utilizing the services of a Transfer Center, the Transfer Center may assist in determining whether the receiving hospital has the appropriate services.**

d. **Document the Request. The transferring hospital must document its communication with the receiving hospital, including the request date and time and the name of the person accepting the transfer.**

e. **Send Medical Records. The transferring hospital must send to the receiving hospital copies of all medical records available at the time of transfer related to the EMC and continuing care of the individual. The transferring hospital may provide the Face Sheet with the appropriate information to the Transfer Center to assist Transfer Center in facilitating the transfer. But, the Transfer Center generally may not provide any information to, or respond to questions from, to the receiving facility or physician at the receiving facility, from the Face Sheet regarding whether or not the patient has insurance, or the type of insurance, or other information regarding the patient's ability to pay for services prior to acceptance of the patient except as required by a state or local plan for providing care to certain patient populations where insurance coverage is a determining factor in where the patient may receive care. Documentation sent to the receiving hospital must include:**

- Copies of the available history, all records related to the individual's EMC, observations of signs or symptoms, patient's condition at the time of transfer, preliminary diagnosis, results of diagnostic studies or telephone reports of the studies, treatment provided, results of any tests, monitoring and assessment data, any other pertinent information, and the informed written consent for transfer of the individual or the certification of a physician or QMP.
- The name and address of any on-call practitioner who refused or failed to appear within a reasonable time to provide necessary stabilizing treatment; and
- The individual's vital signs which should be taken immediately prior to transfer and documented on the Memorandum of Transfer Form.
- Copies of available records must accompany the individual; and
- Copies of other records not available at the time of transfer must be sent to the receiving hospital as soon as

practical after the transfer.

Medical and other records related to individuals transferred to or from the hospital must be retained in their original or legally reproduced form in hard copy, microfilm, or electronic media for a period of five years from the date of transfer.

f. **Physician Certification of Risks and Benefits**. A physician must sign an express written certification that, based on the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual or, in the case of a woman in labor, to the unborn child, from being transferred. The certification should meet the following requirements:

- The certification must state the reason for transfer. The narrative rationale need not be a lengthy discussion of the individual's medical condition as this can be found in the medical record but should be specific to the condition of the patient upon transfer.
- The certification must contain a complete picture of the benefits to be expected from appropriate care at the receiving facility and the risks associated with the transfer, including the time away from an acute care setting necessary to effect the transfer.
- The date and time of the physician certification should closely match the date and time of the transfer.
- Certifications may not be backdated.

g. **QMP Certification**. If a physician is not physically present at the time of the transfer, a QMP may sign the certification, after consultation with a physician, and transfer the individual as long as the medical benefits expected from transfer outweigh the risks. If a QMP signs the certification, a physician shall countersign it within 24 hours or a reasonable time period specified by the hospital bylaws, rules or regulations.

h. **Send Memorandum of Transfer.** A Memorandum of Transfer must be completed for every patient who is transferred to another separately licensed hospital. The Memorandum of Transfer and the patient's medical record must be sent with the patient at the time of the transfer. A copy of the Memorandum of Transfer shall be retained by the transferring hospital and incorporated into the patient's medical record.

2. **Transfers that are requested by the individual but not medically indicated**

If a medically unstable individual, or the legally responsible person, requests a transfer to another hospital that is not medically indicated, the individual or the legally responsible person must first be fully informed of the risks of the transfer; the alternatives (if any) to the transfer; and the hospital's obligations to provide further examination and treatment sufficient to stabilize the individual's EMC.

Components of the Individual's Request for Transfer. The transfer is appropriate only when the request meets all of the following requirements:

- is in writing and indicates the reasons for the request;
- contains a statement of the hospital's obligations under EMTALA and the benefits and risks that were outlined to the person signing the request;
- indicates the individual is aware of the availability of appropriate services at both the transferring and receiving hospitals, the availability of indigent care at the transferring hospital, and any obligation of the hospital to accept government medical assistance program reimbursement as payment in full;
- indicates that the individual is aware of the risks and benefits of the transfer;
- is made part of the individual's medical record, and a copy of the request should be sent to the receiving facility when the individual is transferred; and
- is not made through coercion or by misrepresenting the hospital's obligations to provide an MSE and treatment for an EMC or labor.

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Note: Once the transfer is accepted, the Memorandum of Transfer and the patient's medical record must be sent with the patient.

3. **Refusal to Consent to Transfer**

If an individual, or the legally responsible person acting on the individual's behalf, refuses to consent to the hospital's offer to transfer the individual to another facility for services the hospital does not provide and informs the individual, or the legally responsible person, of the risks and benefits to the individual of the transfer, all reasonable steps must be taken to secure a written refusal from the individual or the person acting on the individual's behalf. The individual's medical record must contain a description of the proposed transfer that was refused by the individual or the person acting on the patient's behalf, a statement that the individual was informed of the risks and benefits and the reason for the individual's refusal to consent to the transfer.

4. **Transfer of Individuals Who Are Medically Stable**

EMTALA does not apply to an individual who has been medically stabilized. The hospital has no further EMTALA obligation to an individual who has been determined not to have an EMC or whose EMC has been stabilized or who has been admitted as an inpatient.

a. Any individual who has been medically stabilized may be transferred upon request or pursuant to a physician's order via a pre-arranged transfer or treatment plan according to hospital policy.

b. **Document Stable Condition**. The stability of the individual is determined by the ED physician or QMP in consultation with the physician. After it is determined that the individual is medically stable, the physician or QMP must accurately and thoroughly document the parameters of such stability.

   i. A woman who is in labor is considered to be stabilized only after she has been delivered of the child and the placenta.

   ii. An individual presenting with psychiatric symptoms is considered to be stabilized when he/she is protected and prevented from harming self or others.

   iii. If there is a disagreement between the treating physician and an off-site physician (*e.g.*, a physician at the receiving facility or the individual's primary care physician if not physically present at the first facility) about whether the individual is stable for transfer, the medical judgment of the physician who is treating the individual at the transferring facility DED takes precedence over that of the off-site physician.

5. **Recipient Hospital Responsibilities**

a. A participating hospital that has specialized capabilities or facilities (including, but not limited to burn units, shock-trauma units, neonatal intensive care units, dedicated behavioral health units, or regional referral centers in rural areas) may not refuse to accept an appropriate transfer from a transferring hospital within the boundaries of the United States, of an individual who requires such specialized capabilities or facilities if the receiving hospital has the capacity to treat the individual.

b. The requirement to accept an appropriate EMTALA transfer applies to any Medicare-participating hospital with specialized capabilities, regardless of whether the hospital has a DED. All licensed hospitals in Tennessee are required to accept appropiate transfers from other hospitals if the receiving hospital has space and capability, without regard to the patient's source of payment or ability to pay.

c. The recipient hospital's EMTALA obligations do not extend to individuals who are inpatients at another hospital.

d. If an individual arrives through the DED as a transfer from another hospital or health care facility, the hospital has a duty to have a physician or QMP, not a triage nurse, perform an appropriate MSE to determine whether the patient's condition deteriorated during the transport. The MSE must be documented in the medical record.

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e. A recipient hospital with specialized capabilities that delays the treatment of an individual with an EMC who arrives as a transfer from another facility could be in violation of EMTALA, depending on the circumstances of the delay.

f. An individual on an EMS stretcher in the DED must be provided an MSE without delay. EMTALA regulations apply as soon as the individual arrives on the facility's campus even if the EMS service has not formally turned the individual over to the DED care providers.

g. The receiving hospital may handle the receipt and subsequent assessment of the transferred emergency patient in a number of ways, including:

h. For example, the transferring facility may contact the individual or department designated by the CEO as the coordinator for transfers such as the House Supervisor or the Transfer Center. After the receiving hospital's designated transfer coordinator is contacted, this individual or Transfer Center will then coordinate any transfer requests with the Administrator On-Call and the ED Physician as necessary. Once it has been determined that the receiving facility has agreed to accept the patient, the patient may be transferred directly to a designated specialty unit such as a SICU, PICU, Cardiac Catheterization Lab, Burn Center, or other Specialty Unit if there is capacity and a physician with the appropriate specialty credentials is available to assess the patient within a reasonable timeframe (generally, within 30 minutes). Upon acceptance into the specialty unit as an inpatient, the Conditions of Participation govern the patient's care, including the history and physical and establishment of a plan of care.

i. If the receiving facility participates in a community wide cardiac or stroke alert system inclusive of pre-hospital patient management by EMS Services under the direction of a qualified physician that allows for diagnosis of an emergent medical condition prior to arrival at the receiving facility, the EMS service may take the patient directly to the Interventional Radiology Suite or the Cardiac Catheterization Lab if the stroke or cardiac alert team, including the appropriately credentialed physician, is present upon arrival of the patient. The awaiting physician in the Unit would perform the additional evaluation and treatment and document such findings in the medical record. The Interventional Radiology Suite or Cardiac Cath Lab would be responsible for ensuring the registration as an emergency patient thus ensuring the patient appears on the Central/ EMTALA log.

j. If a facility's transfer coordinator receives a request from a transferring hospital and no specialty bed is available but the DED has capacity and capability to further treat and stabilize the individual and an on-call physician is available, the receiving facility should accept the transfer as an ED to ED transfer. If the Emergency Department of the receiving hospital has exceeded its capacity and capability with individuals waiting to be seen and patients being held on stretchers in the hallways because no beds are available, then the receiving ED can refuse the transfer based upon no capacity and capability if that has been their practice in the past based on the same capacity.

k. Each specialty unit shall be responsible for entering the transferred patient's name and pertinent data into the appropriate log as per hospital policy.

6. **Review Process for Any Refused Transfers**

For those situations in which the hospital refuses to accept a transfer from another facility, the hospital and Transfer Center must have in place a procedure to review potential refusals and/or to monitor any refusals of transfer from other facilities.

7. **Reporting Potential EMTALA Violations**

Each Transfer Center employee working with the DED, medical staff member, house staff member, hospital employee, or contracted individual who works in the DED or other area where EMTALA requirements are applicable and who has reason to believe that a potential violation of the law has resulted in an inappropriate transfer to the hospital as a receiving hospital or from the hospital as a transferring hospital must report the

incident to the CEO or CEO's designee such as the Risk Manager or the ECO immediately for investigation.

a. **Receiving Hospitals**. Receiving hospitals have a duty to report any inappropriate transfer received from a transferring institution. A hospital that suspects it may have received an improperly transferred individual (transfer of an unstable individual with an EMC who was not provided an appropriate transfer according to 42 C.F.R. § 489.24(e)(2)), is required to promptly report the incident to the Centers for Medicare & Medicaid Services ("CMS") or the state agency within 72 hours of the occurrence. Failure to report within 72 hours may result in an EMTALA violation by the receiving facility.

b. **Transferring Hospitals**. A participating hospital may not penalize or take adverse action against a physician or a QMP because the physician or QMP refuses to authorize the transfer of an individual with an EMC that has not been stabilized, or against any hospital employee because the employee reports a violation of a requirement of the EMTALA obligations.

1. **Declared Emergencies**

Sanctions under EMTALA for an inappropriate transfer during a national emergency do not apply to a hospital with a DED located in an area that has been declared a national emergency area. Please review the requirements for transfers during a National Emergency contained in the EMTALA – Definitions and General Requirements Policy, LL.EM.001, and consult with the hospital's Disaster and Emergency Preparedness Plan as well as Operations Counsel for additional guidance.

a. **Waiver of Sanctions**. Sanctions under EMTALA for an inappropriate transfer or for directing or relocating an individual who comes to the DED to an alternative off-campus site for the MSE during a national emergency do not apply to a hospital with a DED located in an emergency area if the following conditions are met:

   i. the transfer is necessitated by the circumstances of the declared emergency in the emergency area during the emergency period;

   ii. the direction or relocation of an individual to receive medical screening at an alternate location is pursuant to an appropriate State emergency preparedness plan or, in the case of a public health emergency ("PHE") that involves a pandemic infectious disease, pursuant to a State pandemic preparedness plan;

   iii. the hospital does not discriminate on the basis of an individual's source of payment or ability to pay;

   iv. the hospital is located in an emergency area during an emergency period; and

   v. there has been a determination that a waiver of sanctions is necessary.

b. **Waiver Limitations**.

   i. An EMTALA waiver can be issued for a hospital only if:

- the President has declared an emergency or disaster under the Stafford Act or the National Emergencies Act;
- the Secretary of HHS has declared a PHE; and
- the Secretary of HHS invokes his or her waiver authority including notifying Congress at least 48 hours in advance.

i. In the absence of CMS notification of area-wide applications of the waiver, the hospital must contact CMS and request that the waiver provisions be applicable to the hospital.

ii. In addition, in order for an EMTALA waiver to apply to the hospital and for sanctions not to apply: (i) the hospital must activate its disaster protocol; and (ii) the State must have activated an emergency preparedness plan or pandemic preparedness plan in the emergency area, and any redirection of individuals for an MSE must be consistent with such plan.

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iii. Even when a waiver is in effect, there is still the expectation that everyone who comes to the DED will receive an appropriate MSE, if not in the DED, then at the alternate care site to which they are redirected or relocated.

iv. A waiver of these sanctions is limited to a 72-hour period beginning upon the implementation of a hospital disaster protocol, except that if a PHE involves a pandemic infectious disease, the waiver will continue in effect until the termination of the application decision of a PHE or a limitation by CMS. However, the waiver may be limited to a date prior to the termination of the PHE declaration, as determined by CMS. If a State emergency/pandemic preparedness plan is deactivated in the area where the hospital is located prior to the termination of the PHE, the hospital no longer meets the conditions for an EMTALA waiver and the hospital waiver would cease to be in effect as of the deactivation date. Likewise, if the hospital deactivates its disaster protocol prior to the termination of the PHE, the hospital no longer meets the conditions for an EMTALA waiver and the hospital waiver would cease to be in effect as of the deactivation date.

v. All other EMTALA-related requirements continue to apply, as do similar State law requirements, even when a hospital is operating under an EMTALA waiver. For example, a hospital's obligation to accept an appropriate transfer of an individual under EMTALA cannot be waived if the hospital has the capabilities and capacity to accept such transfer (as discussed in this Policy).

PHYSICIAN

Emergency Medical Condition (EMC) Identified: (Mark appropriate box; have physician certify if **I.c** or **I.d** selected and then go to Section II.)

I. **MEDICAL CONDITION:**
Diagnosis:_____

a. **No Emergency Medical Condition Identified**: This patient has been examined and an EMC has not been identified.
Screening Physician Signature:_____ *Date:* _____/_____/_____ *Time:*_____ *AM/PM*

b. **Unstable Patient, Request for Transfer**: The patient has been examined and an EMC has been identified and the patient is not stable. The hospital has the capability and capacity to provide the care needed but the patient has specifically requested to be transferred to another facility after being notified that the hospital can and is willing to provide the care needed to stabilize and treat the EMC.

c. **Patient Stable For Transfer**: The patient has been examined and any medical condition stabilized such that, within reasonable clinical confidence, no material deterioration of this patient's condition is likely to result from or occur during transfer.

d. **Patient Unstable**: The patient has been examined, an EMC has been identified and patient is not stable, but the transfer is medically indicated and in the best interest of the patient.

I.c and I.d Physician Certification: *I have examined this patient and based upon the reasonable risks and benefits described below and upon the information available to me, I certify that the medical benefits reasonably expected from the provision of appropriate medical treatment at another facility outweigh the increased risk to this patient's medical condition that may result from effecting this transfer.*
Physician Signature:_____ *Date:* _____/_____/_____ *Time:*_____ *AM/PM*
Signature applies to any checked boxes.

II. **REASON FOR TRANSFER:**

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Medically Indicated Patient Requested (see patient request documentation: Section VII)
On-call physician refused or failed to respond within a reasonable period of time
On-Call Physician Name: _____ Address
_____

III. **RISKS AND BENEFITS FOR TRANSFER:**

Medical Benefits:	**Medical Risks :**
Obtain level of care/ service unavailable at this facility. Service: _____ Medical Benefits outweigh the risks. Other _____	Deterioration of condition in route Worsening of condition or death if you stay here. Risk of traffic delay/accident resulting in condition deterioration or death. Other _____

IV. **MODE/SUPPORT DURING TRANSFER AS DETERMINED BY PHYSICIAN:**

Mode of transportation for transfer: BLS ALS Helicopter Neonatal Unit
Other_____
Agency: _____ Name/Title of accompanying hospital employee if required:
_____
Support/Treatment during transfer: Cardiac Monitor Oxygen: _____ IV Pump
IV Fluid: _____Rate: _____ Restraints – Type: _____ Other:
_____ None
Transferring Physician Signature if different from Certifying Physician:_____ Date:
___/___/___ Time: ____ AM/PM
If no physician immediately available, transfer authorized by Qualified Medical Provider per Dr.
_____
QMP Signature _____ Date:
___/___/___ Time: ____ AM/PM
Authorizing PhysicianSignature _____ Date:
___/___/___ Time: ____ AM/PM

V. **NURSING**

RECEIVING FACILITY AND INDIVIDUAL: The receiving facility has the capability for the treatment of this patient (including adequate equipment and medical personnel) and has agreed to accept the transfer and provide appropriate medical treatment.
Receiving Facility: _____ Person accepting TXFR: _____ _ Date:
___/___/___ Time: ____ AM/PM
Receiving MD_____ Date: ___/___/___
Time: ____ AM/PM
Questions regarding Medication Reconciliation Information may be directed to
_____or Transferring Physician.

VI. **ACCOMPANYING DOCUMENTATION** sent via: Patient/Responsible Party Fax Transporter
Documentation includes: Copy of Medical Record Lab/ EKG/ X-Ray Copy of Transfer Form
Medication Reconciliation Information Advanced Directive Other
_____
Report given to: (Person/title):
_____
Time of Transfer: _____ Date: _____ Nurse Signature:
_____Transferring Unit:_____

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Vital Signs Just Prior to Transfer: Temp: _____ Pulse_____ R_____ BP_____ spO2%_____ FHT_____ Time:____ AM/PM

VII. **PATIENTPATIENT CONSENT TO MEDICALLY INDICATED TRANSFER or PATIENT REQUEST FOR TRANSFER (Mark appropriate box a. or b.):**

a. I hereby **CONSENT TO TRANSFER** to another facility. I understand that it is the opinion of the physician responsible for my care that the benefits of transfer outweigh the risks of transfer. I have been informed of the risks and benefits of this transfer.

b. I hereby **REQUEST TRANSFER** to _____. I understand and have considered the hospital's EMTALA responsibilities that have been explained to me, the availability of appropriate care, the medical risks and benefits of transfer and the physician's recommendation. I make this request upon my own suggestion and not that of the hospital, physician or anyone associated with the hospital. I agree to accept the risks associated with my decision.

The reason I request transfer is:

_____

Signature of: Patient Responsible Person_____ Relationship to patient_____

Witness_____ Title _____ Date: ___/___/___ Time: ____ AM/PM

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Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
	Amy Cason: CNO StoneCrest Med Ctr	02/2024
Emergency Services Committee	Cynthia Zimmerman: Dir Emergency Svcs	02/2024
	Cynthia Zimmerman: Dir Emergency Svcs	02/2024

Applicability

TriStar StoneCrest Medical Center

Current Status: *Active* **PolicyStat ID:** *15518388*

TriStar StoneCrest MEDICAL CENTER

Effective Date:	*02/2016*
Last Approved:	*09/2024*
Last Revised:	*10/2019*
Next Review:	*03/2026*
Owner:	*Cynthia Zimmerman: Dir Emergency Svcs*
Policy Area:	*Organization-Wide Policies (Patient Care)*
References:	
Applicability:	*TriStar StoneCrest Medical Center*

EMTALA Tennessee Signage Policy (Facility Policy)

PURPOSE:

This policy reflects guidance under the Emergency Medical Treatment and Labor Act ("EMTALA") and associated State laws only. It does not reflect any requirements of The Joint Commission or other regulatory entities. Each facility should ensure it has policies and procedures to address such additional requirements. No facility may edit this policy in a manner that would remove existing language. Additions to this policy should be easily identifiable (e.g., in another color, different font or italicized text).

The definitions in the Company EMTALA Policy, LL.EM.001, apply to this and all other Company and facility EMTALA policies.

To establish guidelines for providing all individuals with the opportunity to be aware of and view their right to medical screening examination ("MSE") and stabilization for an emergency medical condition ("EMC") as required of any hospital with an emergency department by EMTALA, 42 U.S.C. § 1395dd, and all Federal regulations and interpretive guidelines promulgated thereunder.

POLICY:

All emergency departments and any other place likely to be noticed by all individuals entering the emergency department and those individuals waiting for examination and treatment in areas of the hospital other than the traditional emergency department such as the entrance area, admitting areas, waiting rooms, and treatment areas located on hospital property must post conspicuously, appropriate signage notifying individuals of their right to an MSE and stabilization or treatment for an EMC and required services for women in labor as specified under EMTALA as well as information indicating whether or not the hospital participates in the Medicaid program. The entrance to the emergency department shall be clearly marked.

PROCEDURE:

All hospitals must post signage that, at a minimum, meets the following requirements:

- § signage must be conspicuously posted in any place or places likely to be noticed by all individuals entering the emergency department, as well as those individuals waiting for examination and treatment in areas other than the traditional emergency department (*e.g.*, entrance, admitting area, waiting room, labor

and delivery, and other treatment areas located on hospital property):
- o signage must be readable from anywhere in the area
- o wording on signage must be clear and in simple terms in a language(s) that is (are) understandable by the population the hospital serves

The contents of the signage must:

§ indicate whether or not the hospital participates in a Medicaid program approved under a State plan under Title XIX;

§ specify the rights of individuals with EMCs to receive an MSE and necessary stabilization and treatment for any EMC regardless of the ability to pay; and

§ specify the rights of women in labor who come to the emergency department for health care services.

- The signage content must include the following language:

IT'S THE LAW!

If you have a medical emergency or are in labor, even if you cannot pay or do not have medical insurance or you are not entitled to Medicare or Medicaid, you have the right to receive, within the capabilities of this hospital's staff and facilities:

- An appropriate medical screening examination;
- Necessary stabilizing treatment (including treatment for an unborn child); and
- If necessary, an appropriate transfer to another facility.

This hospital does participate in the Medicaid program.

(policy effective 2/1/2016 per LL.EM.001)

REFERENCES:EMTALA Policy, LL.EM.001

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Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
	Amy Cason: CNO StoneCrest Med Ctr	09/2024
Emergency Services Committee	Cynthia Zimmerman: Dir Emergency Svcs	09/2024
	Cynthia Zimmerman: Dir Emergency Svcs	09/2024

Applicability

TriStar StoneCrest Medical Center

Current Status: *Active*

PolicyStat ID: *14268181*

TriStar StoneCrest MEDICAL CENTER

Effective Date:	*02/2016*
Last Approved:	*11/2023*
Last Revised:	*02/2016*
Next Review:	*11/2025*
Owner:	*Cynthia Zimmerman: Dir Emergency Svcs*
Policy Area:	*Emergency Services*
References:	
Applicability:	*TriStar StoneCrest Medical Center*

EMTALA- Provision of On-Call Coverage Policy (Facility Policy)

PURPOSE:

This policy reflects guidance under the Emergency Medical Treatment and Labor Act ("EMTALA") and associated State laws only. It does not reflect any requirements of The Joint Commission or other regulatory entities. Each facility should ensure it has policies and procedures to address such additional requirements. No facility may edit this policy in a manner that would remove existing language. Additions to this policy should be easily identifiable (*e.g.*, in another color, different font or italicized text).

The definitions in the Company EMTALA Policy, LL.EM.001, apply to this and all other Company and facility EMTALA policies.

To establish guidelines for the hospital, including a specialty hospital, and its personnel to be prospectively aware of which physicians, including specialists and sub-specialists, are available to provide additional medical evaluation and treatment necessary to stabilize individuals with emergency medical conditions ("EMCs") in accordance with the resources available to the hospital as required by EMTALA, 42 U.S.C. § 1395dd, and all Federal and State regulations and interpretive guidelines promulgated thereunder.

POLICY:

The hospital must maintain a list of physicians on its medical staff who have privileges at the hospital or, if it participates in a community call plan, a list of all physicians who participate in such plan. Physicians on the list must be available after the initial examination to provide treatment necessary to stabilize individuals with EMCs who are receiving services in accordance with the resources available to the hospital. The cooperation of the hospital's medical staff members with this policy is vital to the hospital's success in complying with the on-call provisions of EMTALA. The hospital should make its privileged physicians aware of their legal obligations as reflected in this policy and the Medical Staff Bylaws and should take all necessary steps to ensure that physicians perform their obligations as set forth herein and in each document.

PROCEDURE:

Develop an On-Call Schedule. The facility's governing board must require that the medical staff be responsible for developing an on-call rotation schedule that includes the name and direct telephone number or direct pager of each physician who is required to fulfill on-call duties. Practice group names, answering services, and general office numbers are not acceptable for contacting the on-call physician. Individual

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physician names with accurate contact information, including the direct telephone number or direct pager where the physician can be reached, are to be put on the on-call list. The hospital MUST be able to contact the on-call physician with the number provided on the list. Each physician is responsible for updating his or her contact information as necessary. Each hospital shall provide a copy of the daily on-call schedule to the Transfer Center.

The on-call schedule may be by specialty or sub-specialty (*e.g.*, general surgery, orthopedic surgery, hand surgery, plastic surgery), as determined by the hospital and implemented by the relevant department chairpersons. The Medical Executive Committee ("MEC") shall review the on-call schedule and make recommendations to the CEO when formal changes are to be made or when legal and/or operational issues arise.

The hospital shall keep local Emergency Medical Services advised of the times during which certain specialties are unavailable.

Only physicians that are available to physically come to the ER may be included on the on-call list. A physician available via telemedicine does not satisfy the on-call requirements under EMTALA.

Specialty Hospital Call. A specialty hospital such as a psychiatric, orthopedic, or heart hospital that does not operate an emergency department is still subject to EMTALA requirements, and must maintain an on-call list and accept appropriate transfers when requested to do so.

Records. The hospital must keep a record of all physicians on-call and on-call schedules for at least five years. Any on-call list must reflect any and all substitutions from the time of first posting of the list. These records may be in electronic or hardcopy format.

Maintain a List. Each hospital must maintain a list of physicians who are on-call for duty after the initial examination to provide treatment necessary to stabilize an individual with an EMC. The Medical Staff Bylaws or appropriate policy and procedures must define the responsibility of on-call physicians to respond, examine, and treat patients with an EMC. Factors to consider in developing the on-call list include: the level of trauma and emergency care afforded by the hospital; number of physicians on the medical staff who are holding the privileges of the specialty; other demands on the physicians; frequency with which the physician's services are required; and the provisions the hospital has made for situations where the on-call physician is not available or not able to respond due to circumstances beyond his or her control. The hospital is expected to provide adequate specialty on-call coverage consistent with the services provided at the hospital and the resources the hospital has available.

In addition, the on-call list requirement applies to any hospital with specialized capabilities that is participating in the Medicare program regardless of whether the hospital has a DED. Specialty Hospitals must have appropriate on-call specialists available for receiving those individuals transferred pursuant to EMTALA. Hospitals should verify that the privileges of each on-call physician are current as to the procedures that each on-call physician is able to perform and the services that each on-call physician may provide.

The on-call list maintained for the main hospital Emergency Department shall be the on-call list for the hospital, including any Off-Campus Provider-based Emergency Departments.

Physician's Responsibility. The hospital has a process to ensure that when a physician is identified as being "on-call" to the DED for a given specialty, it shall be that physician's duty and responsibility to assure

the following:

1. Immediate availability, at least by telephone, to the ED physician for his or her scheduled "on-call" period, or to secure a qualified alternate who has privileges at the hospital if appropriate.

2. If a Transfer Center is being utilized to contact the on-call physician, the on-call physician must respond to the Transfer Center within a reasonable timeframe (generally, within 30 minutes).

3. Arrival or response to the DED within a reasonable timeframe (generally, response by the physician is expected within 30 minutes). The ED physician, in consultation with the on-call physician, shall determine whether the individual's condition requires the on-call physician to see the individual immediately. The determination of the ED physician or other practitioner who has personally examined the individual and is currently treating the individual shall be controlling in this regard.

4. The on-call physician has a responsibility to provide specialty care services as needed to any individual who comes to the Emergency Department either as an initial presentation or upon transfer from another facility.

5. The on-call physician has a responsibility to notify the Medical Staff Office of changes to the on-call schedule.

Authority to Decline Transfers. The on-call physician does not have the authority to refuse an appropriate transfer on behalf of the facility.

Only the CEO, Administrator-on-Call ("AOC"), or a hospital leader who routinely takes administrative call has the authority to verify that the facility does not have the capability and capacity to accept a transfer. Any transfer request which may be declined must first be reviewed with this individual before a final decision to refuse acceptance is made. This requirement applies to all transfer requests, regardless of whether the transfer request is facilitated by a Transfer Center representative or the facility's CEO designee or ED physician. For purposes of this requirement, a Nursing Supervisor, House Supervisor or other similarly titled position is not considered to be an equivalent of the AOC.

Financial Inquiries. Medical Staff Members who are on-call and who are called to provide treatment necessary to stabilize an individual with an EMC may not inquire about the individual's ability to pay or source of payment before coming to the DED and no facility employee, including Transfer Center employees, may provide such information to a physician on the phone.

Physician Appearance Requirements. If a physician on the on-call list is called by the hospital to provide emergency screening or treatment and either fails or refuses to appear within a reasonable timeframe, the hospital and that physician may be in violation of EMTALA as provided for under section 1867(d)(1)(C) of the Social Security Act. If a physician is listed as on-call and requested to make an in-person appearance to evaluate and treat an individual, that physician must respond in person within a reasonable amount of time. For those physicians who do not respond within a reasonable amount of time, the Chain of Command Policy should be initiated.

Note: Each facility should define a reasonable timeframe – generally that timeframe should not be greater than 30 minutes.

If, as a result of the on-call physician's failure to respond to an on-call request, the hospital must transfer the individual to another facility for care, the hospital must document on the transfer form the name and address of the physician who refused or failed to appear.

Call by Non-Physician Practitioners. The ED physician must be able to first confer with the on-call

physician. Midlevel practitioners (usually physician assistants or advanced practice registered nurses) who are employed by and have protocol agreements with the on-call physician, may appear at the hospital and provide further assessment or stabilizing treatment to the individual only after the on-call physician and ED physician confer and the on-call physician so directs the licensed non-physician practitioner to appear at the hospital. The individual's medical needs and capabilities of the hospital, along with the State scope of practice laws, hospital bylaws, and rules and regulations, must be thoroughly reviewed prior to implementing this process. The designated on-call physician remains ultimately responsible for providing the necessary services to the individual in the DED regardless of who makes the first in-person visit. If the ED physician does not believe that the non-physician practitioner is the appropriate practitioner to respond and requests the on-call physician to appear, the on-call physician must come to the hospital to see the individual.

Selective Call and Avoiding Responsibility. Medical Staff Members may not relinquish specific clinical privileges for the purpose of avoiding on-call responsibility. The Board of Trustees is responsible for assuring adequate on-call coverage of specialty services in a manner that meets the needs of the community in accordance with the resources available to the hospital. Exemptions for certain medical staff members (*e.g.*, senior physicians) would not per se violate EMTALA-related Medicare provider agreement requirements. However, if a hospital permits physicians to selectively take call ONLY for their own established patients who present to the DED for evaluation, then the hospital must be careful to assure that it maintains adequate on-call services, and that the selective call policy is not a substitute for the on-call services required by the Medicare provider agreement.

Providing Elective Surgeries or Other Therapeutic or Diagnostic Procedures While On-Call. The hospital shall have in place policies and procedures to ensure that specialty services are available to meet the needs of any individual with an EMC if the hospital permits on-call physicians to schedule elective surgeries during the time that they are on-call. An on-call physician who undertakes an elective surgery while on-call must arrange for an appropriate physician with comparable hospital privileges to serve as back-up to provide on-call coverage and notify the facility of such determination. The facility will ensure that the DED is familiar with the back-up arrangement for any physician performing elective procedures.

Simultaneous Call. Physicians are permitted to have simultaneous call at more than one hospital in the geographic area; however, the physician must provide the hospital with the physician's on-call schedule so that the hospital can have a plan in place to meet its EMTALA obligation to the community. This plan could include back-up call by an additional physician or the implementation of an appropriate transfer. An on-call physician may not choose the hospital in which to treat a patient purely for the physician's convenience (*e.g.*, if a physician is on-call for both Hospitals A and B, is at Hospital B, but is requested to come to Hospital A by the Hospital A ED physician, the on-call physician is obligated to treat the patient at Hospital A).

Back-up Plans and Transfers. The hospital shall have in place a written plan for transfer and/or back-up call coverage by a physician of the same specialty or subspecialty for situations in which a particular specialty is not available or the on-call physician cannot respond due to circumstances beyond the physician's control. The ED physician shall determine whether to attempt to contact another such specialist or immediately arrange for a transfer. The hospital must be able to demonstrate that hospital staff is aware of and able to execute the back-up procedures.

Appropriate transfer agreements shall be in place for those occasions when an on-call specialist is not available within a reasonable period of time to provide care for those individuals who require specialty or subspecialty physician care and a transfer is necessary. A list of facilities with which the hospital has transfer arrangements and the specialties represented shall be available to the individual or Transfer Center responsible for facilitating the transfer. The transfer agreements shall not include financial provisions for

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EMTALA transfers.

Transfer to Physician's Office. When a physician who is on-call is in his or her office, the hospital may NOT refer individuals receiving treatment for an EMC to the physician's office for examination and treatment. The physician must come to the hospital to examine the individual if requested by the treating physician.

Community Call Plan. A community call plan is designed to meet the needs of the communities served utilizing the resources within the region. A community call plan facilitates appropriate transfers to the hospital providing the specialty on-call services pursuant to the plan, but does not relieve any hospital of any EMTALA obligations with respect to transfer. Even though a hospital may participate in a community call plan, the hospital must still accept appropriate transfers from non-participating hospitals.

Any community call plan must be approved by Operations Counsel and meet all applicable federal and state regulations and guidelines.

REFERENCES:EMTALA Policy, LL.EM.001,

Attachments

No Attachments

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Approval Signatures

Step Description	Approver	Date
	Amy Cason: CNO StoneCrest Med Ctr	11/2023
Emergency Services Committee	Cynthia Zimmerman: Dir Emergency Svcs	08/2023
	Cynthia Zimmerman: Dir Emergency Svcs	08/2023

Applicability

TriStar StoneCrest Medical Center

Attachment 5C-1

TriStar StoneCrest Medical Center License

License No. 162
No. Beds 115

State of Tennessee

Health Facilities Commission

Board for Licensing Health Care Facilities

This is to certify that a license is hereby granted by the Health Facilities Commission to HCA HEALTH SERVICES OF TENNESSEE, INC. to conduct and maintain an Hospital
TRISTAR STONECREST MEDICAL CENTER
Located at 200 STONECREST BOULEVARD, SMYRNA TN 37167
County of RUTHERFORD, TENNESSEE.

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The license shall expire May 01, 2026 and is subject to the provisions of Chapter 11, Tennessee Code Annotated. This license shall not be assignable or transferable and shall be subject to revocation at any time by the Health Facilities Commission, for failure to comply with the laws of the State of Tennessee or the rules and regulations of the Health Facilities Commission issued thereunder.

In Witness Whereof, we have hereunto set our hand and seal of the State
this 30th day April, 2025.

GENERAL HOSPITAL
PEDIATRIC BASIC HOSPITAL
STEMI-RECEIVING CENTER
STROKE RELATED-PRIMARY
TRAUMA CENTER LEVEL 3

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By Caroline R Ayers, Esq., C.H.C.
Director, Licensure & Regulation

By
Executive Director

Attachment 5C-2

M. Colleen Tran, D.O. FACEP C.V. and Letter of Support

and

Matthew Tincher, MD

Regional Medical Director of Emergency Services

Letter of Support

08/2020

M. Colleen Tran, D.O. FACEP

1110 Kirkwood Dr, Franklin, TN 37067
T: (215) 407-7727 E: marycolleen.tran@hcahealthcare.com

EDUCATION & MEDICAL TRAINING

Emergency Medicine Residency — 07/2011 to 07/2014
Wellspan York Hospital — York, PA

Chief Resident — 07/2013 to 07/2014
Wellspan York Hospital — York, PA

Doctor of Osteopathic Medicine — 08/2007 to 05/2011
Lake Erie College of Osteopathic Medicine — Erie, PA

Bachelor of Science, Summa Cum Laude, Biochemistry — 08/2003 to 05/2007
Allegheny College — Meadville, PA

PROFESSIONAL WORK HISTORY

Chief of Emergency Medicine — 01/2024 to Present
HCA Tristar Stonecrest Medical Center — Smyrna, TN

Associate Site Medical Director — 03/2020 to 01/2024
Envision Physician Services — Smyrna, TN
Tristar Stonecrest Medical Center

Stroke Medical Director — 06/2023 to Present
Tristar Stonecrest Medical Center — Smyrna, TN

Emergency Physician — 10/2018 to Present
Envision Physician Services — Smyrna, TN
Tristar Stonecrest Medical Center

Emergency Physician — 07/2018 to 11/2018
Valley Emergency Physicians — Clarksville, TN
Tennova Healthcare Clarksville

Emergency Physician — 08/2014 to 06/2018
Emergency Physicians of Mason County, Partner — Shelton, WA
Mason General Hospital

HOSPITAL COMMITTEE INVOLVEMENT

Medical Executive Committee — 01/2024 to Present
Tristar Stonecrest Medical Center

Credentials Committee — 01/2024 to Present
Tristar Stonecrest Medical Center

08/2020

Professional Practice Evaluation Council (PPEC) 01/2021 to 12/2024
Tristar Stonecrest Medical Center

LICENSURE AND CERTIFICATIONS

American Board of Emergency Medicine	12/2025
Tennessee State Board of Osteopathic Medicine	06/2025
Washington State Board of Osteopathic Medicine	06/2025
Advanced Trauma Life Support - Instructor	11/2025

LANGUAGES

Spanish – Competent

TriStar StoneCrest
MEDICAL CENTER

May 27, 2025

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
Andrew Jackson Building, Ninth Floor
502 Deaderick Street
Nashville, Tennessee 37243

Re: TriStar StoneCrest – Murfreesboro ER CON Application

Director Grant,

I am the ER Medical Director at the TriStar StoneCrest Medical Center ER and I am excited to support TriStar StoneCrest as they seek to bring an FSER to southern Murfreesboro. There is a serious need for additional emergency care due to the rapid growth of the community. Murfreesboro and Rutherford County are almost the size of Hamilton County and Chattanooga. However, we are lacking the same services and resources that Hamilton County has when it comes to healthcare. It's time that more emergency care comes to Rutherford County, and I think TriStar StoneCrest will serve the community with the same level of quality and care that patients see at the main hospital.

As an emergency room physician, I know how important it is for patients to be seen quickly, and I can attest to the fact that FSERs allow patients to get to the care they need more quickly, with less waiting. It's a great option for the more residential community in southern Murfreesboro and Barfield. By placing this FSER in an area where individuals and families live, TriStar will be able to improve access to care, which can be lifesaving in a medical emergency.

TriStar Health has experience running multiple FSERs in Middle Tennessee and all of them improve access for populations in need. These facilities treat thousands of patients every year and are great for growing communities like southern Murfreesboro.

There is a clear need for more emergency care in Murfreesboro. Increasing options for patients will improve healthcare for the whole community and ultimately improve the quality of life for Murfreesboro residents. This facility is needed in the community, and I ask that you vote to approve the TriStar Murfreesboro ER.

Thank you,

Colleen Tran, D.O.
ER Medical Director
200 StoneCrest Boulevard
Smyrna, TN 37167

TriStar StoneCrest
MEDICAL CENTER

TriStarHealth.com
200 StoneCrest Boulevard
Smyrna, TN 37167
(615) 768-2000

May 28, 2025

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

Re: TriStar Murfreesboro CON Application

Dear Mr. Grant:

I have served as the Regional Medical Director of Emergency Services for TriStar Health for over 10 years. As a result of my background and experience in this capacity, I'm familiar with the healthcare needs in our area.

This letter is to convey my full support for TriStar StoneCrest Medical Center's CON application to develop a new freestanding emergency department in Murfreesboro, Tennessee.

Since I began working at TriStar Health in 2005, I have witnessed the incredible growth of Rutherford County, which is only expected to continue. The traffic and congestion around I-24, especially during rush hour, has grown substantially. More families are relocating to Murfreesboro and the southern part of Rutherford County. Having a freestanding emergency department in Southern Murfreesboro will significantly reduce the amount of time needed to travel to an ER.

Additionally, this facility will provide our EMS and first-responder partners a more efficient way to offload patients and return to their service areas to once again respond to the next call for help.

My number one concern is always for the patients. Our patients in the service area will greatly benefit from the TriStar Murfreesboro FSED. They can get the care closer to home. This facility will fill a critical gap in access to care and will assuredly save lives.

I strongly urge you to approve TriStar StoneCrest's CON application for this free-standing emergency room in Murfreesboro.

Sincerely,

Matthew R. Tincher

Dr. Matt Tincher
Regional Medical Director
HCA Healthcare - TriStar Health

Attachment 5C-3

2023 QAPI Plan

Current Status: *Active* **PolicyStat ID:** *17409077*

TriStar StoneCrest MEDICAL CENTER

Effective Date:	*07/2017*
Last Approved:	*01/2025*
Last Revised:	*05/2023*
Next Review:	*01/2027*
Owner:	*Shana Harper: VP Quality*
Policy Area:	*Quality-*
References:	*APR.01.01.01, APR.01.02.01, APR.01.03.01, APR.02.01.01, APR.03.01.01, APR.04.01.01, APR.05.01.01, LD.01.03.01, LD.03.01.01, LD.03.02.01, MS.07.01.01, PI.01.01.01, PI.02.01.01, PI.02.01.03, PI.03.0101*
Applicability:	*TriStar StoneCrest Medical Center*

Plan for Improvement of Organizational Performance, Patient Safety and Risk Management

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SECTION I. MISSION AND VALUES

Above all else, we are committed to the care and **improvement of human life**. In recognition of this commitment, we strive to deliver high quality, cost-effective healthcare in the communities we serve. In pursuit of our mission, we believe the following value statements are essential and timeless:

- We recognize and affirm the unique and intrinsic worth of each individual.
- We treat all those we serve with compassion and kindness.
- We act with absolute honesty, integrity and fairness in the way we conduct our business and the way we live our lives.
- We trust our colleagues as valuable members of our healthcare team and pledge to treat one another with loyalty, respect, and dignity.

SECTION II. PHILOSOPHY/OBJECTIVES/SCOPE OF SERVICES

A. PHILOSOPHY

The Performance Improvement, Patient Safety Program and Risk Management's underlying philosophy:

- Utilizes principles of industrial quality measurement based on data collection, objective analysis, and results dissemination.
- Offers physicians and administrators objective information, which they can use for purposes of review, patient management, and quality measurement.
- Is grounded in the concept of continuous quality improvement, through regular feedback of information on performance.
- Promotes integration and communication between hospital departments, medical staff, and administration to continuously improve processes which affect patient care.

B. OBJECTIVES

The Board of Trustees, Medical Executive Committee, and Administration support and will dedicate appropriate resources to establish, implement, and continually provide for the monitoring, evaluation, and implementation of measures, actions, or changes which improve patient care, patient safety, and patient satisfaction.

The objectives of this plan are to preserve/improve the quality of patient care, enhance appropriate utilization of resources, and to reduce or eliminate unnecessary risks and hazards within the facility by promoting:

- The employment of qualified, competent, and effectively supervised personnel for patient care, utilizing clear channels of supervision, responsibility, and accountability.
- Patient care, which is appropriate to the ages and needs of patients, is delivered as follows:
  - in a safe and timely manner
  - within the range of available resources
  - in a cost-efficient manner as possible
  - consistent with achievable goals
  - properly documented to facilitate evaluation and effective communication
  - continuously evaluated and improved
- A system in which the appropriate level of care is provided to all patients and is subject to periodic review (prospective or concurrent) with the use of pre-established objective indicators and documentation of findings.
- A system in which the findings of patient care monitoring and evaluation are utilized by the hospital in concrete ways to fulfill the objectives of the Performance Improvement, Patient Safety Program and Risk Management.
- A system in which the number of adverse patient occurrences are minimized, resulting in a decrease in losses (claims) to the organization.
- The maintenance of a continuing education program utilizing, in part, results of patient care monitoring and evaluation.
- Continuous evaluation and improvement of customer satisfaction (patients/ family/ community, physicians, employees).

C. SCOPE OF SERVICES

The scope of this plan includes monitoring and evaluation activities which address patients of all ages served by the hospital and all services and settings owned by the hospital. An elaborate Scope of Services for each department is outlined in the Plan for the Provision of Care, Treatment, and Services.

SECTION III. LEADERSHIP'S ROLE AND RESPONSIBILITY FOR IMPROVEMENT OF ORGANIZATIONAL PERFORMANCE AND PATIENT SAFETY

Leadership plays a central role in improving both organizational performance and safety. Leadership includes the Governing Board, Medical Executive Committee, the Quality/Peer Review Committee, the Chief Executive Officer and senior management, Department Directors, and Nursing Officers/Managers/Supervisors. The leaders set expectations, develop plans, and manage processes to measure, analyze, and improve the quality and safety of the hospital's clinical and support activities. The leaders are responsible for adopting an approach to Performance Improvement which is utilized in reporting and in team activities. Leaders also are

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responsible for setting policy/procedure and priorities, as well as reprioritizing priorities when there are sentinel events or unexpected adverse outcomes.

Leaders are responsible for establishing a policy and procedure for sentinel events, educating staff on sentinel events, and responding appropriately when they occur. The policy shall include a process for conducting a timely serious event analysis that focuses on processes and systems, and the development of risk reduction strategies and an action plan that includes evaluating the effectiveness of the actions taken.

Leaders set a positive Performance Improvement/Patient Safety culture in the organization through planning, education in tools, approaches, methods), providing support, such as time and resources (staff, information systems, etc.), and empowering staff as appropriate. Leaders also actively participate in interdisciplinary PI and patient safety activities, as appropriate.

The Performance Improvement, Patient Safety and Risk Management Program is the shared responsibility of the Board of Trustees, the Medical Staff, and the Administration of the hospital with specific areas of the program delegated to each. The program involves the Board, medical and other professional staff, administrative, technical and all support services, and includes education concerning the approaches and methods of Performance Improvement.

A. BOARD OF TRUSTEES

The Board has the ultimate authority and responsibility to ensure safety, quality of care and risk reduction or mitigation through performance and patient safety improvement. To that end the Board shall require specific review and evaluation of activities to assess and improve the overall quality, safety and efficiency of patient care in the hospital. While maintaining overall responsibility, the Board delegates operational authority to the Medical Staff and Administration. The Board of Trustees delegates direct responsibility of the Risk Management Program to the Chief Executive Officer. The CEO delegates the responsibility of Risk Management to the Risk Manager/designee.

In exercising its supervisory responsibility, the Board will:

- Receive, review and accept or reject periodic reports on findings, conclusions, recommendations, actions and results of program activities.
- Assess the program's effectiveness and efficiency and require modification in organizational structure and systems where necessary to improve program performance.
- Provide for resources and support systems for Performance Improvement and functions related to patient care and safety.
- Verify that the overall goal of patient care enhancement is being achieved.
- Require a process designed to assure that all individuals responsible for the assessment, treatment or care of patients are competent.

B. MEDICAL EXECUTIVE COMMITTEE

- The Medical Executive Committee of the Medical Staff is accountable to the Board of Trustees for oversight of performance improvement, risk management and safety activities by members of the medical staff and allied health professionals. This includes monitoring and evaluation functions to determine that the appropriate level of medical care is rendered to all patients in the hospital through Performance Improvement monitoring, actions taken when indicated, and by reporting these activities to the Board of Trustees.
- The Medical Executive Committee shares the responsibility for the operations of the monitoring and evaluation functions with the Medical Staff and the appropriate Medical Staff Committees. The

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Quality/Peer Review Committee is delegated the responsibility for planning, implementing, coordinating and promoting ongoing Medical Staff leadership and participation in the Hospital's performance improvement program. The Credentials Committee is delegated the responsibility for evaluation of the results of monitoring and evaluation functions at the time of reappointment to the Medical Staff.

C. ADMINISTRATION

TriStar StoneCrest Medical Center, Inc. recognizes the role that Administration plays in improving the performance and safety of the care, treatment and services provided. Administration, through the Chief Executive Officer (CEO) is accountable to the Board of Trustees for the quality of care and performance of non-physician professional and technical staffs. The CEO will:

- Promote the participation of the appropriate members of professionals and technical staffs and departments in the program through interdisciplinary monitoring and evaluation of patient care and patient safety activities through the Quality/Risk Management Department.
- Establish and maintain operational linkages between Risk Management, Case Management, Patient Safety, and Performance Improvements functions.
- Assure that sufficient resources and personnel are provided to support Patient Safety, Performance Improvement and Risk Management activities and that staff are provided adequate time to participate in these activities.

D. Quality Management Department

Administration will provide adequate resources to the Medical Staff of the hospital to conduct Quality, Performance Improvement, Risk Management and Patient Safety functions. These resources will be directed through the Quality/Risk Management Department. This department will provide at least the following services and functions.

- 1.Orientation and training on programs, functions and tools related to Performance Improvement and Patient Safety.
- 2. Reports of changes in regulations, laws, and accreditation standards to the Medical Staff and other organizational Leaders/Employees/Caregivers.
- 3. Conduct data retrieval functions.
- 4. Aggregate and trend Occurrence reports, identifying areas of opportunity and facilitating serious event analyses, as applicable.
- 5. Aggregate PI findings for presentation to Leadership, Medical Staff, and hospital staff.
- 6.Submit information to the Joint Commission as required and permits the performance of a survey at the Joint Commission's discretion, while not using Joint Commission employees to provide any accreditation-related consulting services.
- 7. Hospital will collaborate with the medical staff to complete the Joint Commission focused standards assessment
- 8.Provide accurate information throughout the accreditation process
- 9.Report any changes in the information provided in the application for accreditation and any changes between surveys
- 10. The VP of Quality will be responsible for ensuring that appropriate actions are implemented, and within established time frames.
- 11. The VP of Quality or other Quality/Risk Management Department designee will attend meetings including, but not limited to Quality/Peer Review, Medical Staff Committees, Medical Executive Committee, Risk Management, Patient Safety, Infection Control, Environment of Care Committees, and

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Board of Trustees.

- 12. The Patient Safety Director or designee will be responsible for reporting medical device related occurrences according to the Safe Medical Device Act (SMDA)
- 13. The Patient Safety Director or designee may receive recall notices and will be responsible for communicating with appropriate leaders related to product recalls so that identified equipment and/or supplies will be managed appropriately
- 14. Fulfill all requirements for Focused Standards Assessment at 12 and 24 months after the full triennial survey
- 15. Upon request, the hospital will allow the Joint Commission to review the results of external results from publicly recognized bodies.

At least annually the Quality/Risk Management Department will prepare an annual appraisal of the Performance Improvement/ Patient Safety/ Risk Management Program. The hospital leaders will evaluate the effectiveness of the program through the annual appraisal.

The leaders will also evaluate their effectiveness by accomplishment of goals and improvements through Performance Improvement monitoring and PI teams. If the goals and objectives are found to be ineffective, new actions may be taken, or new teams may be formed.

SECTION IV: PLAN

TriStar StoneCrest Medical Center participates in collaborative, interdisciplinary monitoring of patient care activity processes and outcomes. Performance improvement activities include how the hospital designs, measures, assesses, and improves important processes and outcomes. All PI activities are incorporated into a collaborative, interdisciplinary approach through interdisciplinary monitoring and Performance Improvement Teams.

A. Performance Improvement MODEL

TriStar StoneCrest Medical Center Inc. will utilize proven PI tools and methodologies (including: Lean, Six Sigma, Focus PDCA, etc.), in its improvement efforts. Our primary Improvement Model will be Focus PDCA.

- **F**ind a process to improve
- **O**rganize a team that knows the process
- **C**larify the current knowledge of the process
- **U**nderstand the causes of process variation
- **S**elect the process improvement
- **P**lan the improvement and continued data collections
- **D**o the improvement, data collection and analysis
- **C**heck and study the results
- **A**ct to hold the gain and to continue to improve the process

Leadership supports the use of data driven, scientific approaches to process improvement and the necessary hospital wide planning and prioritization of resources required to achieve and sustain desired results. A variety of improvement tools are utilized. Opportunities involving large scale and complex inter-departmental processes are reviewed, prioritized and resourced through the, the Quality Department with representatives from Clinical Operations, Quality, Risk, Medical Staff and Senior Management. All activities from the Quality Department are reported through Quality/Performance Improvement reporting to Medical Executive Council and Board of Trustees. Continuous performance improvement includes education on philosophies of performance improvement, TriStar StoneCrest Medical Center's goals, structures and procedures for performance improvement.

Education and Competency:

The Board of Trustees, senior leadership and medical staff leaders receive education and training on

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performance improvement and patient safety at orientation and in an ongoing fashion thereafter. The medical staff receives information on performance improvement and patient safety at the time of appointment and in an ongoing fashion thereafter. Organizational leaders received education on performance improvement and patient safety at the time of orientation and a minimum of annually thereafter. Staff receives training on performance improvement and patient safety at the time of initial orientation and ongoing education is provided with updates in the program and through active participation in the program. Volunteers receive education on the performance improvement and patient safety program at initial orientation and when indicated. The staff development/education department supports the training for performance improvement and patient safety in conjunction with the Quality/Risk Management Department.

B. APPROPRIATE LEVEL OF CARE

The Board of Trustees, through the Medical Staff and Administration, will ensure that mechanisms are in place to provide the same level of care to all patients with the same health needs. The following mechanisms will be utilized to ensure consistent compliance:

a. Access to and appropriateness of care and treatment does not depend on the patient's ability to pay or source of payment

b. Acuity of the patient's condition determines resources allocated to meet patient's needs.

c. The level of care provided to patients who have been administered anesthesia in areas outside the operating room is comparable to that provided in the operating room.

d. Patients with the same nursing care needs receive comparable levels of nursing care throughout the hospital.

C. HOSPITAL-WIDE PRIORITIES

Priorities for hospital-wide Performance Improvement activities at TriStar StoneCrest Medical Center will be designed to improve processes and patient outcomes. These priorities are developed by our corporate partners with participation of all hospital disciplines, and approved by the Medical Executive Committee and Board of Trustees. High priority will be given to processes/outcomes which are:

A. High Risk (including patient safety issues)

B. High volume/Low volume

C. Problem Prone

In addition to the ongoing improvement efforts outlined by the quality improvement/patieint safety indicators, the organization had identified Patient Safety and Quality Improvement operational strategies. These strategic initiatives were developed from trends of quality improvement data, current industry literature, and proactive initiatives derived from our mission and values statement.

Elevate Care Experience & Care Team Engagement	**Goal**
• IP HCAHPS (Top Box) • ER Satisfaction (Top Box)	• 69.8% • 66.3%
Eliminate Harm and Mitigate Organizational Risk	**Goal**
• Catheter Associated Urinary Tract Infection (CAUTI) • Central Line Associated Bloodstream Infection (CLABSI) • Clostridium Difficile (C-Diff) • Methicillin Resistant Staphylococcus Aureus (MRSA) • Surgical Site Infections	• 0.369 • 0.500 • 0.208 • 0.570 • 0.361
Optimize Care Effectiveness & Efficiency	**Goal**

• % Door-to-needle in 45 minutes • NTSV C-Section Rate • Unexpected Complications in Newborn • Post-Partum Hemorrhage • PCI Mortality Rate (all patients)	• 80.0% • 23.6% • 21.35% • 3.0% • 0.23%

- **SCMC CARDIAC SERVICE LINE GOALS**
  Reduce Arrival to EKG Interpretation to achieve a median time of 10 minutes (ACC Guidelines)
  Achieve and sustain door to biomarker for all patients with low/mod/high risk of ACS ≤ 60 minutes
  Achieve and sustain door to balloon time of ≤ 90 minutes for 100% of STEMI patients
  Achieve and sustain 100% compliance with Meds at Discharge (statin, P2Y1, ASA)
  Achieve 50th percentile for median LOS STEMI patients of 1.7 days

Service Line Specific Goals

Service Line	Goal
Cardiovascular Services - Cath/PCI	PCI Mortality rate will meet or exceed the NCDR 90th percentile
Cardiovascular Services - Cath/PCI	PCI Fluroscopy time will meet or exceed the NCDR 90th percentile
Cardiovascular Services - Cath/PCI	Achieve and sustain door to biomarker for all patients with low/mod/high risk of ACS ≤ 60 minutes
Cardiovascular Services - Cath/PCI	Achieve and sustain door to balloon time of ≤ 90 minutes for 100% of STEMI patients

Re-prioritizing: The priorities may be re-prioritized periodically in response to unusual or urgent events such as those identified through PI monitoring and evaluation, changing regulatory requirements, significant patient/staff needs changes in patient population, changes in the environment of care, changes in the community, or in response to sentinel events.

SECTION V: DESIGN

When a need or opportunity to establish new services, extend product lines, occupy a new facility, or significantly change existing functions or processes, the following factors will be considered:

1.The process meets the needs of individuals served, staff, and others.

2. It will incorporate the results of performance improvement activities, when available.

3. It will incorporate available information to minimize potential risks to patients affected by the new or redesigned process, function, or service.

4. Design or redesign of the service will be based on current knowledge and relevant information from literature and/or clinical guidelines.

5. Information about sentinel events will be considered, when available and relevant.

6. Testing/Analysis will be done to determine if the proposed design/redesign is an improvement.

7. Leaders collaborate with staff and appropriate stakeholders to design services.

8. The process will be consistent with the hospital's mission, vision, values, goals and plans.

Consideration of these factors will provide basic performance expectations that can be measured, assessed, and improved over time. All disciplines which will be involved in the new service, product line, function, or process will be included in the design.

SECTION VI. MEASURE

Measurement is the basis for determining the level of performance of existing processes and the outcomes

resulting from these processes. Continuous and ongoing measurement activities will include:
1.Measures of both processes and outcomes
2.Measures of patient safety issues incorporated into the monitors
3.Measurement of high volume, high risk, and problem prone processes/outcomes
4.Identify areas for focused or targeted data collection
5.Establish a performance baseline
6.Comparison of outcomes to external databases, when available, as appropriate
7.Measures will focus on sustaining improvement

A. **A.QA/PI MONITORS**

B. At a minimum the following PI activities will be monitored:

- Blood Usage
- Medication Management Program
- Operative/Other Invasive/Noninvasive Procedures
- Anesthesia Adverse Outcomes/Moderate Sedation Outcomes
- Patient Satisfaction - HCAHPS
- Restraint and Seclusion
- Infection Prevention and Control Surveillance Results
- Resuscitation Outcomes
- Pain Management
- Medical Staff Assessment & Treatment of Patients, Efficiency of Clinical Practice Patterns and Significant Departures from established clinical practice patterns.
- Medical Record Review
- Environment of care performance improvement monitors.**B. MEDICAL STAFF MONITORING AND EVALUATION**

A. 1.The Medical Staff is responsible for participating in interdisciplinary ongoing physician practice evaluation and focused physician practice evaluation. Medical staff responsibilities include, but are not limited to:

  - Participate in identification of interdisciplinary indicators, collect data for each indicator, reach conclusions, make recommendations and initiate actions.
  - Communicate findings, conclusions, recommendations and actions, effectiveness of actions taken to department members and Medical Executive Committee.
  - Assess the effectiveness of actions and document improvement in patient care.
  - Make recommendations to the Credentials Committee for clinical privileges.
  - Participate on Performance Improvement Teams.
  - Work collaboratively to review and evaluate the Performance Improvement findings

B. 2. PI activities will be reported to the Medical Staff, as appropriate, and the Medical Executive Committee. The Medical Executive Committee is responsible for participating in and evaluation of PI activities. PI activities are reported to the Board of Trustees.

C. **ONGOING PROFESSIONAL PRACTICE EVALUATION** The Medical Staff will be monitored on an ongoing basis for professional practice evaluation. This will be done through the ongoing performance monitoring activities as listed above, peer review findings, and core measure monitoring. As variances from established practice expectations are identified, they will be referred for peer review and, as

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appropriate, referred for focus review per the peer review committee. Appropriate action will be taken on an ongoing basis, as determined by the committee. Information resulting from ongoing professional practice evaluation will be considered in the determination to continue, limit, or revoke an existing privilege.

D. **SECTION VII. AGGREGATE AND ANALYZE**

E. **A. AGGREGATE AND ANALYZE PROCESS**

- Collected data are aggregated and analyzed
- Data are aggregated at the frequency appropriate to the activity or process being studied.
- Statistical tools and techniques are used to analyze and display data
- Data are analyzed and compared internally overtime and externally with other sources of information when available (benchmarking)
- Comparative data are used to determine if there is excessive variability or unacceptable levels of performance when available.
- **B. Intensive Analysis**
  Intensive analysis will be conducted when the following factors are identified:
- Aggregating and analyzing data allows the organization to use information to draw conclusions about the stability of a process or the predictability of an outcome in relation to performance expectations. Accumulated data are analyzed in such a way that current performance levels, patterns, or trends can be identified. This is supported by the following data use principles:
- Important single events, performance, and patterns or trends vary significantly from expectations
- Performance varies significantly and undesirably from other hospitals
- Performance varies significantly and undesirably from recognized standards
- When a sentinel event has occurred
- Confirmed transfusion reactions
- Significant adverse drug reactions
- Significant medication errors and hazardous conditions
- Major discrepancies between pre and post-operative diagnoses in pathology report
- Adverse events during anesthesia, moderate or deep sedation
- Staffing effectiveness issues
- Core measures data which identify the hospital as a negative outlier for three or more consecutive quarters

C. Analysis Findings Relevant to Individual Performance

When the findings of the analysis process are relevant to an individual's performance, the following process will be followed:

a. **Credentialed Practitioners/Medical Staff Members:** Peer review process will be utilized for individual Medical Staff/Credentialed practitioner performance. The case will be referred to the appropriate Peer Review Committee and reviewed by a peer, as defined by the peer review policy and an improvement strategy, such as education, memo, etc., determined as necessary. Any recommended action on privileges and/or membership will be referred to the MEC, which will make recommendations to the Board

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of Trustees. Peer review findings are maintained in individual Medical Staff Quality files by the QM staff. The Peer review findings are consideration in reappointment to the Medical Staff, and could result in modification of clinical privileges.

b. **Hospital Staff:** The Department Director will review information relevant to individual staff performance and an improvement strategy, such as education, determined as necessary. Documentation of this action will be maintained in individual employee files by the Department Director and utilized in the performance evaluation process.

A. Use of Dimensions of Performance and Scientific Tools
The following definitions of dimensions of performance will be utilized in assessing how performance was improved:

DIMENSIONS OF PERFORMANCE

I. **Doing the Right Thing**

- The **efficacy** of the procedure or treatment in relation to the patient's condition. Efficacy is the degree to which the care/intervention for the patient has been shown to accomplish the desired/projected outcome (s).
- The **appropriateness** of a specific test, procedure, or service to meet a patient's needs. Appropriateness is the degree to which the care/intervention provided is relevant to the patient's clinical needs, given the current state of knowledge.

I. **Doing the Right Thing Well**

- The **availability** of a needed test, procedure, treatment, or service to the patient who needs it. Availability is the degree to which appropriate care/intervention is available to meet the patient's needs.
- The **timeliness** with which a needed test, procedure, treatment, or service is provided to the patient. Timeliness is the degree to which the care/intervention is provided to the patient at the most beneficial or necessary time.
- The **effectiveness** with which tests, procedures, treatment, or service is provided to the patient. Effectiveness is the degree to which care/intervention is provided in the correct manner, given the current state of knowledge, in order to achieve the desired/projected outcome for the patient.
- The **continuity** of the services provided to a patient with respect to other services, practitioners, and providers, and over time. Continuity is the degree to which care/intervention for the patient is coordinated among practitioners, among organizations, and over time.
- The **safety** of the patient (and others) to whom the services are provided. Safety is the degree to which the risk of an intervention and risk in the care environment are reduced for the patient and others, including the health care provider.
- The **efficiency** with which services are provided. Efficiency is the relationship between the outcomes (results of care) and the resources used to deliver patient care.
- The **respect and caring** with which services are provided. Respect and caring is reflected by the degree to which the patient or a designee is involved in his/her own care decisions and to which those providing services do so with sensitivity and respect for patients' needs, expectations, and individual differences.

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Various scientific tools may be used to assist in assessment, including flowcharts, Pareto charts (bar graphs), histograms, cause-and-effect diagrams (fishbone diagram), and run charts.

B. **Reference Databases**

The hospital will utilize state and national patient outcome database reports (including CMS reports) to compare the hospital's performance with other facilities. In addition, the hospital provides data to external databases for comparative patient outcome studies comparing our hospital to other peer hospitals and national rates. This information will be utilized to determine areas for improvement.

Other comparative databases used by TriStar StoneCrest Medical Center, Inc. include but are not limited to:

- NHSN national databank with the CDC
- American College of Cardiology – Cath/PCI and ICD
- HCAHPS – Patient Satisfaction
- ORYX
- COMET – outcomes measurement for core measures
- American College of Radiology
- American College of Pathology
- American College of Surgeons
- American Association of Blood Banks
- Leapfrog
- Institute of Healthcare Improvement
- National Quality Forum
- Agency for Healthcare Research and Quality
- Centers for Medicare and Medicaid Services
- American Heart Association
- CHOIS
- Professional Practice Manager (PPM)

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SECTION VIII. IMPROVE

Monitoring activities identify a variety of opportunities for improvement. These include improving existing processes, designing new processes, and/or reducing variation or eliminating undesirable variation in processes or outcomes. Improved changes which are made will be implemented into standard operating procedures and monitored for sustained improvement. Staff will be educated about redesigned processes or changes. The following reporting structure is utilized for Performance Improvement reporting:

A. DECISIONS FOR IMPROVEMENTS
Decisions for making improvements are made by the Quality/Peer Review Committee based on the following factors:

1. Opportunities to improve processes within the important functions.
2. Results of autopsies, risk management activities, and quality control activities.
3. Resources needed to improve, such as staffing, facilities, training, equipment, etc.
4. Organization's mission and priorities.
   Opportunities to improve care may be referred to the Quality/Peer Review Committee from the following sources:
   - Patients/ Families/Community Members
   - Board of Trustees

- Medical Staff/ Credentialed Practitioners
- Employees/Volunteers/Students/Vendors
- Administration
- Committees
- Corporate or Divisional Office
- Risk Management

B. ACTIONS FOR IMPROVEMENT
Once results have been evaluated and the decision is made that improvement is necessary; the Quality Department will determine actions to be implemented for the improvement. When action is taken to improve a process:

1. The action may be tested on a trial basis
2. The action's effectiveness is evaluated using the dimensions of performance
3. When the initial action is not effective, a new action will be taken and may include the formation of PI Team, if appropriate.
4. Successful actions are implemented

C. QUALITY/PEER REVIEW REPORTING
Reports of findings, conclusions, recommendations and actions will be reported to the Medical Executive Committee and the Board of Trustees, as well as back to other Medical Staff/hospital committees and departments as appropriate.

D. PERFORMANCE IMPROVEMENT TEAMS

The hospital may utilize Performance Improvement teams to study processes which occur in the hospital, design new processes, and to make improvements. The processes may be studied because a problem was determined or because the process can be improved even if a problem has not been identified. The PI Teams are interdisciplinary and include members from all involved departments and Medical Staff members, as necessary. The following factors will be utilized in determining when to use a team:

TEAM DECISION	INDIVIDUAL MANAGER'S DECISION
• The need exists to combine old and new information - requires brainstorming, data-gathering, and innovation • The situation doesn't require an immediate solution • Consensus is needed to make the solution work • When the problem is a process problem • When the process crosses departmental boundaries • When the process seems to be very complex	• No need for extensive data-gathering • Quick decision is required • Consensus is not needed • When the problem is a people or performance problem

The Performance Improvement Teams are groups of people who work together for a common objective. The teams identify processes or problems needing improvement, and then study the processes methodically to improve them by eliminating root causes of problems. Team meetings will be conducted as often as determined necessary by the team to work on the process. Each team will have a team leader/facilitator. Department Managers will encourage employees to serve on Performance Improvement Teams as needed for Performance Improvement functions.

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SECTION IX. SENTINEL EVENTS

Leaders of the organization will be responsible for defining the policy and procedure for responding to a sentinel event. If a sentinel event occurs, a serious event analysis (SEA) will be conducted in accordance with current policy and procedure. Once the SEA has been conducted, the team will develop an appropriate action plan to address any variations identified and establish measures for any changes made. The action plan will be presented to the Quality/Peer Review Committee for approval. Periodic progress reports will be reported to the Quality/Peer Review Committee until the issue is determined to be resolved. Once resolved, PI indicators may be continued to ensure that the problem remains corrected.

Proactive Risk Reduction

At least every 18 months one high-risk process is selected to perform a proactive risk assessment. The process is then reviewed using a Failure Mode and Effects Analysis (FMEA). The Quality/Peer review Committee is responsible for oversight and selection of the high risk process that is to have review, as well as responsible for ongoing monitoring of the process. The FMEA process includes:

- Identification of steps that could fail in a process and how
- Identification of possible effects a process could have on patients
- Prioritization of the potential process failures by severity
- Determination of why priority failures could occur through the completion of a root cause analysis
- Redesign of the process/system to manage the risk of effects on patients
- Testing and implementation of the redesigned process
- Monitoring the effectiveness of the redesigned process

SECTION X. MANAGEMENT OF INFORMATION

A. INFORMATION SYSTEMS

The hospital utilizes state and national patient outcomes database reports (including CMS reports) to compare the hospital's performance with other facilities. In addition, the hospital provides data to external databased for comparative pateint outcome studies, comparing our hospital to other peer hosptials and national rates.

Comparative databases used by TriStar StoneCrest Medical Center include, but are not limited to:

A. National Healthcare Safety Network (NHSN) with the CDC
B. American College of Cardiology-Cath/PCI
C. Get with the Guidelines-Stroke
D. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)-Patient Satisfaction
E. Glint
F. ORYX
G. Clinical Outcomes Measure Evaluation and Transmission (COMET)-core measures
H. American College of Radiology
I. American College of Pathology
J. American Association of Blood Banks
K. Leapfrog
L. Institute of Healthcare Improvement (IHI)

COPY

M. HCA Quality Review Data

N. National Quality Forum

O. Comprehensive Health outcomes Information System (CHOIS)

P. Angency for Healthcare Research and Quality (AHRQ)

Q. Centers for Medicare and Medicaid Services

R. Professional Practice Manager (PPM)

S. NCDR

T. The Joint Commission

SECTION XI. INTEGRATION OF PERFORMANCE IMPROVEMENT, RISK MANAGEMENT, CASE MANAGEMENT, AND PATIENT SAFETY

A. RISK MANAGEMENT: In order for this Plan to be effective, it is essential that Risk Management and Case Management functions be integrated with the Performance Improvement functions. Integration of Risk Management functions will be accomplished through the following:

1. The Patient Safety Director will attend the Professional Practice Evaluation Committee (PPEC) meetings.
2. Risk Management reports will be presented to the Professional Practice Evaluation Committee meetings quarterly.
3. All occurrence data trends will be reviewed by the EOC Committee and the findings/ recommendations/actions reported to Professional Practice Evaluation Committee.
4. If a Risk Management issue is identified during any Utilization Review activity, it will be immediately referred to the Patient Safety Director.
5. A summary of all Risk Management monitoring will be presented to the Professional Practice Evaluation Committee, Medical Staff Departments, Medical Executive Committee, and Board of Trustees.

B. CASE MANAGEMENT: The Case Management program conducts concurrent review of patients for appropriateness of the admission, the need for continued hospitalization, and the identification of potential quality problems that need further evaluation or intervention. Case Management and Performance Improvement functions will be integrated as follows:

1. If a potential quality problem is identified during performance of Case Management review functions and is considered to be of immediate need for correction, it will be immediately referred to the Physician Advisor. He/she will review the patient's medical record and call the attending physician or hospital department manager for discussion of the problem. Depending on the type of problem and its urgency, Administration may also be notified.
   2. If a potential quality problem is identified, however, and correction has already occurred, the case will be referred by Case Management to Quality Management for evaluation by a medical staff committee or the appropriate department manager.
   3. If a Risk Management issue is identified during the performance of any Case Management review activity, it will be immediately referred to the Patient Safety Director.

C. PATIENT SAFETY: The purpose of the hospital Patient Safety program, which is an integral part of Performance Improvement monitoring, is as follows:

COPY

- Promote a patient-safe environment that identifies mechanisms that contribute to patient safety, such as review of high risk patient care processes, collection and analysis of adverse patient incident data, and routine investigation of significant adverse events
- Implement the TJC National Patient Safety Goals and recommendations from the Sentinel Event Alerts.
- Develop proactive patient safety risk reduction strategies for minimizing the occurrence of medical/health care errors using TJC sentinel event information and other published information related to medical/health care errors
- Aggregate patient safety related data and information to improve professional and organizational performance
- Learn about actual and potential medical and healthcare errors and utilize that knowledge to improve patient safety

Patient Safety monitoring will be incorporated into ongoing Performance Improvement monitors, including TJC National Patient Safety Goals and other published information. Patient Safety information will monitor all safety monitors. These will be monitored on an ongoing basis and reported to the Quality/Peer Review Committee, Medical Executive Committee and Board of Directors as least quarterly.

The Hospital will conduct patient safety activities with assistance and input from HCA PSO, LLC

SECTION XII. CONFLICT OF INTEREST, CONFIDENTIALITY AND IMMUNITY FROM LIABILITY

A. CONFLICT OF INTEREST
No physician/employee shall be responsible for reviewing his/her own care. When only one physician in a specialty is on the medical staff, practice will be reviewed within the expertise of the department. If practice is not within the expertise of the department, or is questioned, provision will be made to have cases evaluated by an outside expert in the same medical specialty.

B. CONFIDENTIALITY
Confidentiality shall be maintained, based on full respect of the patient's right to privacy and keeping with hospital policy and state and federal laws/regulations. All employees of TriStar StoneCrest Medical Center Inc. or outside agencies that are involved in the review process will be made aware of the responsibility. All data shall be considered the property of TriStar StoneCrest Medical Center Inc. and the hospital shall ensure the maximum protection of all confidential data, including any findings, and recommendations or actions.
The Plan for Improvement of Organizational Performance, Patient Safety, and Risk Management of TriStar StoneCrest Medical Center, Inc. is established based on the facilities professional review function and is designed to comply with TJC standards, applicable federal and state laws, including HIPAA regulations, Tennessee Peer Review Statute and the Healthcare Quality Improvement Act.
In order to safeguard the privacy of our patients and the rights of health care providers practicing within the facilities, all information relative to the Plan for Improvement of Organizational Performance, Patient Safety and Risk Management is considered confidential and will be treated as such. Information which identifies individual patients or practitioners will be shared only with those who have a direct responsibility for measuring the performance of services provided by the individuals involved or who can take direct action to resolve identified opportunities for improvement. All other communication regarding quality of services will contain only information which is pertinent to the maintenance of a general awareness of quality issues, the prevention of quality issues in the future and the identification of opportunities to improve patient care and prevent adverse outcomes.

C. IMMUNITY FROM LIABILITY

If a professional review action of a professional body meets all of the standard specified in section 11112 (a)

of the Health Care Quality Improvement Act (PL199.660) regarding the professional review body; any person acting as a member or staff to the body; any person under a contract or other formal agreement with the body and any person who participates with or assists the body with respect to the action, they shall not be liable in damages under any law of the United States or any state with respect to the action except as related to civil rights actions. Pursuant to the StoneCrest Medical Center Medical Staff Bylaws, these reports, data and discussions are considered peer review findings and are held as protected by Tennessee Peer Review Law of 1967 (TCA 63-6-209).

SECTION XIII. ANNUAL APPRAISAL

The Plan for Improvement of Organizational Performance and Patient Safety is evaluated annually to determine the effectiveness of the plan in meeting the objectives. A report of the evaluation is provided to the MEC and the Board of Trustees. The plan is revised when evaluation indicates need for revision, patient and/ or staff expectation indicate a need for revision, performance improvement or patient safety indicates need for revision, or if there is a major change to the scope of services, patient population, change in technology or any factor that would have a direct impact on patient care services for which measurement of a process and outcomes would be required. On an annual basis, leadership measures and assessess the effectiveness of their contribution to improving performance and patient safety by settling measurable objectives, assessing effectiveness and evaluating performance in support of sustained improvements.

On an annual basis, leadership measures and assesses the effectiveness of their contribution to improving performance and patient safety by setting measurable objectives, assessing effectiveness and evaluating performance in support of sustained improvements.

COPY

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
	Louis Caputo: CEO StoneCrest Med Ctr	01/2025
Other Committees, if applicable	Shana Harper: VP Quality	01/2025
	Shana Harper: VP Quality	01/2025

Applicability

TriStar StoneCrest Medical Center

Attachment 5C-4

Staff Education Policies

Education and Training Policy

Index

Policy - Education and Training - HR.LD.003

ORGANIZATION UNIT (DEPARTMENT):

Human Resources

PAGE: 1 of 2

POLICY DESCRIPTION:

Education and Training

REPLACES POLICY DATED:

1/1/15

EFFECTIVE DATE: May 1, 2015

REFERENCE NUMBER:

HR.LD.003

DIVISION/LOB/ENTERPRISE: Enterprise-Wide

SCOPE:

Applies to volunteers, contract staff, and colleagues excluding employee groups listed as "At Will" in the Limitations on Employment policy **HR.ER.019** and colleagues with a written employment agreement.

PURPOSE:

To outline training opportunities for colleague development and provide guidelines for acquiring and maintaining required training as defined by his/her job description

DEFINITIONS:

1. **Training and Ongoing Education:** Training and ongoing education topics offered by the business entity are based on orientation and job training needs, safety concerns, quality improvement findings, new equipment or technology, new policies and procedures, and individual or group self-identified learning needs. Assessment of training designated as mandatory by the business entity, and the skills associated with the training, may be part of the competency assessment; reference Competency Assessment policy **HR.LD.001**.

2. **Regulatory Training:** The business entity provides specific training annually to meet regulatory requirements and the standards established by the business entity.

RESPONSIBILITIES:

1. Business entity:

a. The business entity identifies a role that has primary responsibility for the oversight and design of ongoing education and training programs to meet regulatory standards as well as the needs of the population served and services offered.

b. It is the business entity's responsibility to define and execute a strategy to continually monitor the education and training needs of staff to address competency gaps and job performance deficiencies.

Development may include clinical, patient care, managerial, leadership, technical, computer, and safety topics.

c. The business entity has the responsibility to ensure education and training requirements defined in job descriptions are in good standing.

2. Colleagues:

a. All colleagues are responsible for attending business entity, position-specific, or regulatory training deemed mandatory by their manager or administrative personnel.

b. For outside training or seminars, all colleagues are responsible for obtaining prior approval from their manager or designee and for recording attendance on an in-service record.

c. Colleagues who are interested in pursuing educational opportunities toward a degree should consult with their manager or HR Business Partner for information on programs available through the business entity; reference Educational Reimbursement policy **HR.TR.002**.

REQUIREMENTS:

Education and training documentation should be maintained as part of the "Approved List" in the colleague record; reference Employee Records policy **HR.WF.001**.

TIME REPORTING:

1. Time spent attending lectures, meetings, and training programs need not be counted as hours worked, provided the following conditions are met:

a. The meetings are held outside working hours.

b. Attendance by the colleague is voluntary. Attendance is not voluntary if the colleague is led to believe that non-attendance would adversely affect his employment.

c. The course, lecture, or meeting is not directly related to the colleague's job.

· Training is directly related to a colleague's job if it is designed to make them more effective in the present job, not if it teaches a different job.

d. If a colleague, on their own initiative, attends school, college, or trade school after hours, that time is not hours worked even if the courses are job-related.

DISCLOSURE:

If there is any conflict between the information in this policy and a Collective Bargaining Agreement (CBA), the CBA prevails for covered colleagues.

REFERENCED POLICIES:

1. Education Reimbursement, HR.TR.002

2. Job Descriptions, HR.LD.004

3. Licensure Verification, HR.ER.018

4. Certification, Verification, and Renewal, HR.ER.041

5. Competency Assessment, HR.LD.001

6. Limitations on Employment, HR.ER.019

7. Code of Conduct

8. TJC HR Standard, HR.01.05.03: Staff participate in ongoing education and training

WORK INSTRUCTIONS:

1. Documentation and roster maintenance

2. Ongoing educational needs assessment

PROCESS MAPS:

1. To be completed at a future date

Referenced Policies

Job Descriptions Policy

Licensure Verification Policy

Limitations on Employment Policy

Competency Assessment Policy

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 payor classification for the first and second year of the project by completing the table below.

	Year 1		Year 2	
Payor Source	**Gross Operating Revenue**	**% of Total**	**Gross Operating Revenue**	**% of Total**
Medicare/Medicare Managed Care	$ 12,435,966	22.6%	$ 20,707,259	22.6%
TennCare/Medicaid	$ 9,629,620	17.5%	$ 16,034,382	17.5%
Commercial/Other Managed Care	$ 25,422,197	46.2%	$ 42,330,768	46.2%
Self-Pay	$ 7,538,617	13.7%	$ 12,552,630	13.7%
Other SPECIFY		0.0%		0.0%
Total*	$ 55,026,400	100.0%	$ 91,625,040	100.0%
Charity Care	$ 1,100,528		$ 1,832,501	

TriStar StoneCrest participates in both Medicare and TennCare/Medicaid. As a satellite ED to TriStar StoneCrest, the proposed Murfreesboro FSED will be included in all state and federal revenue programs for the host hospital, TriStar StoneCrest, including Medicare and TennCare. Moreover, the proposed Murfreesboro FSED will be part of TriStar Health network which requires all facilities within it to adhere to all financial assistance and charity/indigent care policies. Financial relief is available to those patients who have received non-elective care and do not qualify for state or federal assistance and are unable to establish partial payments or pay their balance. TriStar StoneCrest makes allowances for all persons who have income at less than 400 percent of the poverty level. And for those who are below 200 percent of the poverty level, personal responsibilities are written off in their entirety. Furthermore, all self-pay patients will receive a discount similar to managed care, referred to as an "uninsured discount." The Uninsured Discount is available to patients who have no third-party payer source of payment or do not qualify for Medicaid, Charity, or any other discount program the facility offers.

In CY 2024, TriStar StoneCrest wrote off approximately $112 million in charity care dollars.[10] TriStar StoneCrest also offers a prompt pay discount of 20 percent for patients paying estimated deductible and co-pays at the time of service. When recording this discount, it is reflected in the contractual allowance line and not shown as charity or bad debt. Please see **Attachment 4N-1** for the Uninsured Discount, Charity Care Write Off Policies and Discount Policy for Patients.

[10] Charity care for TriStar StoneCrest to be reported on its 2024 Joint Annual Report, page 22, lines A5a and A5b. Contractual adjustments, charity care and bad debt are defined consistently with how the terms are used on the JARs. Patients who do not have insurance (self-pay) receive a discount from charges. Many of these same patients' charges are written off as charity care based on income levels.

Attachment 2Q-1

The Joint Commission and Other Accreditations





Organizations that have achieved
The Gold Seal of Approval® from
The Joint Commission®



Quality Report

The Joint Commission

Quality Report

TriStar StoneCrest Medical Center

DBA: TriStar StoneCrest Medical Center
HCO ID: 384322
200 StoneCrest Boulevard
Smyrna, TN, 37167
(615) 768-2000
stonecrestmedical.com

Summary of Quality Information

Accreditation Programs

View Accreditation History

Hospital

Accreditation Decision
Accredited

Effective Date
7/30/2022

Last Full Survey Date
7/29/2022

Last On-Site Survey Date
9/7/2022

Advanced Certification Programs

View Certification History

Primary Stroke Center

Certification Decision
Certification

Effective Date
4/16/2022

Last Full Survey Date
4/15/2022

Last On-Site Survey Date
4/15/2022

Core Certification Programs

Chest Pain

Certification Decision
Certification

Effective Date
5/31/2022

Last Full Survey Date
3/22/2022

Last On-Site Survey Date
3/22/2022

Joint Replacement - Hip

Certification Decision
Certification

Effective Date
11/11/2022

Last Full Survey Date
11/10/2022

Last On-Site Survey Date
11/10/2022

Joint Replacement - Knee

Certification Decision
Certification

Effective Date
11/11/2022

Last Full Survey Date
11/10/2022

Last On-Site Survey Date
11/10/2022

Spine Surgery

Certification Decision
Certification

Effective Date
11/12/2022

Last Full Survey Date
11/11/2022

Last On-Site Survey Date
11/11/2022

Sites

TriStar StoneCrest Medical Center

200 StoneCrest Boulevard
Smyrna, TN, 37167

Available Services

- Brachytherapy (Imaging/Diagnostic Services)
- Cardiac Catheterization Lab (Surgical Services)
- CT Scanner (Imaging/Diagnostic Services)
- Ear/Nose/Throat Surgery (Surgical Services)
- EEG/EKG/EMG Lab (Imaging/Diagnostic Services)
- Gastroenterology (Surgical Services)
- GI or Endoscopy Lab (Imaging/Diagnostic Services)
- Gynecological Surgery (Surgical Services)
- Gynecology (Inpatient)
- Hazardous Medication Compounding (Inpatient)
- Inpatient Unit (Inpatient)
- Interventional Radiology (Imaging/Diagnostic Services)
- Labor & Delivery (Inpatient)
- Magnetic Resonance Imaging (Imaging/Diagnostic Services)
- Medical /Surgical Unit (Inpatient)
- Medical ICU (Intensive Care Unit)
- Non-Sterile Medication Compounding (Inpatient)
- Normal Newborn Nursery (Inpatient)
- Nuclear Medicine (Imaging/Diagnostic Services)
- Orthopedic Surgery (Surgical Services)
- Orthopedic/Spine Unit (Inpatient)
- Outpatient Clinics (Outpatient)
- Plastic Surgery (Surgical Services)
- Post Anesthesia Care Unit (PACU) (Inpatient)
- Radiation Oncology (Imaging/Diagnostic Services)
- Sterile Medication Compounding (Inpatient)
- Surgical Unit (Inpatient)
- Teleradiology (Imaging/Diagnostic Services)
- Thoracic Surgery (Surgical Services)
- Ultrasound (Imaging/Diagnostic Services)
- Urology (Surgical Services)
- Vascular Surgery (Surgical Services)

Certification Programs

- Chest Pain
- Joint Replacement - Hip
- Joint Replacement - Knee
- Primary Stroke Center
- Spine Surgery

Cooperative Agreements

Hospital - Accredited by American College of Surgeons-Commission on Cancer (ACoS-COC)

National Patient Safety Goals and National Quality Improvement Goals

Show Keys +

Symbol Key

- This organization achieved the best possible results
- This organization's performance is better than the target range/value
- This organization's performance is similar to the target range/value
- This organization's performance is worse than the target range/value
- This measure is not applicable for this organization
- Not displayed

Measures Footnote Key

1. The measure or measure set was not reported.
2. The measure set does not have an overall result.
3. The number is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The measure results are not statistically valid.
7. The measure results are based on a sample of patients.
8. The number of months with measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National

Quality Forum Endorsement.

11. There were no eligible patients that met the denominator criteria.
12. The measure rate is within optimal range.

* This information can also be viewed at Hospital Compare.

** Indicates per 1000 hours of patient care.

*** The measure was not in effect for this quarter.

---- Null value or data not displayed.

Hospital

2022 National Patient Safety Goals

Nationwide Comparison:

Statewide Comparison: N/A

Reporting Period: January 2022 - December 2022

National Quality Improvement Goals:

Perinatal Care

National Comparison: N/D [2]

Statewide Comparison: N/D [2]

New Changes to Quarterly Measure

Download Quarterly Measure Results

* State results are not calculated for the National Patient Safety Goals.

CERTIFICATE OF DISTINCTION

has been awarded to

TriStar StoneCrest Medical Center

Smyrna, TN

for Advanced Certification as a

Primary Stroke Center

by

The Joint Commission

based on a review of compliance with national standards, clinical guidelines and outcomes of care.

May 30, 2024

Certification is customarily valid for up to 24 months.

Jane Englebright, PhD, RN, CENP, FAAN
Chair, Board of Commissioners

ID #384322

Print/Reprint Date: 08/20/2024

Jonathan B. Perlin, MD, PhD, MSHA, MACP, FACMI
President and Chief Executive Officer

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

CERTIFICATE OF DISTINCTION

has been awarded to

TriStar StoneCrest Medical Center

Smyrna, TN

in the management of

Chest Pain

by

The Joint Commission

based on a review of compliance with national standards, clinical guidelines and outcomes of care.

May 8, 2024

Certification is customarily valid for up to 24 months.

Jane Englebright, PhD, RN, CENR, FAAN
Chair, Board of Commissioners

ID #384322
Print/Reprint Date: 10/10/2024

Jonathan B. Perlin, MD, PhD, MSHA, MACP, FACMI
President and Chief Executive Officer

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

CERTIFICATE OF DISTINCTION

has been awarded to

TriStar StoneCrest Medical Center

Smyrna, TN

in the management of

Spine Surgery

by

The Joint Commission

based on a review of compliance with national standards, clinical guidelines and outcomes of care.

December 6, 2024

Certification is customarily valid for up to 24 months.

Michael Suk, MD, JD, MPH, MBA, FACS
Chair, Board of Commissioners

ID #384322

Print/Reprint Date: 02/07/2025

Jonathan B. Perlin, MD, PhD, MSHA, MACP, FACMI
President and Chief Executive Officer

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CERTIFICATE OF DISTINCTION

has been awarded to

TriStar StoneCrest Medical Center

Smyrna, TN

in the management of

Joint Replacement - Knee

by

The Joint Commission

based on a review of compliance with national standards, clinical guidelines and outcomes of care.

December 5, 2024

Certification is customarily valid for up to 24 months.

Michael Suk, MD, JD, MPH, MBA, FACS
Chair, Board of Commissioners

ID #384322

Print/Reprint Date: 02/07/2025

Jonathan B. Perlin, MD, PhD, MSHA, MACP, FACMI
President and Chief Executive Officer

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

CERTIFICATE OF DISTINCTION

has been awarded to

TriStar StoneCrest Medical Center

Smyrna, TN

in the management of

Joint Replacement - Hip

by

The Joint Commission

based on a review of compliance with national standards, clinical guidelines and outcomes of care.

December 5, 2024

Certification is customarily valid for up to 24 months.

Michael Suk, MD, JD, MPH, MBA, FACS
Chair, Board of Commissioners

ID #384322

Print/Reprint Date: 02/07/2025

Jonathan B. Perlin, MD, PhD, MSHA, MACP, FACMI
President and Chief Executive Officer

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

CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS

HCA HEALTH SERVICES OF TENNESSEE
DBA TRISTAR STONECREST MEDICAL CENTER
200 STONECREST BLVD
ATTN LABORATORY
SMYRNA, TN 37167

CLIA ID NUMBER

44D1018102

EFFECTIVE DATE

12/08/2024

LABORATORY DIRECTOR

DR. TIFFANY M. GRAHAM

EXPIRATION DATE

12/07/2026

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.
This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Gregg Brandush, Director
Division of Clinical Laboratory Improvement & Quality
Quality & Safety Oversight Group
Center for Clinical Standards and Quality

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

LAB CERTIFICATION (CODE)	EFFECTIVE DATE
MICROBIOLOGY - BACTERIOLOGY (110)	12/08/2004
MICROBIOLOGY - MYCOLOGY (120)	12/08/2004
MICROBIOLOGY - PARASITOLOGY (130)	12/08/2004
DIAGNOSTIC IMMUNOLOGY - GENERAL IMMUNOLOGY (220)	12/08/2004
CHEMISTRY - ROUTINE CHEMISTRY (310)	12/08/2004
CHEMISTRY - URINALYSIS (320)	12/08/2004
CHEMISTRY - ENDOCRINOLOGY (330)	12/08/2004
CHEMISTRY - TOXICOLOGY (340)	12/08/2004
HEMATOLOGY (400)	12/08/2004
IMMUNOHEMATOLOGY - ABO GROUP & RH TYPE (510)	12/08/2004
IMMUNOHEMATOLOGY - ANTIBODY DETECTION (TRANSFUSION) (520)	12/08/2004
IMMUNOHEMATOLOGY - ANTIBODY DETECTION (NON-TRANSFUSION) (530)	12/08/2004
IMMUNOHEMATOLOGY - ANTIBODY IDENTIFICATION (540)	12/08/2004
IMMUNOHEMATOLOGY - COMPATIBILITY TESTING (550)	12/08/2004
PATHOLOGY - HISTOPATHOLOGY (610)	12/08/2004
PATHOLOGY - ORAL PATHOLOGY (620)	12/08/2004
PATHOLOGY - CYTOLOGY (630)	12/08/2004

PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.
FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA.

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

- **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;
  - ☐ Yes
  - ☑ No
- Criminal fines in cases involving a Federal or State health care offense;
  - ☐ Yes
  - ☑ No
- Civil monetary penalties in cases involving a Federal or State health care offense;
  - ☐ Yes
  - ☑ No
- Administrative monetary penalties in cases involving a Federal or State health care offense;
  - ☐ Yes
  - ☑ No
- 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;
  - ☐ Yes
  - ☑ No
- Suspension or termination of participation in Medicare or TennCare/Medicaid programs; and/or
  - ☐ Yes
  - ☑ No
- Is presently subject of/to an investigation, or party in any regulatory or criminal action of which you are aware.
  - ☐ Yes
  - ☑ No

The foregoing responses are made with respect to facilities within the TriStar Division, which includes the Applicant. The Applicant made a good faith effort to respond to these questions regarding the entities identified in the organizational chart for direct upstream ownership of the Applicant, to the best of its knowledge, information, and belief, as well as other TriStar Division facilities. Due to the breadth of the questions and lack of definition of key terms, the Applicant cannot represent these responses are totally comprehensive, but no responsive information is being intentionally withheld.

The Applicant assumes for the purpose of the first question that “state licensure action” refers to facility licensure. The Applicant has not been the subject of a Final Order or Judgment in a state licensure action. The other entities in the chain of ownership do not hold a hospital license.

Because of the breadth of the term “regulatory action,” and the potential scope as including matters completely unrelated to healthcare, Applicant interprets the last question to be asking about “any healthcare regulatory or criminal action.” Using that definition, neither TriStar StoneCrest nor any of its upstream entities are the subject of any pending healthcare regulatory or criminal action.

Project Name : TriStar StoneCrest Medical Center

Supplemental Round Name : 1 **Due Date :** 6/11/2025

Certificate No. : CN2505-016 **Submitted Date :** 6/5/2025

1. **2N. Service Area**

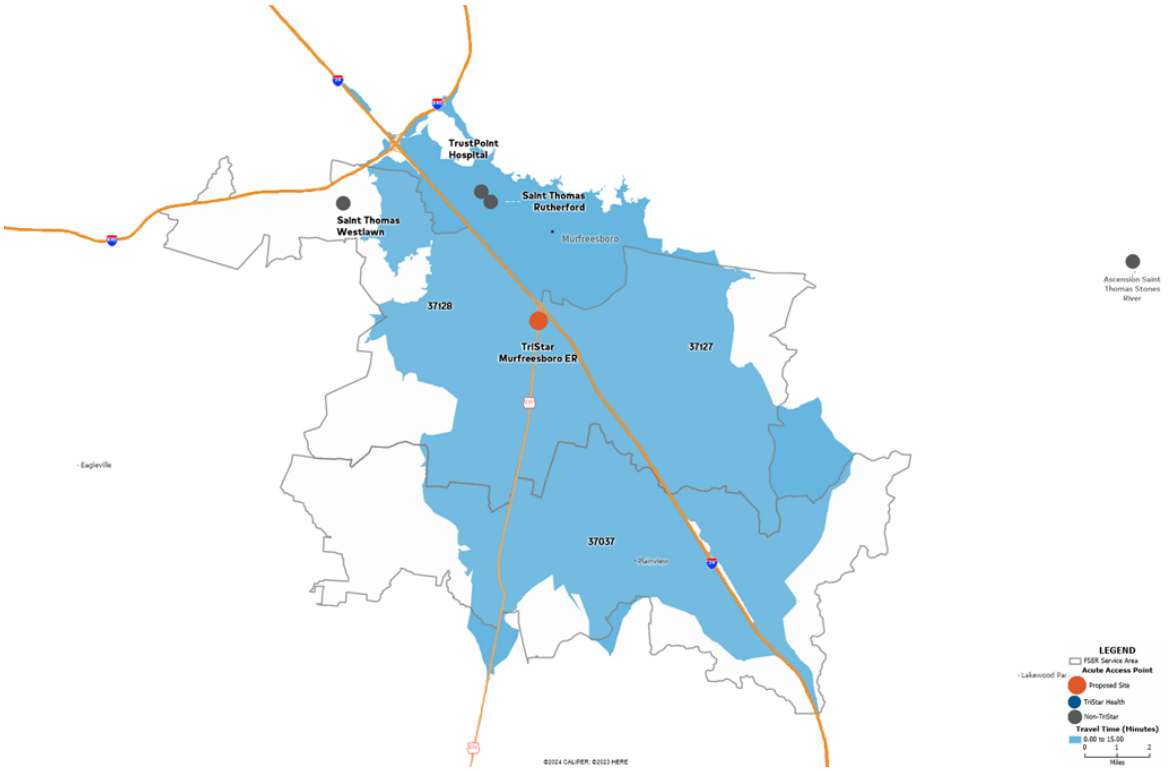
Please discuss the exclusion of ZIP Codes 37130, 37132, and 37129 from the proposed service area as it appears that portions of each ZIP Code will be closer to the proposed facility than to other EDs in Rutherford County.

Are any other individual ZIP Codes included in the "Out of Area" row of Exhibit 4 projected to represent more ED visits to the proposed facility than the three ZIP Codes within the service area?

Please describe the population centers that are outside of the applicant's proposed service area that have residents who will be closer to the proposed facility that to other EDs in Rutherford County.

Response : The proposed TriStar Murfreesboro FSED is situated in Southern Rutherford. Its service area was determined based on a detailed evaluation of this part of the county and the travel patterns. The proposed FSED will be closest to those zip codes and the population that reside within the three zip codes. Experience has indicated between 70 and 80 percent of FSED patients reside within 15 minutes of an FSED. As the 15-minute contour map (Exhibit 1N-14) shown here indicates, the service area is heavily weighted to the south.

15-Minute Drive Time Contour Map from the Service Area Centroid



The other Murfreesboro zip codes identified (37129, 37130 and 37132) are to the north of the proposed TriStar Murfreesboro FSED. St. Thomas Rutherford is in zip code 37129, which is another available ER in the county. Moreover, St. Thomas Rutherford proposed a FSED near Lascassas, which would be located in 37130 and includes 37170 and 37132 in its proposed service area.

The out of area zip codes are not expected to represent more ED visits to the proposed FSED than the three Service Area zip codes.

In terms of population centers outside our proposed service area that have residents closer to the proposed facility than to other EDs in Rutherford County, we understand the question to be directed to other areas within Rutherford County. Those Rutherford County areas outside our service area that will be closer to the proposed TriStar Murfreesboro FSED than the other EDs in Rutherford County are generally to the south and portions of the zip codes to the east and west of the service area. These include the Rutherford County population centers of Readyville (37149) and Rockvale (37153); the southern portions of those zip codes are generally closer to the proposed TriStar Murfreesboro FSED. Readyville has a 2025 population of 2,900 and Rockvale has a 2025 population of approximately 6,000. Portions of Bell Buckle (37020) are in Rutherford County, although that zip code is assigned to Bedford County, which is where the majority of its geography is located. The Rutherford County portion of Bell Buckle will be closer to the proposed Murfreesboro FSED. ED visits by patients residing in these areas are accounted for in the out of area estimates in the projections.

2. **6N. Utilization and/or Occupancy Statistics**

Please include the DR# for the HDDS reports used.

How are the suppressed rows being counted from the HDDS data reports (*) <11 visits per row.

It appears that the northern portion of 37128 is closer to existing EDs in Rutherford County. To what extent has the applicant adjusted its projected utilization in this ZIP Code to account for this? What percentage of the population in 37128 is closer to an existing ED?

Response : The DR# for the HDDS is 35551569. The only "*" in the data used for this CON application were in zip code 37127 payor. There were two fields that were suppressed due to counts less than 11 visits. No adjustment was made.

Zip code 37128 was analyzed based on its proximity to both the FSED and St. Thomas Westlawn located in the northwest of that zip code. Consideration was given to both patient draw and utilization patterns of that zip code. For purposes of the proposed TriStar Murfreesboro FSED utilization and patient draw from 37128, the Applicant adjusted its percent of patients from that zip code to reflect other EDs which may be similar distance. As identified in **Exhibit 18** in the CON Form, the percent utilization from 37128 is the lowest of the three zip codes, including 6 percent less than 37127 and 4 percent less than 37037.

Using census tracts, an estimated 63 to 65 percent of the population residing in zip code 37128 will be closer to the proposed TriStar Murfreesboro FSED.

3. **6N. Utilization and/or Occupancy Statistics**

It is noted in Exhibit 21 that approximately (88.1%) of visits are projected to be ER Levels 1 - 3.

How often are these visits appropriate for care in an urgent care setting?

These acuity projections also appear to be lower in acuity than recent projections provided for another TriStar FSED in Portland through CN2407-020A:

2023 Emergency Department Utilization for Host Hospital and Portland FSED by Acuity Level

ED Visit Acuity Level	Main ED	% of total	Portland FSED	% of total	Proposed White House FSED	% of total	Combined	% of total
CPT Code 99281 (non-urgent)	366	1.4%	297	2.4%	291	3.0%	1,154	1.9%
CPT Code 99282 (less urgent)	1,410	3.6%	692	5.7%	825	8.5%	2,927	4.8%
CPT Code 99283 (urgent)	9,343	23.9%	4,824	39.6%	4,521	46.6%	18,688	30.7%
CPT Code 99284 (emergent)	18,123	46.4%	5,206	42.7%	3,317	34.2%	26,646	43.7%
CPT Code 99285 (resuscitation)	9,545	24.4%	1,163	9.5%	740	7.6%	11,448	18.8%
ER Critical Level - CPT 99291	68	0.2%	14	0.1%	5	0.1%	87	0.1%
TOTAL	39,055	100%	12,196	100%	9,698	100%	60,949	100%

Source: CN2407-020, Application, Page 25
HFC staff added percentages.

Please confirm that the projections in Exhibit 21, Page 35 are consistent with the average acuity levels across other TriStar Health FSEDs.

Response : The acuity table included in the CON application had the labels (Levels of Care) in reverse order; otherwise stated, the percent distribution by level of care was not arrayed properly. Below is a corrected acuity table which is consistent with the average experience during the past three years at TriStar Health FSEDs. As you will note, it is the same values but in reverse order. This information when corrected is consistent with the above chart.

Exhibit 21, Corrected

Acuity Level	Projected Murfreesboro FSED
ER Level 1	3.2%
ER Level 2	8.7%
ER Level 3	46.4%
ER Level 4	33.7%
ER Level 5	8.0%
ER Critical Level	0.1%
Total	100.0%

Based on reversing the order, only 58.3 percent are levels 1-3. Patients treated at the emergency room are appropriately treated as emergency patients. A corrected 6N Response has been uploaded to the portal.

4. **9C. Other Facilities Charges**

It is noted that the applicant does not believe that comparison of CPT gross charges is not meaningful.

Does the applicant have a data source that will provide a meaningful comparison of the differences between area providers as it relates to costs to patients and payors for the types of emergency services being proposed?

What percentage of patients have historically qualified for a self-pay discount and/or Charity Care though TriStar EDs?

Response : The cost to patients for ER services is not available. Net revenues are a product of payor mix and level of care mix. As noted in response to **Question 7C** in the CON Form, the net revenue per visit at the proposed Murfreesboro FSED is $872, approximately 10 percent of gross charges.

At TriStar Health hospitals, on average 97.4 percent of patients without insurance qualify for either Charity Care or a self-pay discount. When relating this patient count to all ED patients, it equates to an average of 15.5 percent of total ED patients who qualify for these discounts. In addition to these patients, there are other patients with insurance (Medicare, TennCare or commercial) as their primary payor but qualify for write-offs due to TriStar Health's policy regarding up to 400 percent of the poverty level. Those patients and write offs are in addition to the stated 15.5 percent above.

5. **10C. Project Only Payor Mix**

The payor mix appears to reflect a higher mix of revenue for commercial and self-pay sources compared to visits identified in the 2023 JAR for TriStar Stonecrest's on-campus ED.

Stonecrest Visits
(On Campus ED)

GOV	2023	% of Total
Medicare	2,843	5.62%
Medicare Advantage	5,752	11.36%
Medicaid/TennCare	20,277	40.06%
Other Government	1,661	3.28%
Gov Sub	***30,533***	***60.32%***
Non GOV		
Self Pay	7,734	15.28%
Combined Commercial	11,839	23.39%
Workers Comp	509	1.01%
Other non Gov	6	0.01%
Non Gov Sub	***20,088***	***39.68%***
Combined Total	***50,621***	***100.00%***

Does this reflect only the higher reimbursement of Commercial payors, or does the applicant expect the payor mix to differ significantly from the on-campus ED at TriStar Stonecrest due to the location of the proposed FSED?

Response : The above payor mix is accurate for TriStar StoneCrest Medical Center and its location in Smyrna. The payor mix at the proposed TriStar Murfreesboro FSED was estimated based on an evaluation of the payor mix in the service area and the anticipated visits.

6. **7Q. Legal Judgements**

Please address the following:

Tristar Centennial Medical Center Agreed to Pay $725,000 for Allegedly Violating Patient Dumping Statute by Failing to Provide Available Stabilizing Treatment | Office of Inspector General | Government Oversight | U.S. Department of Health and Human Services

Response : The December 29, 2021, TriStar Centennial settlement agreement with the Office of the Inspector General of the U.S. Department of Health and Human Services ("OIG") did not involve the imposition of Civil Monetary Penalties (“CMPs”) nor an agreement to pay CMPs regarding claims submitted for healthcare items or services. For these reasons, the Applicant did not believe the 2021 TriStar Centennial – OIG settlement was responsive to the 7Q questions and did not include it as part of its CON application.

The 2021 TriStar Centennial – OIG settlement was previously disclosed in response to specific Supplemental Questions asked by HFC staff following the filing of the TriStar Centennial Bellevue FSED CON Application, CN2205-027 likely prompted by the OIG posting a notice about the settlement on its website. The settlement has been included in the response to 7Q in other CON Applications simply because it was included in responses to Supplemental Questions in the Bellevue FSED CON Application. The Applicant elected in this instance to discontinue repeating the disclosure because it was not responsive to the standard questions.

Further, as noted in the response to 7Q posted in the attachment loaded into the portal:

The foregoing responses are made with respect to facilities within the TriStar Division, which includes the Applicant. The Applicant made a good faith effort to respond to these questions regarding the entities identified in the organizational chart for direct upstream ownership of the Applicant, to the best of its knowledge, information, and belief, as well as other TriStar Division facilities. Due to the breadth of the questions and lack of definition of key terms, the Applicant cannot represent these responses are totally comprehensive, but no responsive information is being intentionally withheld.

The Applicant assumes for the purpose of the first question that “state licensure action” refers to facility licensure. The Applicant has not been the subject of a Final Order or Judgment in a state licensure action. The other entities in the chain of ownership do not hold a hospital license.

Because of the breadth of the term “regulatory action,” and the potential scope as including matters completely unrelated to healthcare, Applicant interprets the last question to be asking about “any healthcare regulatory or criminal action.” Using that definition, neither TriStar StoneCrest nor any of its upstream entities are the subject of any pending healthcare regulatory or criminal action.

The following information is provided in response to the HFC’s specific Supplemental Question related to the CMC – OIG settlement:

On December 29, 2021, TriStar Centennial entered into a settlement agreement with the Office of the Inspector General of the U.S. Department of Health and Human Services ("OIG"). This settlement was in connection with a 2017 CMS survey that resulted in a Statement of Deficiency (CMS-2567) setting forth CMS’s alleged EMTALA violations. TriStar Centennial responded with a Plan of Correction (with no acknowledgement of liability) that CMS accepted. The OIG then cited TriStar Centennial with certain EMTALA violations. TriStar Centennial disputed the OIG’s position. However, to avoid

the uncertainty and expense of litigation, TriStar Centennial settled with the OIG pursuant to which TriStar Centennial paid the U.S. Department of Health and Human Services $725,000 without any admission of wrongdoing or any concession as to the lack of merit of the allegations by the OIG. This settlement did not involve payment of any civil penalties involving claims related to the provision of healthcare services.

7. **8Q. Staffing**

The Staffing Table does not appear to be completed accurately. The non-patient care positions are not detailed. Please revise within the application and detail the positions for non-patient care and contractual staff.

Response : The portal has been revised to include security (2.1) and environmental services (1.6) in the non-patient care positions. The only contract staff are physicians (4.2). The Medical Director’s letter of support is included in the 5C Attachment.

8. **1N. Criteria and Standards**

Attachment 1N, FSED Criterion #1, Determination of Need, Geographic Isolation:

What percentage of emergency department visits are projected to require referral to inpatient care?

The ratio of emergency rooms and access points compared to other large counties in the state are noted. Are there significant differences between the level of in-migration to these counties?

For Exhibit 1N-12, HFC staff confirmation of travel distances for the following were slightly different from the applicant's results. Please confirm:

Saint Thomas Rutherford Hospital to 37128.

Ascension Saint Thomas Westlawn distance to the proposed site.

Exhibit 1N-13 references travel time minutes but appear to reflect miles. Please revise.

The survey responses are noted. What percentage of the responses came from each ZIP Code in the service area?

Response : An estimate of 3 percent of emergency department visits are projected to require referral to inpatient care.

The level of in-migration to the other four counties ranges between 28.1 and 61.4 percent, with an average of 49.4 percent. The ratio in Rutherford County is 44.8 percent.

The distance from St Thomas Rutherford Hospital to the centroid of zip code 37128, is between 5.7 and 7.4 miles depending on route (Google Maps). Reversing direction, the distance is between 6 and 7.4 miles. Exhibit 1N-12 includes 5.7 miles so no change is necessary.

The distance from St. Thomas Westlawn to the proposed Murfreesboro FSED is between 9.6 and 10.9 miles depending on route (Google Maps). **Exhibit 1N-12** is updated to change the 9.8 to 9.6 miles.

The correct **Exhibit 1N-13** was inserted. An updated **FSED 1N Attachment** has been uploaded on the portal.

Survey responses by zip code were as follows:

- 37037: 9%
- 37127: 21%
- 37128: 70%

The distribution by zip code closely mirrors the 2025 population by zip code in **Exhibit 5** in the CON form.

9. **1N. Criteria and Standards**

Attachment 1N, FSED Criterion #1, Determination of Need, Other Applicable Data:

Please list the HDDS data report number for Exhibit 1N-16.

Response : The HDDS DR# is 35551569 for zip code information and HDDS DR# for statewide data is 8250191.

10. **1N. Criteria and Standards**

Attachment 1N, FSED Criterion #5, Appropriate Model for the Delivery of Care

Please discuss the risks to patients and payors of the overuse of ED services for lower acuity patients and how the applicant will mitigate that risk.

Response : There are 10 urgent care centers (“UCC”) in the service area identified in response to **Question 5N**. These centers are for non-emergent, lower acuity conditions. It is TriStar

Health's experience that UCCs regularly refer patients to emergency rooms when a patient presents at a UCC but is not suitable for UCC treatment. TriStar Health incorporates information in its presentations to the community and providers in an area which educates them as to the distinguishing characteristics between EDs and UCCs, when to use each provider type, and what is considered emergency care versus urgent care. These activities are aimed at assuring lower acuity patients do not overuse ED services. The Applicant will mitigate the risk of overuse through community and provider education platforms it will incorporate in its service delivery in Southern Rutherford.

11. **1N. Criteria and Standards**

Attachment 1N, FSED Criterion #8, Services to High Need Populations:

Please discuss the difference between the THA data and the HDDS data, the latter of which includes a row for Self-Pay where the THA data does not.

Please explain why there are 7,760 (15.3%) of patients reported as uncompensated for the host hospital when the overall percentages for service area vary from (0.4%) to (1.5%).

Why are no Self-Pay patients reported for the host hospital in either table when a significant percentage is reported by the applicant in the 2023 JAR (15%) and the HDDS data reflects (9.7%) overall for the service area?

Please explain how the applicant is defining Charity Care vs. Self Pay.

Response : Both the THA data and HDDS data come from the same source which includes all payor groups. The difference in the presentation is when these payors are mapped to either payor or financial class groupings. The same mapping can be accomplished with either data set when using the source data. HDDS data is grouped into Medicare, TennCare, Commercial, Self Pay, Uncompensated and Other. The grouping in **Exhibit 1N-33** from the THA data was initially selected as Medicare, TennCare, Commercial, Uncompensated and Other. The Uncompensated group includes both financial class 15 and 99, otherwise identified as self-pay and uncompensated. As a result, in the THA table self-pay is embedded in uncompensated which also explains why there were 7,760 patients in that line item. Charity care is defined in accordance with the federal guidelines. Self-pay is not charity care but includes discounts and write-offs provided by Tristar Health.

A revised **Exhibit 1N-33** has been included in FSED 1N Attachment, which changes the mapping to match how the HDDS data set categorizes the payor groups.

12. **1N. Criteria and Standards**

Attachment 1N, FSED Criterion #9, Establishment of a Non-Rural Service Area:

Table 9A2 appears to contain an error in the following row of the first table on Page 1N-42:

370 Truncated - TriStar Centennial Visits. Please revise.

Response : Table 9A2 has been corrected and inserted into **FSED 1N Attachment**. That corrected version has been uploaded to the portal.

13. **1N. Criteria and Standards**

Attachment 1N, FSED Criterion #16, Stabilization and Transfer of Emergent Cases:

Please provide more detail about the role of the Ground Transport Base. Who operates the EMS service(s) for Rutherford County?

Will the ambulance stationed at the FSED be owned and operated by the applicant or an affiliate?

Will ambulance transport be available to patients being transported to non-TriStar hospitals?

What percentage of patients are projected to arrive via EMS transport vs walk-in?

Exhibit 1N-31 is noted. What percentage of these transfers from TriStar FSEDs were to other TriStar facilities for each column represented?

Response : The ambulance to be stationed at the Ground Transport Base co-located with the proposed TriStar Murfreesboro FSED will be owned and operated by one of its affiliates, TriStar Centennial Medical Center. The ambulance will transport patients requiring further care, procedures, or admission, and will be available to transport to TriStar and non-TriStar hospitals.

Rutherford County EMS is operated by Rutherford County as a department of the county.

Based on TriStar Health FSED patients for calendar years 2022 through 2024, 4.9 percent of FSED patients arrive via EMS, 94.9 percent are walk ins and an additional 0.2 percent are brought by law enforcement.

The percentage of transfers for each transfer column to TriStar Health hospitals is as follows:

· Of the 62.9 percent of transfers to the host hospital, 100 percent are to TriStar Health hospitals.

· Of the 9.8 percent of transfers to trauma hospitals, 29.8 percent are to TriStar Health (TriStar Skyline Medical Center).

· Of the 27.3 percent of transfers to other hospitals, 55.5 percent of these are to TriStar Health hospitals.

· In aggregate, 81 percent of total transfers are to TriStar Health hospitals, including the host hospitals.

14. **1N. Criteria and Standards**

Attachment 1N, FSED Criterion #18, Community Linkage Plan:

Please describe any relationships with behavioral health providers in the service area.

Response : There are no behavioral health hospitals in the service area. Rutherford County contains one behavioral health hospital – Trustpoint Hospital. TriStar StoneCrest currently refers patients to Trustpoint Hospital in Rutherford County. In addition, it refers patients out of the county for in-patient treatment, including among others, to Pinewood Springs (Maury County) and TriStar Centennial (Davidson County). Facilities to which behavioral patients are referred are based on patient choice, clinical needs, bed availability, and other factors.

Project Name : TriStar StoneCrest Medical Center

Supplemental Round Name : 2 **Due Date :** 6/13/2025

Certificate No. : CN2505-016 **Submitted Date :** 6/11/2025

1. **2N. Service Area**

The applicant's statement that "Those Rutherford County areas outside our service area that will be closer to the proposed TriStar Murfreesboro FSED than the other EDs in Rutherford County are generally to the south and portions of the zip codes to the east and west of the service area. These include the Rutherford County population centers of Readyville (37149) and Rockvale (37153); the southern portions of those zip codes are generally closer to the proposed TriStar Murfreesboro FSED." is noted.

However, the proposed FSED appears to be closer to heavily populated residential areas located in ZIP Code 37130, especially to the south of 70S than any existing emergency department. Please explain why the applicant does not project that residents of this area will utilize the proposed FSED and are not represented in the projected utilization in any significant volume?

Response : The centroid of zip code 37130 is 24 minutes from the proposed TriStar Murfreesboro FSED. It is therefore generally outside the range of TriStar Health experience in defining its Service Area. In our response in Supplemental Round 1, 37130 was not explicitly described in our response as the question was directed at better access for patients without another proximal ER. As noted, St. Thomas Rutherford is proposing an FSED within zip code 37130. That FSED will be 9 minutes from the zip code centroid. In considering residents of zip code 37130 who reside south of Highway 70S, it is likely residents of that area may be closer to the proposed TriStar Murfreesboro FSED. It would therefore be reasonable that residents in this southern area of that zip code may find the proposed TriStar Murfreesboro FSED to be more convenient than the alternatives options. And, to the extent these residents select the proposed FSED, that volume is factored into the visit projections in the “out of area” grouping.

In terms of quantification, census tracts in this area cross zip code lines with each being located in portions of 37130 and 37127. The portions in 37127 are included in those population and ER visit counts; however, we have no ability to identify by census tract the counts assigned to each zip code.