



State of Tennessee

Health Services Development Agency

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

www.tn.gov/hsda Phone: 615-741-2346 Fax: 615-741-9884

Freestanding Emergency Department (FSED)

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Applicants must demonstrate need for a Freestanding Emergency Department in at **least one** of the following: geographic isolation, capacity challenges, and/or low quality of care at existing emergency department facilities in the service area. Check the boxes that apply.

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Directions

Applicants must use this document as a portion of the application process in order to address the Certificate of Need (CON) Criteria and Standards for Freestanding Emergency Departments (FSED). Include this completed document as a response to Section B of the CON application form (Section B addresses how the project relates to the criteria for a CON by addressing: need, economic feasibility, quality standards, and contribution to orderly development of health care). The CON Criteria and Standards for FSEDs are available at the following link:

Health Services Development Agency (HSDA)

<https://www.tn.gov/hsda/hsda-criteria-and-standards.html>

Data: Data sources approved to be used for addressing the standards and criteria include: Hospital Joint Annual Report, American College of Emergency Physicians (ACEP) Emergency Department Design Planning Guide – Second Edition, Medicare: Hospital Compare, and the Hospital Discharge Data System.

Some areas of the application require data provided by the TN Department of Health. These areas are listed, "***TN Dept of Health to provide data as requested by applicant***"

Applicants should request data from the Tennessee Department of Health (TDH) **at least three weeks** in advance of filing the application with the HSDA. Data requests can be made by utilizing the

following link:

TDH, Health Statistics

<https://www.tn.gov/health/health-program-areas/statistics.html>

Data requests should identify the host hospital and include the Zip Codes and counties that define the proposed service area.

Application Guide

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 area*. 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.

Existing ED Facilities and Distance from the Proposed FSED: Table 1A

Emergency Department	Distance in Miles to the Center of the Following Counties/ZIP Codes:	County 1	County 2	Zip Code 1	Zip Code 2	Zip Code 3	Zip Code 4	Distance in miles to the Proposed FSED Site

Applicant to provide

Data Source:

Licensure facility search, Joint Annual Reports (JAR), MapQuest, Other GPS searching
<https://apps.health.tn.gov/facilityListings/>
<https://apps.health.tn.gov/PublicJARS/Default.aspx>



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.

Wait Times at Existing ED Facilities in the Proposed Service Area: Tables 1B1 (1-5)

Measure: ED-1 Median Time from ED Arrival to ED Departure for ED Admitted Patients				
Emergency Department	Timeframe	ED Time/Score	Tennessee Average	National Average
ED 1				
ED 2				
ED 3				

ED-2: Median Time from Admit Decision to Departure for ED Admitted Patients				
Emergency Department	Timeframe	ED Time/Score	Tennessee Average	National Average
ED 1				
ED 2				
ED 3				

Measure: OP-18 Median Time from ED Arrival to ED Departure for Discharged ED Patients				
Emergency Department	Timeframe	ED Time/Score	Tennessee Average	National Average
ED 1				
ED 2				
ED 3				

Measure: OP-20 Door to Diagnostic Evaluation by Qualified Medical Professional				
Emergency Department	Timeframe	ED Time/Score	Tennessee Average	National Average
ED 1				



ED 2				
ED 3				

Measure: OP-22 ED Patient Left without Being Seen				
Emergency Department	Timeframe	ED Time/Score	Tennessee Average	National Average
ED 1				
ED 2				
ED 3				

Applicant to provide

Data Source:

Centers for Medicare and Medicaid Services (CMS)

<https://data.medicare.gov/data/hospital-compare>

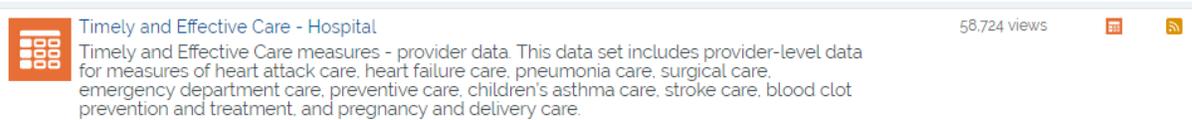
Directions for Accessing Data:

The above measures are found in the category “Timely and Effective Care – Hospital” within the Hospital Compare website, link above.

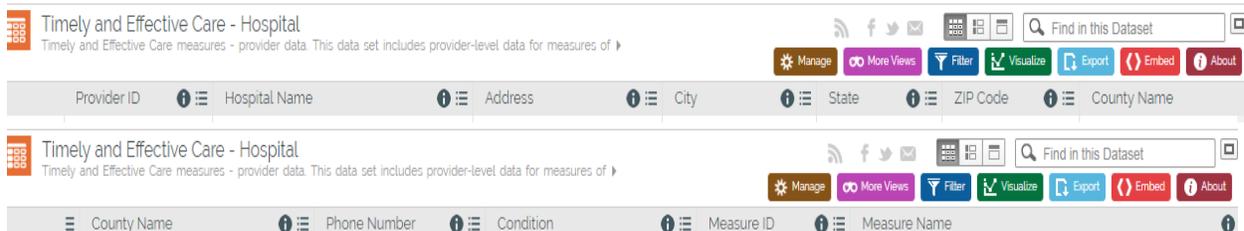
- i. From the homepage select “Time & Effective Care” in the dropdown menu next to “in category”.



- ii. Select “Timely and Effective Care – Hospital”.



- ii. Use the top bar to filter the results by State, ZIP Code, County Name, and Measure ID, and/or Measure Name. Use the scroll bar at the bottom of the page to access Measure ID and Measure Name.



Note: Data provided on the CMS Hospital Compare website does have a three to six month lag. In order to account for this delay, applicants may supplement CMS data with other more timely data.



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.

Visits per Treatment Room in Existing ED Facilities in the Proposed Service Area: Table 1B2

Emergency Department	Year(s)	Total Visits	# of Rooms	# of Visits/Room	ACEP-Low to High Range

Applicant to provide

Data Source:

Hospital Joint Annual Report, Search site

<https://apps.health.tn.gov/PublicJARS/Default.aspx>

American College of Emergency Physicians (ACEP), Emergency Department Design – A Practical Guide to Planning for the Future, Second Edition, pages 116-117

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 be in the bottom quartile of the state in the measures listed below in order to demonstrate low-quality of 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 is defined as including all of any county included in a ZIP Code area.

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			
			≤25 th Percentile	25 th -50 th Percentile	50 th -75 th Percentile	≥75 th 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			
			≤25 th Percentile	25 th -50 th Percentile	50 th -75 th Percentile	≥75 th Percentile
ED 1						
ED 2						
ED 3						

Measure: OP-4 Aspirin at Arrival						
Emergency Department	Timeframe	Ed Time/Score	Check (X) Applicable Quartile			
			≤25 th Percentile	25 th -50 th Percentile	50 th -75 th Percentile	≥75 th Percentile
ED 1						
ED 2						
ED 3						

Measure: OP-5 Median Time to ECG						
Emergency Department	Timeframe	Ed Time/Score	Check (X) Applicable Quartile			
			≤25 th Percentile	25 th -50 th Percentile	50 th -75 th Percentile	≥75 th 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			
			≤25 th Percentile	25 th -50 th Percentile	50 th -75 th Percentile	≥75 th Percentile
ED 1						
ED 2						
ED 3						

Measure: OP-20: Door to Diagnostic Evaluation by a Qualified Medical Personnel						
Emergency Department	Timeframe	Ed Time/Score	Check (X) Applicable Quartile			
			≤25 th Percentile	25 th -50 th Percentile	50 th -75 th Percentile	≥75 th 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			
			≤25 th Percentile	25 th -50 th Percentile	50 th -75 th Percentile	≥75 th Percentile
ED 1						
ED 2						
ED 3						

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						
Emergency Department	Timeframe	Ed Time/Score	Check (X) Applicable Quartile			
			≤25 th Percentile	25 th -50 th Percentile	50 th -75 th Percentile	≥75 th Percentile
ED 1						
ED 2						
ED 3						



Applicant to provide

Data Source:

Centers for Medicare and Medicaid Services (CMS)
<https://data.medicare.gov/data/hospital-compare>

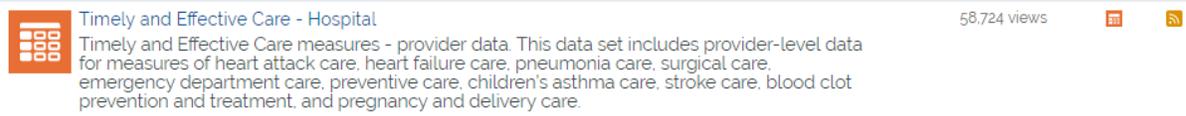
Directions for Accessing Data:

The above measures are found in the category “Timely and Effective Care – Hospital” within the Hospital Compare website, link above.

- i. From the homepage select “Time & Effective Care” in the dropdown menu next to “in category”.



- ii. Select “Timely and Effective Care – Hospital”.



- iii. Use the top bar to filter the results by State, ZIP Code, County Name, and Measure ID, and/or Measure Name. Use the scroll bar at the bottom of the page to access Measure ID and Measure Name.



Note: Data provided on the CMS Hospital Compare website does have a three to six month lag. In order to account for this delay, applicants may supplement CMS data with other more timely data.

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.

Additional Data to Demonstrate Need in the Proposed Service Area: Table 1D

Emergency Department	% of Behavioral Health Patients	State Wide Average	% of Patients Level I or II	Statewide Average	% of Patients Ages 65+	Statewide Average

***Behavioral Health Patients are defined by including ICD Diagnosis Codes that are found at the following link:**

http://www.dhs.state.mn.us/main/groups/agencywide/documents/pub/dhs16_197744.pdf

***% of Patients Level I or Level II refers to the Emergency Severity Index (ESI) which has 5 levels. Hospitals should use CPT codes 99281-99285 in the HDDS. Each code pertains to a different level of severity with 99281 being the lowest and 99285 the highest.**

Data related to Behavioral Health Patients are available at the following link:

<https://www.tn.gov/content/tn/health/health-program-areas/statistics/health-data/con.html>

TN Dept of Health to provide data as requested by applicant

Data Source:

Hospital Discharge Data System (HDDS)

Note: The applicant may utilize other data sources to demonstrate the percentage of behavioral health patients but should explain why the alternative data source provides a more accurate indication of the percentage of behavioral health patients than HDDS data.

2. Expansion of Existing Emergency Department Facility

Applicants seeking expansion of the existing host hospital ED through the establishment of a FSED in order 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 in order 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.

Table 2A1	Factor	Result/Range
	% Emergency Department Patients Admitted as Inpatients	
	Length of Stay (Hours) in ED	
	% of ED Patients seen in Private Rooms	
	% of patients that will be moved from patient rooms to inner waiting or results waiting areas	
	% of observation and extended stay patient remaining in ED	
	# Average Minutes an ED patient admitted as an inpatient remains in ED	
	Average turnaround time (minutes) for results for lab and imaging studies	
	% of behavioral health ED patients	
	% of ED patients either ESI 4 or 5	
	% of ED patients Age 65+	
	% of imaging studies performed in ED	
	Provisions in ED for family consult/grieving rooms	
	Availability of geriatric specialty area	
	Availability of pediatric specialty area	
	Availability of prisoner/detention patient specialty area	
	Availability of administrative/teaching specialty area	
*The Range Where Majority of Above Factors Fall, i.e. Low, Mid or High range		

**Use this range classification for ACEP Range Estimates in Following Table Calculated Ranges*



Host Hospital ED Visits per Treatment Room: Table 2A2

Emergency Department Design: A Practical Guide to Planning, American College of Emergency Physicians – Estimates for Emergency Department Areas and Beds					
Facility/Standard	Annual Visits*	Dept. Gross Area	Bed Quantities		
		Square Footage	Bed Quantity	Visits/Beds	Area/Bed
Host Hospital					
ACEP Standard					

**Use most recent year for host hospital*

Applicant and TN Dept of Health to provide

Data Source:

Hospital Joint Annual Report Search Site

<https://apps.health.tn.gov/PublicJARS/Default.aspx>

Hospital Internal Records

Hospital Discharge Data System (HDDS)

American College of Emergency Physicians (ACEP), Emergency Department Design – A Practical Guide to Planning for the Future, Second Edition, pages 109-112

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 acuity levels, 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.



Additional Data to Demonstrate Need in the Proposed Service Area: Table 2B

Emergency Department	% of Behavioral Health Patients	Statewide Average	% of Patients Level I or II	Statewide Average	% of Patients Ages 65+	Statewide Average

****Behavioral Health Patients are defined by including ICD Diagnosis Codes that are found at the following link:***

http://www.dhs.state.mn.us/main/groups/agencywide/documents/pub/dhs16_197744.pdf

****% of Patients Level I or Level II refers to the Emergency Severity Index (ESI) which has 5 levels. Hospitals should use CPT codes 99281-99285 in the HDDS. Each code pertains to a different level of severity with 99281 being the lowest and 99285 the highest.***

Data related to Behavioral Health Patients are available at the following link:

<https://www.tn.gov/content/tn/health/health-program-areas/statistics/health-data/con.html>

TN Dept of Health to provide data as requested by applicant

Data Source:

Hospital Discharge Data System (HDDS)

Note: The applicant may utilize other data sources to demonstrate the percentage of behavioral health patients but should explain why the alternative data source provides a more accurate indication of the percentage of behavioral health patients than HDDS data.

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.



Hospital ED Utilization in the Proposed Service Area (PSA): Table 3A1

Hospital ED	County	PSA Resident ED Visits at Hospital ED (A)	Total Service Area Resident ED Visits (B)	Market Share in Service Area ((A)/(B)) X 100 = Market Share %
Other TN Hospitals	All Other TN Counties			
Total				
Satellite ED Visits YR 1				

Market Shares of ED Facilities in the Proposed Service Area: Table 3A2

ZIP Code/County	% Highest Market Share ED	% 2 nd Highest Market Share ED	% 3 rd Highest Market Share ED	% Applicant Host ED (if not top 3)

Historical Utilization of EDs in the Proposed Service Area latest 3 years: Table 3A3

County	Facility	20_ ED Visits	20_ ED Visits	20_ ED Visits	% Change
TOTAL					



Applicant to provide (TN DOH to provide on request)

Data Source:

Hospital Discharge Data System (HDDS)

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.

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						
Hospital ED 6						
Other Hospitals						
Total						
Proposed FSED YR 1						



TN Dept of Health to provide data as requested by applicant

Data Source:

Hospital Discharge Data System (HDDS)

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.

Critical Access Hospital Location: Table 3B2

Distance of the Proposed FSED from the CAH (miles)	Distance of the Proposed FSED from Host Hospital ED (miles)

Applicant to provide

Data Source:

Licensure Facility Search, Joint Annual Report (JAR), MapQuest, Other GPS Searching
<https://apps.health.tn.gov/facilityListings/>
<https://apps.health.tn.gov/PublicJARS/Default.aspx>

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.



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

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

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

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

Measure: OP-18 Median Time from ED Arrival to Departure for Discharged ED Patients						
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Measure: OP-20: Door to Diagnostic Evaluation by a Qualified Medical Personnel						
Emergency Department	Timeframe	Ed Time/Score	Check (X) Applicable Quartile			
			≤25 th Percentile	25 th -50 th Percentile	50 th -75 th Percentile	≥75 th Percentile

Measure: OP-21 ED-Median Time to Pain Management for Long Bone Fracture						
Emergency Department	Timeframe	Ed Time/Score	Check (X) Applicable Quartile			
			≤25 th Percentile	25 th -50 th Percentile	50 th -75 th Percentile	≥75 th Percentile

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						
Emergency Department	Timeframe	Ed Time/Score	Check (X) Applicable Quartile			
			≤25 th Percentile	25 th -50 th Percentile	50 th -75 th Percentile	≥75 th Percentile



Applicant to provide

Data Source:

Centers for Medicare and Medicaid Services (CMS)

<https://data.medicare.gov/data/hospital-compare>

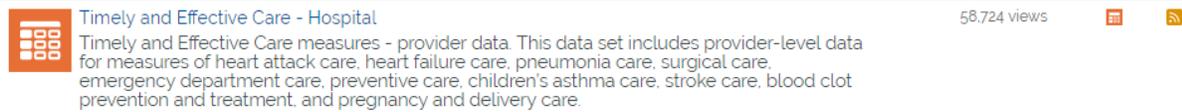
Directions for Accessing Data:

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- iii. Use the top bar to filter the results by State, ZIP Code, County Name, and Measure ID, and/or Measure Name. Use the scroll bar at the bottom of the page to access Measure ID and Measure Name.



Note: Data provided on the CMS Hospital Compare website does have a three to six month lag. In order to account for this delay, applicants may supplement CMS data with other more timely data.



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.

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.

Distance from Host Hospital: Table 6

Distance (Miles)
<p><i><u>Applicant to provide</u></i> <i>Data Source:</i> Google Maps, MapQuest, etc.</p>

7. Access

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

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.



Services to High Need Populations by Payor: Table 8

Payor	ZIP Code 1 Total ED Patients	% Total	ZIP Code 2 Total ED Patients	% Total	ZIP Code 3 Total ED Patients	% Total	Host Hospital Total	% Total
Medicare/Medicaid Advantage								
TennCare/Medicaid								
Commercial/Commercial Other								
Self-Pay								
Medically Indigent/Free								
Other								
Total								

TN Dept of Health to provide data as requested by applicant

Data Source:

Hospital Discharge Data System (HDDS)

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.

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

(Highlight ZIP Codes in the Proposed Service Area)

ZIP Code/County	Host Hospital ED Visits	% of Total	Cumulative % Total
ZIP Code/County 1			
ZIP Code/County 2			
ZIP Code/County 3			
ZIP Code/County 4			
Service Area Sub-Total			
Other Areas			
Total			

ED Patient Destination by Hospital ED: Table 9A2

(Include all EDs with 50 or More Patients from a ZIP Code)

ZIP Code/County	Service Area ED Patients ED 1	Service Area ED Patients ED 2	Service Area ED Patients ED 3	Service Area ED Patients ED 4	*Other Hospital ED Patients	Total
ZIP Code/County 1						
ZIP Code/County 2						
ZIP Code/County 3						
ZIP Code/County 4						
Total						

*Sub-total of ZIP Codes ED patients to hospitals with less than 50 patients

TN Dept of Health to provide data as requested by applicant

Data Source:

Hospital Discharge Data System (HDDS)
Demographic Tables in CON Application



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:

Applicant to provide
Data Source:
 Licensure facility search, Joint Annual Reports (JAR), MapQuest, Other GPS searching
<https://apps.health.tn.gov/facilityListings/>
<https://apps.health.tn.gov/PublicJAR/Default.aspx>

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

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.

Underserved Geographic Areas and Underserved Population Groups: Table 10

Proposed Service Area ZIP Code and/or County	Medically Underserved Area Check (X) if Applicable	Medically Underserved Populations Check (X) if Applicable	Health Professional Shortage Area Check (X) if Applicable	Shortage Area for Mental Health Services Check (X) if Applicable



Applicant to provide

Data Source:

Tennessee Department of Health Office of Rural Health

<https://www.tn.gov/health/article/federal-shortage-areas>

U.S. Department of Health and Human Services, Health Resources and Services Administration

<https://datawarehouse.hrsa.gov/tools/analyzers/muafind.aspx>

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.

Composition of Services: Table 11

Service	Hours Available	On-Site	Contracted or In-House
Laboratory			
X Ray			
CT Scanners			
Ultrasound			
Pharmacy			
Respiratory			
Other			

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 emergency care facility to allow for a specialized higher level of care for pediatric patients when required.



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.

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.

Staffing Patterns: Table 14

Position Type	FTEs Needed for Proposed FSED	FTEs Currently Employed	FTEs that will be Recruited
Physicians			
Registered Nurses			
ER Tech			
EVS Tech			
Radiology Tech			
CT Tech			
Ultrasonographer			
Medical Tech			
Other			

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 physicians and 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 eligible emergency 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 nurses certified 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



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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.

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 the nature 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.

15. Medical Records

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

16. Stabilization and Transfer Availability for Emergent Cases

The applicant shall demonstrate the ability of the proposed FSED to perform stabilizing treatment within 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 applicant is 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.

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 should also 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, and other forms of communication of the FSED shall clearly indicate that it provides care for emergency



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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 of emergency services contrasted with appropriate use of urgent or primary care.

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.

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 to report that data in the time and format requested. As a standard practice, existing data reporting streams will be relied upon and adapted over time to collect all needed information.

20. Quality Control and Monitoring

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

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.

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.