



Washington State Department of

Health

Certificate of Need Program
P.O. Box 47852
Olympia WA 98502-7852

FOR DEPARTMENT USE ONLY

Date Stamp Here

FEB 28 2019

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

CN 19-63

Application for Certificate of Need
Adult Elective Percutaneous Coronary Interventional Services
(Do Not Use this form for any other type of hospital project)

Certificate of Need applications must include the appropriate fee (WAC 246-310-990.)

This is an application for a Certificate of Need under state law and rules. (RCW Chapter 70.38 and WAC 246-310). I hereby certify that the statements in this application are correct to the best of my knowledge and belief. I understand that any misrepresentation, misleading statements, evasion, or suppression of material fact in this application may be used to take actions identified in WAC 246-310-500.

I signature authorizes the Department of Health to check the credit of the corporation or business and its principals; to obtain a credit report; and to verify any responses provided. The department will use such information as appropriate to further program purposes. The department may disclose this information when requested by a third party to the extent allowed by law.

Applicants(s)

Owner:

Operator:

Legal Name of Owner:

Legal Name of Operator:

Legacy Salmon Creek Medical Center

The operating entity is the same as the owner.

Address of Owner:

Address of Operator:

2211 N.E. 139th St.
Vancouver, WA 98686

The operating entity is the same as the owner.

Name and Title of Responsible Officer: **(Print)**

Name and Title of Responsible Officer: **(Print)**

Bryce Helgerson, President

Bryce Helgerson, President

Signature of Responsible Officer

Signature of Responsible Officer

Sign here please

Sign here please

Date: February 28, 2019 Telephone: 360.487.3451



SALMON CREEK
MEDICAL CENTER

February 28, 2019

Janis Sigman, Manager
Certificate of Need Program
Department of Health
P.O. Box 47852
Olympia, WA 98504-7852

Dear Ms. Sigman:

Enclosed please find a copy of Legacy Salmon Creek Medical Center's certificate of need application proposing to establish an elective percutaneous coronary intervention program. Also, enclosed please find the appropriate review and processing fee of \$40,470.

Please feel free to contact me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Bryce Helgerson", written over a horizontal line.

Bryce Helgerson,
President

Type of Ownership:

- District
- Private Non-Profit
- Proprietary - Corporation
- Proprietary - Individual
- Proprietary - Partnership
- State or County

Operation of Facility:

- Owner Operated
- Management Contract
- Lease

Project Description Summary:

Legacy Salmon Creek Medical Center's purpose is to establish an elective percutaneous coronary intervention program.

Estimated Capital Expenditure as defined in WAC 246-310-010(10): \$0 _____

Intended Project Start Date: Upon CN approval Intended Project Completion Date: 3/1/2020

Application Contacts:

Primary:

Name: Bryce Helgerson

Title: President

Address: 2211 N.E. 139th St
Vancouver, WA 98686

Phone: (360) 487.3451

Financial Projections/Statements

Name: Brandon Sams

Title: Finance Program Manager

Address: 2211 N.E. 139th St
Vancouver, WA 98686

Phone: (360) 487.3483

Other:

Role: _____

Name: _____

Title: _____

Address: _____

Phone: () _____



SALMON CREEK
MEDICAL CENTER

**CERTIFICATE OF NEED APPLICATION
ESTABLISHMENT OF AN
ELECTIVE
PERCUTANEOUS CORONARY INTERVENTION PROGRAM**

February 2019

Section 1 Applicant Description

A. Owner Description

1. Legal name(s) of owner(s)

The legal name is Legacy Salmon Creek Hospital dba Legacy Salmon Creek Medical Center (Legacy Salmon Creek).

2. Address of each owner(s)

The address of Legacy Salmon Creek is:

2211 NE 139th Street
Vancouver, WA 98686

3. Provide the following information about each owner.

a. Identify each person or individual with a ten percent or greater financial interest and the percent of financial interest.

Legacy Salmon Creek is a not-for-profit corporation registered to do business in Washington State.

b. For out-of-state corporations or partnerships, provide proof of registration with Secretary of State, Corporations, Trademarks, and Limited Partnerships Division.

This question is not applicable.

c. Show relationship to any organization as defined in Section 405.427 of the Medicare Regulations.

Section 405.427 no longer exists in CMS' (Medicare) regulations. As such, this question is not applicable.

- d. Provide a chart showing organizational relationship to any related organizations as defined in Section 405.427 of the Medicare Regulations.**

Section 405.427 no longer exists in CMS' (Medicare) regulations. As such, this question is not applicable.

B. Operator Description

- 1. Provide the legal name and address of operating entity (unless same as owner).**

The operating entity is the same as the owner.

- a. For out-of-state corporations or partnerships, submit:**

- i. Proof of registration with Secretary of State, Corporations, Trademarks, and Limited Partnerships Division.**

Legacy Salmon Creek's parent is based in Portland, OR, but Legacy Salmon Creek is a Washington State not-for profit corporation. This question is not applicable.

- ii. A chart showing organizational relationship to any related organizations as defined in Section 405.427 of the Medicare Regulations.**

Section 405.427 no longer exists in CMS' (Medicare) Regulations. As such, this question is not applicable.

- 2. Is the applicant currently reimbursed for services provided under the Medicare program?**

Legacy Salmon Creek is currently reimbursed for services provided under the Medicare Program.

- 3. If no to question 2, does the applicant propose to be reimbursed for services provided under the Medicare program?**

This question is not applicable.

4. Is the applicant currently reimbursed for services provided under the Medicaid program?

Legacy Salmon Creek is currently reimbursed for services provided under the Medicaid Program.

5. If no to question 4, does the applicant propose to be reimbursed for services provided under the Medicaid program?

This question is not applicable.

6. For each Washington and out-of-state health care facility owned or managed by the applicant or related party list the following:

- a. Name**
- b. Address**
- c. Medicare provider number**
- d. Medicaid provider number**
- e. Specify whether facility is owned or managed.**

Legacy Salmon Creek does not own any other facilities. The provider numbers for Legacy Salmon Creek are as follows:

Medicare Provider Number: 50-0150
Medicaid Provider Number: 027978 (OR), 3300530 (WA)

While Legacy Salmon Creek does not own any other facilities. Table 1 details the requested information on the facilities owned and operated by Legacy Health.

**Table 1
Legacy Health
Facilities Owned and/or Managed**

Facility	Address	Medicare Provider Number	Medicaid Provider Number	Owned or Managed
Legacy Emanuel Medical Center	2801 N. Gantenbein Ave. Portland OR 97227	38-0007	055103	Owned
Legacy Good Samaritan Medical Center	1015 N.W. 22nd Ave. Portland OR 97210	38-0017	077404	Owned
Legacy Meridian Park Medical Center	19300 S.W. 65th Ave. Tualatin Oregon 97062	38-0089	122499	Owned
Legacy Mount Hood Medical Center	24800 S.E. Stark St. Gresham OR 97030	38-0025	069526	Owned
Randall Children's Hospital at Legacy Emanuel	2801 N. Gantenbein Ave. Portland OR 97227	38-0007	055103	Owned
Legacy Silverton Medical Center	342 Fairview Street Silverton OR 97381	38-0029	000146	Owned

Source: Applicant.

7. For each out-of-state health care facility owned or managed by the applicant or related party, provide the following contact information for the state entity responsible for the licensing or certification of each facility.

- a. Entity Name**
- b. Address**
- c. Phone number**
- d. Contact person**
- e. Applicant or related party facility name**

The contact information for the State of Oregon is:

Dana Selover, MD, MPH
Health Care Regulation and Quality Improvement Program
800 NE Oregon Street, Suite 465
Portland, OR 97232

Section 2 General Hospital Information

A. Site Information

1. Location where the PCI services will be provided.

The elective PCI program will be located within the Legacy Salmon Medical Center, located at:

2211 NE 139th St,
Vancouver, WA 98686

- 2. Submit a copy of either an Environmental Impact Statement or a Declaration of Non-Significance from the appropriate governmental authority if this project involves construction of 12,000 square feet or more OR construction associated with parking for forty or more vehicles. Note: Under the provisions of WAC 246-03-030, the department may not issue a Certificate of Need until the requirements of SEPA have been met.**

This project involves no construction. As such, this question is not applicable.

- 3. Identify the PCI planning area. WAC 246-310-705 lists PCI planning areas for the State of Washington.**

According to WAC 246-310-705, Legacy Salmon Creek is located in PCI Planning Area 5, which includes the following counties: Clark, Cowlitz, Skamania, Wahkiakum, Klickitat West (98650, 98619, 98672, 98602, 98628, 98635, 98617, 98613).

- 4. Identify all other hospitals in the PCI planning area providing either PCI or open heart surgery services.**

The current providers of elective PCI services in PCI Planning Area 5 include PeaceHealth Southwest Medical Center and PeaceHealth St. John Medical Center.

5. Identify in statute miles (straight line measurement) the three closest hospitals authorized to perform either PCIs or open heart surgery from the applying hospital.

The three closest hospitals (in statute miles) either authorized to perform elective PCIs in Washington, or providing elective PCI in Oregon, along with average driving distances and times from Legacy Salmon Creek are detailed in Table 2¹. If only Washington facilities are to be included the other two closest are PeaceHealth St. John (31.6 miles) and Providence St. Peter (92.6 miles).

**Table 2
Statute Miles and Driving Distances/Times to Three Closest Hospitals
Providing Elective PCI or Open-Heart Surgery**

Name of Hospital	Statute Miles from Legacy Salmon Creek
PeaceHealth Southwest Medical Center, WA	7.43 miles
Legacy Good Samaritan, OR	15.1 miles
OHSU, OR	17.1 miles

Source: Applicant

B. Capacity Information

1. Provide the following information:

Table 3 provides information on the existing and proposed cardiac catheterization laboratories at Legacy Salmon Creek.

**Table 3
Existing and Proposed Cardiac Catheterization Labs**

	Existing	Proposed
Dedicated Diagnostic	2	0
Dedicated Therapeutic	0	0
Mixed use (Diagnostic and Therapeutic)	0	2

Source: Applicant.

Exhibit 1 includes drawings of the cardiac catheterization laboratories.

¹ There are a number of Programs, including 2 programs operated by Legacy Health in Portland, OR.

- 2. Identify the number of emergent PCIs performed in the last 3 calendar years. If no emergent PCIs were performed in any of the years, use N/A.**

As depicted in Table 4, Legacy Salmon Creek does not currently perform emergent PCI.

**Table 4
Historical Numbers of Emergency PCIs**

Year	PCIs
2015	NA
2016	NA
2017	NA

Source: CHARS database and Outpatient PCI surveys.

- 3. List, by specialty, the number of physicians currently employed by the hospital properly credentialed to perform emergent and elective PCIs.**

Without an existing PCI program, Legacy Salmon Creek does not currently credential physicians to perform elective emergent and elective PCIs. Table 5 details the cardiologists from Legacy Medical Group that will staff the PCI program upon CN approval. David E. Wu, MD will initially be the primary provider of elective PCI. The other providers will provide the 24/7 emergency coverage.

Legacy Salmon Creek also intends to work with other community cardiologists as the PCI program is developed and additional providers are needed.

**Table 5
Cardiologists Board Certified to Perform PCIs**

Physician	Department of Health Professional License No.	Board Certifications
David E. Wu, MD, PhD, FACC	MD00039765	Cardiology - Cardiovascular Disease and Interventional Cardiology
Amish J Desai, MD, FACC	MD00045340	Cardiology - Cardiovascular Disease, Interventional Cardiology
Eli Rosenthal, MD, FACC, FSCAI	MD60036889	Cardiology - Cardiovascular Disease, Interventional Cardiology and Internal Medicine

Source: Applicant

Section 3 General Project Description

- 1. Describe the proposed project. This description should include:**
 - a. A description of changes to the hospital's current cardiac catheterization services operations.**
 - b. An identification and description of changes to the other hospital support services operations.**
 - c. A description of any proposed conversion or renovation of existing space, or new construction.**

In the initial 2009 cycle for elective PCI, Legacy Salmon Creek elected to not proceed with a CN request because another provider in the Planning Area filed a letter of intent and that provider was located further away from the then sole provider. CN rules gave priority to the program located further away. Now, 0 years after approval of the program at PeaceHealth St. John in Longview, Legacy Salmon Creek is transferring almost 400 patients annually from our ED to existing PCI programs, predominantly at PeaceHealth Southwest Medical Center (PHSW).

The nearly 400 transferred cases are a conservative representation of the number of PCI procedures given. It does not take into consideration emergency vehicles that automatically transport patients past Legacy Salmon Creek because we do not have a PCI program.

The PHSW program appears to be operating at or near capacity and patients are increasingly waiting and/or being transferred (after a wait) to Oregon, and /or diverted directly to Oregon. Legacy Salmon Creek submits this application now because the volume of transfers is not in the best interest of patient quality, outcomes and costs.

Though Legacy Salmon Creek does not currently provide emergency or elective PCI, we do have the necessary infrastructure in place to perform PCI, including two state of the art catheterization labs and a highly skilled staff. No construction or renovation is required, and no changes to other hospital support operations are necessary. In addition, and as part of Legacy Health, Legacy Salmon Creek enjoys access to more than a decade of experience with PCI at hospitals without on-site open-heart surgery as two such sites already operate within the Legacy system.

In the 2018 concurrent review cycle, Legacy Salmon Creek submitted a CN application to establish an elective PCI program. The scheduled decision date on that project was October 26, 2017. On February 26, 2019, we received our 5th delay notice from the CN Program indicating that the decision has now been delayed for six months and is expected on March 25, 2019. The recent rule change that is effective for applications submitted in the 2019 concurrent review cycle, coupled with the Department's notification to Legacy Salmon Creek that PeaceHealth St. John met the provider 200 volume requirement resulted in 2017 Legacy Salmon Creek opting to submit a new certificate of need application.

2. Projected number of PCIs for the first three years of operation following project completion:

Table 6 details the total number of the PCIs estimated for the first three years of the project.

Table 6

Year 1	Year 2	Year 3
100	200	305

Source: Applicant.

3. Percent of patient revenue, by payor source:

Table 7 details Legacy Salmon Creek’s sources of revenue by payor.

Table 7
Percent of Patient Revenue, by Payor Source

Source of Revenue	Hospital as Whole	Current Cardiac Catheterization Services
Medicare	42.2%	55.5%
Medicaid	21.4%	13.0%
Self-Pay (no insurance)	1.6%	2.0%
Insurance-Other		
HMO/PPO/Commercial	34.8%	29.5%
Other		
Total	100.0%	100.0%

Source: Applicant.

4. Total estimated capital expenditures necessary to provide PCI services.

There is no capital expenditure associated with the establishment of the elective PCI program.

5. Source of financing for capital costs for the PCI services.

This project has no capital expenditure, and therefore no financing is required.

6. Equipment proposed:

a. List of new and replacement equipment.

No new equipment is proposed as a result of this project.

b. Description of equipment to be replaced, including cost of equipment and salvage value, if any, or disposal or use of the equipment to be replaced.

Existing equipment will be used in the new elective PCI program. This question is not applicable.

7. If construction or alterations to existing space is involved, provide single line drawings to scale of current locations which identify current department or services.

There will be no construction or alterations to the existing space. As such, this question is not applicable.

8. If construction or alterations to existing space is involved, provide single line drawings to scale of proposed locations which identify proposed departments or services.

There will be no construction or alterations to the existing space. As such, this question is not applicable.

9. Timetable for implementing the proposed project:

a. Projects involving Construction:

- | | |
|---|-----|
| i. Month/Year for obtaining construction financing | N/A |
| ii. Month/Year for obtaining permanent financing | N/A |
| iii. Month/Year for obtaining funds necessary to undertake the project. | N/A |
| iv. Month/Year submission of preliminary drawings to Construction Review Services. | N/A |
| v. Month/Year submission of final drawings to Construction Review Services. | N/A |
| vi. Month/Year construction contract award. | N/A |
| vii. Month/Year 25% of construction completed | N/A |
| viii. Month/Year 50% of construction completed | N/A |
| ix. Month/Year 75% of construction completed | N/A |
| x. Month/Year construction completed | N/A |

b. Projects without construction AND projects following completion of construction:

- | | |
|---|---------------|
| i. Month/Year 25% toward service implementation completed | N/A |
| ii. Month/Year 50% toward service implementation completed | N/A |
| iii. Month/Year 75% toward service implementation completed | N/A |
| iv. Month/Year services implementation complete and offering services. | April 1, 2020 |

Section 4 Project Evaluation Criteria Need

Note: The Department of Health adopted new PCI rules effective April 20, 2018. This 2019 concurrent review is the first to use the new rules. The major rule changes occurred at WAC 246-310-720 (1) (Hospital Volume Standards) wherein the minimum volume requirements for hospitals performing adult elective PCIs must perform 300 PCIs by the end of their year of operation was reduced to 200; WAC 246-310-725 (Physician volume standards) wherein the requirement that the applying hospital demonstrate that physicians performing adult elective PCI procedures must perform a minimum of 75 PCIs per year was reduced to 50 PCIs per year and WAC 246-310-745 (Need Forecasting methodology) wherein (the net need for additional adult elective PCI procedures was reduced from needing to be at least 300 to at least 200). The CN Program has not updated its PCI Certificate of Need Application Guidelines to reflect these changes. Accordingly, Legacy Salmon Creek used the current PCI CN guideline packet, but adjusted the language in select questions to reflect the current WACs

A. Numeric Need

1. Compute the numeric need using the method in WAC 246-310-745.

Related to PCI Planning Area 5, and as of February 26, 2019, the CN Program has yet to produce a correct version of the methodology. Legacy has made corrections where data is available to us, and has restated Department's step-by-step numeric methodology, with 2017 as the baseline year. Even absent outpatient data from most Oregon providers, there is a need for 235 additional PCI cases. The step-by-step data and calculations for Planning Area 5 are based on the methodology contained in WAC 246-310-745 are delineated below.

STEP 1: Compute the planning area's PCI use rate for persons age 15+, including inpatient and outpatient PCI case counts.

(a) Take the total planning area's base year population age 15+ and divide by 1,000.

(b) Divide the total number of PCIs performed on planning area residents age 15+ by the result of Step 1(a). This number represents the base year use rate.

Step 1: Planning Area PCI Use Rate
Base Year = 2017

Population Age 15+ (1a)	Divide by 1,000	Resident Inpatient PCI (CHARS)	Resident Inpatient PCI (Oregon)	Resident Outpatient PCI²	Total PCIs	Use Rate (1b)
488,851	488.9	542	187	245	974	1.99

Source: Population, Claritas; Inpatient, WA CHARS database & OAHHS Oregon database, and DOH Outpatient PCI survey.

STEP 2: Forecast the demand for PCIs to be performed on the residents of the planning area.

- (a) Take the planning area's use rate calculated in Step 1(b) and multiply by the planning area's corresponding forecast year population of residents age 15+. (Divide by 1,000).*

Step 2: Planning Area Forecasted PCI
Forecast Year = 2022

Use Rate from Step 1	Population Age 15+	Divide by 1,000	Projected Demand (2a)
1.99	532,899	532.9	1,062

Source: Population, Claritas; Rate derived from Claritas, CHARS Database, OAHHS database and DOH Outpatient PCI survey.

STEP 3: Compute the planning area's current capacity.

- (a) – (d) Identify all inpatient and outpatient procedures at CON approved hospitals within the planning area. Sum the results. This total is the planning area's current capacity which is assumed to remain constant over the forecast period.*

Step 3: Current PCI Capacity (3d) all providers in Planning Area 5

Provider	Current Capacity
PeaceHealth Southwest Medical Center	611
PeaceHealth St. John	216
Total	827

Source: For PeaceHealth Southwest: WA State CHARS Database and DOH Outpatient PCI Surveys. For PeaceHealth St. John, COAP data as reported by the CN Program.

² The Department did not survey Oregon providers. Legacy Health submitted surveys for our hospitals in Oregon, but we request that the Program survey other Oregon hospitals.

STEP 4: Calculate the net need for additional adult elective PCI procedures by subtracting the calculated capacity in Step 3 from the forecasted demand in Step 2.

Step 4: Planning Area Net Need for PCI Procedures

Projected Demand (Step 2)	Current Capacity (Step 3)	Projected Net Need
1,062	827	235

Source: Rate derived from Claritas, CHARS Database, OAHHS database and DOH Outpatient PCI survey. Current Capacity from Step 3.

STEP 5: If Step 4 is greater than 200, calculate the need for additional programs.

- (a) Divide the number of projected procedures from Step 4 by 200.*
- (b) Round the results down to identify the number of needed programs.*

Step 5: Planning Area Need for Additional PCI Program

Projected Need/200 (5a)	# of New Programs (5b)
1.12	1.00

Source: Rate derived from Claritas, CHARS Database, OAHHS database and DOH Outpatient PCI survey

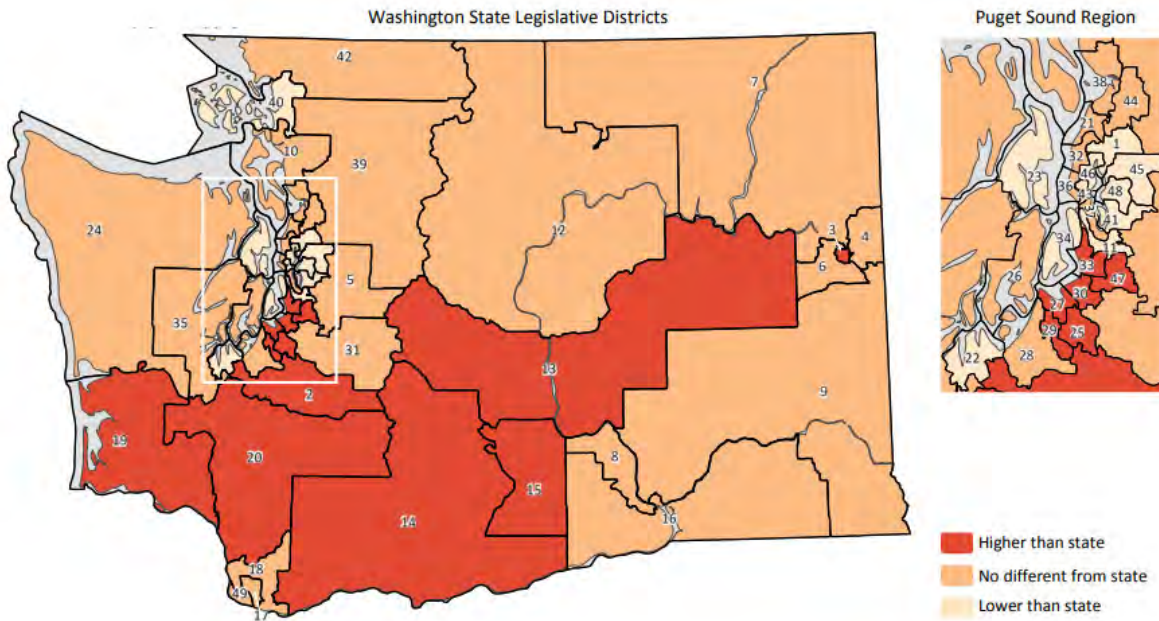
B. PCI Planning Area Need

- 2. Identify and analyze the unmet need this project is to address. The analysis should include:**
 - a. The problems this project is expected to address.**
 - b. The negative impact and consequences of these unmet needs.**
 - c. Identify any deficiencies.**

Legacy Salmon Creek will be prepared and available to serve the totality of the Planning Area; however, by virtue of our location and where patients reside within Planning Area 5, we fully expect that the majority of our patients will be from Clark County. Approval of this project will greatly improve access and reduce unnecessary transfer and diversion for elective PCI for all Planning Area 5 residents, and especially for Clark County residents. The population of the Planning Area is approximately one-half million, and Legacy Salmon Creek’s elective PCI program is justified purely in terms of the sheer size of the population that will benefit from a basic expansion of access to this important healthcare service.

Importantly, significant health disparities exist in the Planning Area as well. As can be identified in Figure 1 below, large portions of PCI Planning Area 5 service area experience higher heart disease mortality rates than other areas of the state.

Figure 1
Heart Disease Mortality Rates by State Legislative Districts
Age-adjusted per100,000 persons, 2012-2014 combined



Source: Office of Financial Management February 2016

C. Applicant Hospital Volumes

- 1. Submit a detailed analysis of the projected volume of adult elective PCIs that the hospital anticipates it will perform in the first three years operations.**

Legacy Salmon Creek’s anticipated volume during the first three years of expanded operation is detailed in Table 8.

**Table 8
Legacy Salmon Creek I
Projected Total PCI Volumes**

Year	Total
Year 1	100
Year 2	200
Year 3	305

Source: Applicant.

Legacy Salmon Creek employed a straightforward methodology to develop these conservative volume projections, the key features of which include:

- Consideration of the current and future total service area PCI volumes performed in Planning Area 5, and
- Use of actual data regarding the number of patients transferred from Legacy Salmon Creek for PCI and cases performed on Planning Area 5 patients in an existing Oregon Legacy hospital.

- 2. Hospitals with elective PCI programs must perform a minimum of 200 adult PCIs per year by the end of the third year of operation and each year thereafter. Provide documentation that demonstrates:**

- a. How the hospital intends to comply with state of Washington annual PCI volume standards (two hundred) by the end of year three and each year thereafter.**

The Department’s numeric need methodology shows that today, there is an unmet need for 235 PCIs in Planning Area 5, and this number is conservative, because it does not account for outpatient volumes occurring in non-Legacy hospitals in Oregon. Given that Legacy Salmon Creek currently refers nearly 400 patients annually from its Emergency Department, achieving and sustaining the at least 200 cases is a non-issue.

- b. How the hospital intends to assure that all physicians working only at the applicant hospital will be able to meet volume standards of fifty PCIs per year.**

Initially, cardiologists employed by the Legacy Medical Group will perform PCI procedures at Legacy Salmon Creek. Dr. David E. Wu will be the primary provider of elective PCI and other cardiologists will refer elective cases to him. Until volumes exceed 200 total cases, the other Legacy Medical Group providers will cover the Program 24/7 and will perform emergent only cases. After the Program achieves 200, another fully qualified interventional provider will begin performing elective cases.

D. Existing Hospital Volumes

- 1. Document that all existing PCI and open heart surgery programs in the PCI planning area are meeting or exceeding the minimum volume standard.**

Table 9 details the Planning Area 5’s current capacity, as reported to Legacy Salmon Creek by the Department of Health.

**Table 9
PCI Planning Area 5
Existing Provider Volumes 2017**

Current Approved Programs	2017 Inpatient Procedures	2017 Outpatient Procedures	2017 Total Procedures
PeaceHealth Saint John Medical Center*	-	-	216
PeaceHealth Southwest Medical Center	475	136	611

Source: CHARS (inpatient and observation data) Age 15+, MS-DRGs 250, 251, 248, 249, 246, 247.

**PeaceHealth Saint John Medical Center data is from COAP.*

- 2. New programs may not reduce current volumes at the University of Washington fellowship training program. Submit a detailed analysis that:**
 - a. Evaluates the impact that your new adult elective PCI services will have on the Cardiovascular Disease and Interventional Cardiology Fellowship Training programs at the University of Washington.**
 - b. Identifies the opportunity given to the University to respond.**
 - c. Includes any University response.**

Approval of the Legacy Salmon Creek’s program will not reduce the volume at the University of Washington Medical Center UWMC. In 2017, UWMC performed a total of 10 PCIs on residents of PCI Planning Area 5, equating to a 1% share of the all PCIs from the area. The patient origin of UWMC’s Planning Area 5 patients is shown in Table 10.

Table 10
UWMC PCIs Performed on Planning Area 5 Residents

Zip	City	County Name	Inpatient	Outpatients	Total
98604	Battle Ground	Clark		1	1
98662	Vancouver	Clark		1	1
98663	Vancouver	Clark		2	2
98671	Washougal	Clark		2	2
98682	Vancouver	Clark		1	1
98683	Vancouver	Clark		1	1
98684	Vancouver	Clark	1	1	2
Total			1	9	10

Source: CHARS Age 15+, MS-DRGs 250, 251, 248, 249, 246, 247. WA Department of Health survey of PCI hospitals 2017 data.

We have verified with our cardiologists that they did not refer any patients to UWMC for PCI in 2017. As such, UWMC’s volumes from our service area will not be impacted, and we do not expect any reduction in cases performed at UWMC based on the commencement of elective services at Legacy Salmon Creek.

Nonetheless, because Legacy fully recognizes the valuable resource that an academic tertiary center provides to Washington State and its essential role in the training of new cardiologists, we pledge to support the UWMC. A letter to the University of Washington Medical Center documenting this data and supporting the UWMC program is included in Exhibit 2.

E. Access to Services

- 1. Document the manner in which the hospital intends to assure access to needed PCIs services by:**
 - a. Low-income persons**
 - b. Racial and ethnic minorities**
 - c. Women**
 - d. Disabled persons**
 - e. Other underserved groups**

Both Legacy Health and Legacy Salmon Creek are committed to providing health care services to all individuals based on need; we prohibit discrimination on the basis of income, race, ethnicity, sex, or handicap.

For hospital charity care reporting purposes, the Department divides Washington State into five regions. Legacy Salmon Creek is located in the Southwest Washington Region. According to 2015-2017 charity care data produced by the Department (the latest data available), the three-year charity care average for the Southwest Washington Region was 1.03% of gross revenue and 3.27% of adjusted revenue. During the same time frame, Legacy Salmon Creek's charity care was 1.92% and 5.61%, respectively. The percentage of charity care included in the pro forma is higher than Legacy Salmon Creek's 2015-2017 average (2.0%).

2. Provide the following:

- a. Copy of the hospital's admissions policy**
- b. Copy of the hospital's community service policy**
- c. Copy of the hospital's charity care policy. If the hospital has more than one charity care policy based on type of service, provide a copy of all charity care policies.**
- d. Other information as appropriate**

Copies of Legacy Salmon Creek's admission policy and charity care policy are included in Exhibit 3.

Section 5

Project Evaluation Criteria

Financial Feasibility

A. Financial Statements

1. Provide detailed descriptions of each assumption used to develop the financial projections.

Overall (hospital wide) Assumptions:

- FY 2017 was used as the baseline

“PCI Project” Assumptions:

1. Volume: As noted in earlier sections of this application, Legacy Salmon Creek assumed: 100 cases in year 1, 200 cases in year 2, and 305 cases in year 3.
2. Patient mix: Legacy Salmon Creek assumed that the PCI cases would be 50% inpatient, and 50% outpatient.
3. Payor mix: Used the current/actual Legacy Salmon Creek diagnostic catheterization lab payor mix
4. Baseline financial data for inpatient PCI from Legacy Good Samaritan was used as baseline, including:
 - a. Charges per case
 - b. Expenses per case
 - c. Charges, expenses, and reimbursements per case by payor type (Medicare, Medicaid, commercial, etc.) and patient type (inpatient, outpatient)
5. Reimbursement rate is blended between Legacy Good Samaritan and Legacy Meridian Park in an effort to be more reflective of inpatient/outpatient mix.
6. PCI Project Specific Only tab: Current year \$0, since project start date 4/1/2020
7. Without project: Current year = FY19 budget (starting 4/1/2018), and assumed flat for 3 years
8. With Project: Is the sum of the PCI Project Specific Only + Without Project

2. Estimated Start-up and Initial Operating Expenses.

Legacy Salmon Creek is an existing provider of diagnostic cardiac catheterization and operates two fully equipped and staffed labs. The initial estimated start-up costs are approximately \$20,000 for staff training.

3. Complete the financial statements in the format provided below:

Included as Exhibit 4 are the requested financial statements.

B. Projects Involving Construction

1. Identify all applicable estimated capital costs

There is no capital expenditure associated with this project. Therefore, this question is not applicable.

2. Provide a copy of a signed nonbinding contractor's estimate of the project's construction cost, movable equipment, fixed equipment, consulting fees, site preparation, and supervision and inspection of the site (Items e, f, g, i, j, and k, above)

There are no construction or equipment purchases associated with this project. This question is not applicable.

3. Using the chart below, breakdown the estimated capital cost for each service (cost center) affected by this project. For each service (cost center) provide, gross square feet to be impacted by construction, and estimated costs for items.

This question is not applicable.

4. Identify the increase in capital costs per patient day that would result from this project using the chart below:

There is no capital expenditure associated with this project. This question is not applicable.

C. Project Financing-All Projects

1. Identify the sources and amounts of financing for the project

There is no financing for this project. This question is not applicable.

2. For projects to be totally or partially funded from capital allowance, identify the amount (s) of capital allowance and budget year(s) during which the funds would be used.

This question is not applicable.

- 3. Evidence of Availability of Financing for the Project. Submit one of the following:**
- a. Copies of letter(s) from lending institutions stating a willingness to finance the proposed project. The letter(s) should include:**
 - i. Status of loan application(s)**
 - ii. Purpose of the loan(s)**
 - iii. Proposed interest rate(s) (Fixed or Variable)**
 - iv. Proposed term (period) of the loan(s)**
 - b. Copies of Hospital Board minutes authorizing the proposed project.**

There is no financing for this project. This question is not applicable.

- 4. Copies of letter(s) from the appropriate source(s) indicating the availability of financing for the initial start-up costs.**

The initial estimated start-up costs are approximately \$20,000 for staff training.

- 5. Copies of each lease or rental agreement related to the proposed project. These agreements may be in draft form, provided all parties identified in the draft agreements provide a signed “Letter of Intent to finalize” the agreement.**

There are no lease or rental agreements related to the proposed project. This question is not applicable

- 6. For projects involving construction, identify:**
- a. The anticipated interest rate on the construction loan. _____%**
 - b. Whether the long-term loan will have a fixed or a variable interest rate and the rate of interest:**
 - i. Fixed Interest rate. _____%**
 - ii. Variable interest rate beginning at _____ and ending at _____%**

This project does not involve any construction. This question is not applicable.

- 7. Amortization schedule(s) for each financing arrangement including long-term, and any short-term start-up or initial operating deficit loans, setting forth the:**
 - a. Principal**
 - b. Term (number of payment periods) (long term loans may be annualized)**
 - c. Interest**
 - d. Outstanding balance at end of each payment period**

There is no debt financing associated with this project. This question is not applicable.

- 8. Provide a cost comparison analysis, including a discussion of the advantages/disadvantages and costs, of each of the following alternative financing methods:**
 - a. Purchase**
 - b. Lease**
 - c. Capital Allowance**
 - d. Board designated reserves**
 - e. Interfund loan**
 - f. Commercial loan**

No financing is required for this project. This question is not applicable.

Section 6
Project Evaluation Criteria
Structure and Process of Care

A. Staffing-General

- 1. For the cardiac catheterization lab ONLY identify the number of FTEs proposed by this project.**

Table 11 details the current number of FTEs for the existing cardiac catheterization lab and for the first three years of expanded operation. In years two and three, we will transition positions to 12-hour shifts, adding 1 part time technologist and 1 full time RN each year to increase the call team. With the final staffing plan in place by year 3, we will be able to cover 24/7 PCI call with each member of the team covering 1 weekend out of 6 and 3 – 4 weeknights a month.

Table 11
Legacy Salmon Creek Cardiac Catheterization Laboratory
Current and Incremental FTEs by Year

Staff Position	Current FTEs	Year 1	Year 2	Year 3	Total FTE
Technologists	3.6	0	0.50	0.50	4.60
Nurses	3.6	0	1.00	1.00	5.60
Management	0.5	0	0	0	0.50
Total	7.7	0	1.50	1.50	10.70

Source: Applicant.

- 2. Identify the number of FTEs in all other cost centers affected by this project.**

There are no other cost centers in which additional staff will be added as a result of this project.

- 3. The hospital must be prepared and staffed to perform emergent PCIs twenty-four hours per day, seven days per week in addition to the scheduled PCIs. Provide a staff model that demonstrates how the hospital will comply with this standard.**

Legacy Salmon Creek’s PCI program will be staffed to perform emergency PCIs twenty-four hours per day, seven days per week. Legacy Salmon Creek will provide on-site staffing of the cath lab from 7:00 a.m. – 5:00 p.m. Monday through Friday. A call team will cover after hours and on weekends. The on-call staff will be required to be in-house within 30 minutes of call. Table 12 identifies Legacy PCI’s staffing plan detailing the twenty-four-hour coverage.

Table 12
Legacy Salmon Creek Current Cardiac Catheterization Lab Staffing

Hours	Staffing
0700 to 1700 Monday- Friday	4 Registered Nurses 2 Technicians
On-Call 1700-0700 Monday-Friday 24 hours Saturday and Sunday	2 Registered Nurse 2 Technicians

Source: Applicant.

In terms of interventional cardiologists, Legacy Salmon Creek will utilize the Legacy Medical Group’s interventional cardiologists to provide 24/7 coverage.

4. Submit a plan detailing how the applicant hospital will effectively recruit and staff the new program with qualified nurses, catheterization laboratory technicians, and interventional cardiologists.

Though Legacy Salmon Creek does not currently provide emergency or elective PCI, we do have the necessary infrastructure in place to perform PCI, with two state of the art catheterization labs and a highly skilled staff. No conversion or renovation is required, and no changes to other hospital support operations are necessary.

Legacy Salmon Creek intends to use interventional cardiologists employed by the Legacy Medical Group to perform emergent and elective PCI. At this time, David E. Wu, MD will be the primary provider of elective PCI and the other cardiologists will refer elective cases to him.

Legacy Salmon Creek currently operates its medical cardiology program and diagnostic catheterization program with a highly-qualified, trained, and experienced team of nurses, and catheterization laboratory technicians. These same individuals will staff the elective PCI program.

The plan must include the following without negatively affecting existing staffing at PCI programs in the same planning area.

B. Staffing-Nursing and Technical

- 1. The lab must be staffed by qualified, experienced nursing and technical staff with documented competencies in the treatment of acutely ill patients. Provide job descriptions that demonstrate how the hospital will comply with this standard.**

Many of the nursing and technical staff that will be utilized for the elective program are currently already working in the lab and delivering high quality care. All staff assigned to the PCI lab will be required to be experienced in the treatment of acutely ill patients, experienced in interventional lab procedures, and have demonstrated skills and competencies in operating PCI related technologies. Exhibit 5 contains the job descriptions and competencies for the cath lab staff.

Specific training and competency testing related to working in the PCI laboratory will be required to ensure full compliance with the requirements in the relevant job description. Additionally, and because the staff at Legacy Salmon Creek has not been performing elective or emergent PCIs at this facility, they will all receive refresher training at Legacy Emanuel prior to the opening of the Legacy Salmon Creek program.

Table 13 identifies the names, titles and license/certification numbers for each individual that is currently assigned to the laboratory.

**Table 13
Catheterization Laboratory Staffing**

Job Position	Staff Name	License/Certification Type	License/Certification Number
Nurses			
	Tamara Denham	Registered Nurse	RN60248322
	Kevin Edwards	Registered Nurse	RN00116998
	Matthew Milligan	Registered Nurse	RN00148119
	Katrina Tower	Registered Nurse	RN60018705
	Mary Polley	Registered Nurse	RN00176715
Technicians			
	Larry Jodoin	Certified Radiologic Technologist	RT00000232
	Brian McCarthy	Certified Radiologic Technologist	RT00005829
	David Buchholz	Certified Radiologic Technologist	RT00000113
	Debra Crockett	Certified Radiologic Technologist	RT00003198

Source: Applicant.

- 2. The hospital must staff its catheterization laboratory with a qualified, trained team of technicians experienced in interventional lab procedures. Provide documentation that demonstrates how the hospital will ensure the following:**
 - a. Nursing staff should have coronary care unit experience and have demonstrated competency in operating PCI related technologies.**

Legacy Salmon Creek's existing cath lab nursing staff has current and direct experience and competencies working in an interventional laboratory. The nursing staff all has coronary care unit experience or equivalent. As a comprehensive acute care facility, Legacy Salmon Creek operates post-procedure units that are staffed with qualified nurses with direct experience and competencies in coronary care. The job descriptions and competencies are included as Exhibit 5. Any nursing staff assigned to the cath lab will be required to demonstrate competencies in PCI related technologies and have direct coronary care, critical care, or equivalent experience.

- b. Staff should be capable of endotracheal intubation and ventilator management both on-site and during transfer if necessary**

Each of Legacy Salmon Creek's current cath lab nurses are advanced cardiac life support (ACLS) certified and have demonstrated balloon pump placement and management competency. ACLS certification ensures that training in performing endotracheal intubation and ventilator management has occurred. In addition, all nursing staff has completed training and certification in conscious sedation. However, Legacy Salmon Creek will not rely on the cath lab staff to perform these procedures in an emergent in-lab situation. Rather, the protocol requires that 24/7 in-house board-certified emergency room physicians and respiratory therapists be stat called to immediately respond to a respiratory code.

If a patient needs ventilator management during transfer, our cath lab nurses and/or respiratory therapists will be available to accompany patients during transfer.

B. Staffing-Physician

- 1. The hospital must employ a sufficient number of properly credentialed physicians so that both emergent and elective PCIs can be performed. Provide a listing of currently employed physicians and their license number that meets this standard. If a physician is licensed in other states, provide their license number for those states.**

Legacy Salmon Creek will utilize interventional cardiologists employed by Legacy Medical Group to initially staff its PCI program. Table 14 details the required information on these providers. At this time, David E. Wu, MD will be the primary provider of elective PCI.

**Table 14
Cardiologists Qualified to Perform PCI at Legacy Salmon Creek**

Physician	Department of Health Professional License No.	Board Certification
David E. Wu, MD, PhD, FACC	MD00039765	Cardiology -Cardiovascular Disease and Interventional Cardiology
Amish J Desai, MD, FACC	MD00045340	Cardiology -Cardiovascular Disease, Interventional Cardiology
Eli Rosenthal, MD, FACC, FSCAI	MD60036889	Cardiology -Cardiovascular Disease, Interventional Cardiology and Internal Medicine

Source: Applicant.

- 2. If the hospital does not have physicians currently employed, identify the physicians and license number, who have made a commitment in writing to come to the applicant hospital, contingent to the hospital being awarded a certificate of need.**

The employed Legacy Medical Group has made a commitment to staff the Legacy Salmon Creek elective PCI program.

- 3. Physicians performing adult elective PCI procedures at the applying hospital must perform a minimum of fifty PCIs per year. Applicant hospitals must provide documentation that physicians performed fifty PCI procedures per year for the previous three years prior to the applicant's CON request. Documentation must be in the form a signed third party affidavit, attestation, or like document.**

The cardiologists referenced in Table 14 will be responsible for performing all emergent cases at Legacy. Only Dr. David E. Wu will provide elective PCI during the start-up of the PCI program. Dr. Wu has performed more than a minimum of 50 cases per year over the last three years and can be identified in the Washington CHARS and OAHHS databases.

C. Impact on Other Hospital Services

- 1. Describe the changes in ancillary and support services to be made in support of the proposed project.**

Legacy Salmon Creek does not propose any changes in ancillary and support services with the establishment of an elective PCI program.

D. Continuity of Care and Unwarranted Fragmentation of Services

- 1. The applicant hospital must have a signed written agreement with a hospital providing on-site cardiac surgery.**

Legacy Salmon Creek has established a partnership agreement with Legacy Emanuel Medical Center in Portland, OR. This agreement is included as Exhibit 6. Legacy Emanuel Medical Center, is a nationally recognized tertiary/quaternary provider serving Portland and the Pacific Northwest region with expertise in critical health conditions. Emanuel provides a full range of interventional and cardiac surgical services.

Adding elective PCI to the continuum of cardiology services currently performed Legacy Salmon Creek will enhance the continuity of care and reduce the current fragmentation of PCI services in Planning Area 5. Under the current delivery system, patients undergoing a diagnostic procedure at Legacy Salmon Creek that are found to be in need of an elective PCI must be transferred or rescheduled at another hospital. This requires transport, a second groin or radial artery puncture, second dye contrast, etc. Some of these patients ultimately elect not to receive treatment at another hospital. This care model is inefficient, costly, and fragmented.

This agreement must include, at minimum, provisions for:

- a. Coordination between the nonsurgical hospital and surgical hospital's availability of surgical teams and operating rooms. The hospital with on-site surgical services is not required to maintain an available surgical suite twenty-four hours, seven days a week.**

This requirement will be met in the partnership agreement as referenced in Exhibit 6.

- b. Assurance the backup surgical hospital can provide cardiac surgery during all hours that elective PCIs are being performed at the applicant hospital.**

This requirement will be met in the partnership agreement as referenced in Exhibit 6.

- c. Transfer of all clinical data, including images and videos, with the patient to the backup surgical hospital.**

This requirement will be met in the partnership agreement as referenced in Exhibit 6.

- d. Communication by the physician(s) performing the elective PCI to the backup hospital cardiac surgeon(s) about the clinical reasons for urgent transfer and the patient's clinical condition.**

This requirement will be met in the partnership agreement as referenced in Exhibit 6.

- e. Acceptance of all referred patients by the backup surgical hospital.**

This requirement will be met in the partnership agreement as referenced in Exhibit 6.

- f. The applicant hospital's mode of emergency transport for patients requiring urgent transfer. The hospital must have a signed transportation agreement with a vendor who will expeditiously transport by air or land all patients who experience complications during elective PCIs that require transfer to a backup hospital with on-site cardiac surgery.**

This requirement will be met in the partnership agreement as referenced in Exhibit 6. In addition, Exhibit 7 includes existing emergency transport agreements and a draft addendum that will be adopted to each agreement that addresses the specific emergency transportation requirements.

- g. Emergency transportation beginning within twenty minutes of the initial identification of a complication.**

Legacy Salmon Creek's emergency transport process will require beginning emergency transport within 20 minutes of the initial complication. This requirement has also been addressed in the draft partnership agreement in Exhibit 6 and addendum to the emergency transport agreements in Exhibit 7.

- h. Evidence that the emergency transport staff are certified. These staff must be advanced cardiac life support (ACLS) certified and have the skills, experience, and equipment to monitor and treat the patient en route and to manage an intra-aortic balloon pump (IABP).**

The addendum to the emergency transport agreements included in Exhibit 7 demonstrates that the transport staff will be ACLS certified. Further, and as required, our trained cath lab staff, coronary care staff, and/or respiratory therapy staff will be made available to travel with the patient for monitoring and managing an intra-aortic balloon pump.

- i. The hospital documenting the transportation time from the decision to transfer the patient with an elective PCI complication to arrival in the operating room of the backup hospital. Transportation time must be less than one hundred twenty minutes.**

This requirement is addressed in the addendum to the emergency transport agreements included in Exhibit 7. Legacy Salmon Creek will also document and review transport times as part of our overall QA/PI process for the elective PCI program.

- j. At least two annual timed emergency transportation drills with outcomes reported to the hospital's quality assurance program.**

The Partnership Agreement in Exhibit 6 and Addendum to the Emergency Transportation Agreements in Exhibit 7 address this requirement.

- k. Patient signed informed consent for adult elective (and emergent) PCIs. Consent forms must explicitly communicate to the patients that the intervention is being performed without on-site surgery backup and address risks related to transfer, the risk of urgent surgery, and the established emergency transfer agreements.**

This requirement will be met in the partnership agreement as referenced in Exhibit 6 and delineated in the informed consent form included in Exhibit 8.

- l. Conferences between representatives from the heart surgery program(s) and the elective coronary intervention program. These conferences must be held at least quarterly, in which a significant number of preoperative and post-operative cases are reviewed, including all transport cases.**

This requirement will be met in the partnership agreement as referenced in Exhibit 6.

- m. Addressing peak volume periods (such as joint agreements with other programs, the capacity to temporarily increase staffing, etc.).**

This requirement will be met in the partnership agreement as referenced in Exhibit 6.

- 2. Provide a written quality assurance/quality improvement plan specific to the elective PCI program. At a minimum this plan must include:**

Legacy Health participates in quality improvement initiatives, tracks its progress, and trains and rewards its employees based on quality and safety. When our senior leadership gathers each week, the meeting begins with a “safety huddle” intended to surface common issues across the system and ensure that the solutions are widely adopted. Our Board of Directors even begins each meeting with a “patient safety story” that keeps the patient at the top of their minds. They also spend more time evaluating quality and patient safety than financial goals.

Legacy Salmon Creek is committed to providing safe, quality patient care. Legacy Salmon Creek has established a continuous quality improvement program for the cardiac catheterization lab (included in Exhibit 9). This program will be integrated into the existing Legacy Health Quality & Patient Safety Structure. The Interventional Cardiology Section will report up through the Hospital Quality Council twice annually and as pertinent learnings are identified.

Through this program the QA/QI process for Elective and Emergent PCI will:

- Provide for a process for ongoing review of the outcomes for adult PCIs.
- Provide a system of patient selection that will result in outcomes that are equal to or better than benchmark standards.
- Provide for a process of formalized review of pre and post-operative patient care with our partner surgical backup hospital for all patients transferred for surgical intervention.
- Provide a process for reporting elective PCI information to the Washington State Department or an entity designated by the Washington State Department of Health.
- Document, assess and improve the emergency transport processes and timeframes.

- a. A process for ongoing review of the outcomes of adult elective PCI's. Outcomes must be benchmarked against state or national quality of care standards indicators for elective PCIs.**

Legacy Salmon Creek fully intends to participate in national and state data registries including:

- ACC Cath/PCI registry – NCDR (National Cardiovascular Data registry) (Active)
- ACC ACTION registry – NCDR (National Cardiovascular Date registry) (Future)
- Washington State COAP (Future)

Elective PCI outcomes will be benchmarked against statewide and national outcome data and included in the PCI QA joint case review meetings between Legacy Salmon Creek and Legacy Emanuel Medical Center, our heart surgery partner hospital.

Details on the process for benchmarking outcomes against the state and national quality indicators is included in the Quality Program in Exhibit 9.

- b. A system for patient selection that will result in outcomes that are equal to, or better, than the benchmarked standards in your plan.**

This system for patient selection is identified in Exhibit 9.

- c. Process for formalized case reviews with partnering surgical backup hospital(s) of preoperative and post-operative elective PCI cases, including all transferred cases.**

As identified in the Quality Program established in Exhibit 9, review of data and data collection practices will be reviewed at two levels of frequency:

- Planned and systematic:
 - Monthly Cath Conference will involve formal case review with partnering surgical backup hospital(s), at this time namely Legacy Emanuel Medical Center (LEMC). The review will include jointly treated LSCMC and LEMC patients who receive a continuum of care between the two sites. All transferred cases will be reviewed.
 - Quarterly service line meetings will be established for presentation of data, course corrections and new initiatives for the PCI or Cardiac interventional program.
- Periodic and as needed:
 - Assessments conducted as indicated by practice issues, incident or variance reporting, concerns raised through Medical Staff Committees and other sources of information about service problems.

- 3. A description of the hospital's cardiac catheterization laboratory and elective PCI quality assurance reporting processes for information requested by the department or the department's designee.**

The Interventional Cardiology Section will report in writing all findings, data and performance improvement activities from all the QA/PI activities. The report will be forwarded to the Department or the Department's designee as requested.

- 4. Identify if the owner, operator, or physician identified in this application has had any other of the following in this state or other states:**
 - a. Decertification from Medicare**
 - b. Decertification from Medicaid**
 - c. Convictions related to the competency to practice medicine or own or operate a hospital**
 - d. Denial of a license**
 - e. Revocation of a license**
 - f. Voluntary withdrawal from Medicare or Medicaid while decertification processes were pending.**

Neither Legacy Health, Legacy Salmon Creek nor any physician identified in this application has had any sanctions or notifications related to the above items referenced in (a)-(f).

- 5. If yes to any part of question 4, describe the incident and provide clear, sound, and convincing evidence that the occurrence is not likely to re-occur.**

This question is not applicable.

Section 6
Project Evaluation Criteria
Cost Containment

1. Identify each option considered before submitting the current application.

After nearly ten years of waiting, after years of formally requesting and advocating for rule changes, and as transfers out of our emergency department for PCI approach 400 cases annually Legacy Salmon Creek determined that no other alternative exists. While the Department's 2018 data collection and PCI methodology applied to PCI Planning Area 5 is still not correct, Legacy Salmon Creek has run the methodology using all data sources that have historically been used and is confident that the unmet need is for well more than 200 cases. With the Department's confirmation that PeaceHealth St. John is operating above the provider volume threshold, Legacy Salmon Creek elected to submit a CN application at this time because of the need to address the health access issues in the Planning Area.

2. For each option identified in question 1, provide at least the following information:

- a. Advantages**
- b. Disadvantages**
- c. Impact on operating costs to the hospital**
- d. Impact on staffing**
- e. Impact on costs to the patient**
- f. Impact on physical hospital space**
- g. Legal restrictions**
- h. Other-Specify**
- i. Reason for rejecting each option**

The only option identified in #1 is proceeding at this time. The status quo is not an option because of the burden on patients, costs and outcomes. The advantages of establishing a program include:

- Legacy Salmon Creek, through Legacy Health and Legacy Medical Group has access to high quality PCI protocols and providers.

- Having an elective program will allow for the initiation of a 24/7 emergency program as well. Not having an elective PCI program has greatly impacted the Legacy's ability to establish an emergent program. Recruiting and retaining providers to perform procedures in a program that does not provide the full range of PCI services is challenging to say the least. Additionally, PeaceHealth Southwest's program was previously able to better support the community need for emergent PCI. With the recent and very significant population growth one program is just not enough to support resident need for emergent PCI in Clark County, and it is well documented that patients from Clark County just simply do not go to Cowlitz County for care. Case in point, according to Washington CHARS data, almost 98% of Clark County residents currently go to either Clark County or Oregon hospitals for PCI (inpatient and observation). Being able to establish an elective program at Legacy Salmon Creek will ensure immediate access to both life-saving emergent and elective PCI.
- Patients will no longer be diverted in large numbers from our emergency room, care will be delivered timelier, risks associated with transfer will be reduced, and costs will decrease as well.

No disadvantages to establishing an elective program were identified.

3. Identify the specific ways this project will promote staff efficiency and productivity.

As noted above, being able to perform elective PCI at Legacy Salmon Creek will allow our already highly trained and competent cath lab staff to perform elective and emergent PCI, such that their proficiency, as well as their productivity is enhanced.

In addition, our emergency department staff spends thousands of hours each year preparing cardiac patients for transfer and the region's EMS staff incur additional time when transporting patients beyond Legacy Salmon Creek. The redeployment of emergency room staff to direct patient care (as opposed to transfer) and better use of EMS will improve overall efficiency of the delivery system.

4. Identify the specific ways this project will promote system efficiency.

The current delivery system is costly and impacts patient quality and outcomes. The efficiencies that will be realized will be significant for patients, for the hospitals and cardiologists, for payers and for the health of the community.

5. For projects involving construction, provide an analysis focused on the reasonableness of the construction costs. This should include these costs' impact on costs and charges.

This question is not applicable.