

February 28, 2023

Eric Hernandez
Program Manager
Certificate of Need Program
Department of Health
111 Israel Road SE
Tumwater, WA 98501

Re: Application of Swedish Health Services – d/b/a Swedish Issaquah to Operate an Adult Elective PCI Program

Dear Mr. Hernandez:

Attached is the certificate of need application of Swedish Health Services – d/b/a Swedish Issaquah to operate an adult elective PCI program in Planning Area # 9 (King East).

The review and processing fee of \$40,470 has been sent in a separate correspondence to the Certificate of Need Program.

Please submit any notices, correspondence, communications, and documents to:

Andrew Taylor	Chief Strategy Officer Providence Health & Services – WA/MT & Swedish	Andrew.Taylor5@providence.org
Lisa Crockett	VP, System Strategy & Planning Providence	Lisa.Crockett@providence.org
Matt Moe	Director, System Strategy & Planning Providence	Matthew.Moe@providence.org

Sincerely,



Andrew Taylor
Chief Strategy Officer
Providence Health & Services – Washington/Montana & Swedish



Certificate of Need Hospital Application Packet

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Application submission must include:

- One electronic copy of your application, including any applicable addendum – no paper copy is required.
- A check or money order for the review fee of **\$40,470** payable to **Department of Health**.¹

Include copy of the signed face sheet with the fee if you submit the application and fee separately. This allows us to connect your application to your fee.

Mail or deliver the application and review fee to:

Mailing Address:

Department of Health
Certificate of Need Program
P O Box 47852
Olympia, Washington 98504-7852

Other Than By Mail:

Department of Health
Certificate of Need Program
111 Israel Road SE
Tumwater, Washington 98501

Contact Us:

Certificate of Need Program Office 360-236-2955 or FSLCON@doh.wa.gov

¹ Please see Exhibit 1 for a copy of the check (application fee) and letter to the Department of Health.



Application Instructions

The Certificate of Need Program will use the information in your application to determine if your project meets the applicable review criteria. These criteria are included in state law and rules. Revised Code of Washington ([RCW](#)) [70.38](#) and Washington Administrative Code ([WAC](#)) [246-310](#).

General Instructions:

- Include a table of contents for application sections and appendices/exhibits
- Number **all** pages consecutively
- Make the narrative information complete and to the point.
- Cite all data sources.
- Provide copies of articles, studies, etc. cited in the application.
- Place extensive supporting data in an appendix.
- Provide a detailed listing of the assumptions you used for all of your utilization and financial projections, as well as the bases for these assumptions.
- Under no circumstance should your application contain any patient identifying information.
- Use **non-inflated** dollars for **all** cost projections
- **Do not** include a general inflation rate for these dollar amounts.
- **Do** include current contract cost increases such as union contract staff salary increases. You must identify each contractual increase in the description of assumptions included in the application.
- **Do not** include a capital expenditure contingency.

- If any of the documents provided in the application are in draft form, a draft is only acceptable if it includes the following elements:
 - a. identifies all entities associated with the agreement,
 - b. outlines all roles and responsibilities of all entities,
 - c. identifies all costs associated with the agreement,
 - d. includes all exhibits that are referenced in the agreement, and
 - e. any agreements in draft form must include a document signed by both entities committing to execute the agreement as submitted following CN approval.

Do not skip any questions in this application. If you believe a question is not applicable to your project, explain why it is not applicable.



Certificate of Need Application Hospital Projects

Exclude hospital projects for sale, purchase, or lease of a hospital, or skilled nursing beds. Use service-specific addendum, if applicable.

Certificate of Need applications must be submitted with a fee in accordance with Washington Administrative Code [\(WAC\) 246-310-990](#).

Application is made for a Certificate of Need in accordance with provisions in Revised Code of Washington [\(RCW\) 70.38](#) and [WAC 246-310](#), rules and regulations adopted by the Washington State Department of Health. I attest that the statements made in this application are correct to the best of my knowledge and belief.

<p>Signature and Title of Responsible Officer <i>Andrew B. Taylor</i></p> <p>Email Address Andrew.Taylor5@providence.org</p>	<p>Date 2/28/2023</p> <p>Telephone Number 509-474-7253</p>
<p>Legal Name of Applicant Swedish Health Services – d/b/a Swedish Issaquah.</p> <p>Address of Applicant and Operator Swedish Issaquah 751 NE Blakely Drive Issaquah, WA 98209</p>	<p><input type="checkbox"/> New hospital <input type="checkbox"/> Expansion of existing hospital (identify facility name and license number)</p> <p>Provide a brief project description, including the number of beds and the location.</p> <p>Adult Elective PCI Program</p> <p>Estimated capital expenditure: \$ <u>0</u></p>

Identify the Hospital Planning Area: #9 (King East)

Identify if this project proposes the addition or expansion of the following services:

<input type="checkbox"/> NICU Level II	<input type="checkbox"/> NICU Level III	<input type="checkbox"/> NICU Level IV	<input type="checkbox"/> Specialized Pediatric (PICU)	<input type="checkbox"/> Psychiatric (within acute care hospital)
<input type="checkbox"/> Organ Transplant (Identify)	<input type="checkbox"/> Open Heart Surgery	<input checked="" type="checkbox"/> Elective PCI	<input type="checkbox"/> PPS-Exempt Rehab (indicate level)	<input type="checkbox"/> Specialty Burn Services

**Swedish Health Services –
d/b/a Swedish Issaquah**

Certificate of Need Application

**Proposing to Operate an Adult Elective PCI
Program in Planning Area #9 (King East)**

February 2023

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Introduction and Summary

Swedish Health Services d/b/a Swedish Issaquah (“Swedish Issaquah”) requests approval to establish and operate an adult elective percutaneous coronary intervention (“PCI”) program at the Swedish Issaquah campus, where it currently provides adult emergent PCIs. Swedish Health Services (“Swedish”) has a long history of providing cardiac and vascular services to residents of Washington State and is recognized as a clinical leader in cardiac care. All cardiac and vascular services at Swedish are under the oversight and governance of the Swedish Heart and Vascular Institute (“SHVI”), one of the top heart and vascular programs in the State of Washington, which includes a well-established open heart surgery program at Swedish Cherry Hill in Seattle. As a quaternary care center for heart and vascular care, SHVI has significant experience performing both elective and emergent PCIs.

The existing emergent PCI program at Swedish Issaquah is part of the SHVI and draws on the experience and expertise of the Seattle program. Swedish Issaquah has performed emergent PCIs since the hospital opened more than 11 years ago. Approving the provision of elective PCI procedures at Swedish Issaquah complements the existing emergent PCI program, improving access, quality of care and patient safety while keeping East King County residents close to home.

Outside of the provision of elective PCIs, there are no planned changes in services at Swedish Issaquah and, consequently, the proposed project will not impact existing services at the Swedish Issaquah campus. Finally, the proposed project is not a phased project. We expect to provide elective PCI services beginning January 2024, subject to CN approval.

Need is Shown in the King East Planning Area

The Department’s 2022-2023 Percutaneous Coronary Intervention Numeric Need Methodology was updated in January 2023 and shows need for 1.11 additional elective PCI programs in Planning Area 9 (King East).¹ As a result, WAC 246-310-720(2)(a) is met. The proposed CN approved elective PCI program at Swedish Issaquah will help address the unmet need in the King East planning area.

King East Residents Are Leaving the Planning Area to Receive Elective PCIs

Currently, a significant portion of planning area residents (32.6%) who live in proximity to Swedish Issaquah leave the planning area and travel to facilities outside the planning area to receive an elective PCI procedure.² High outmigration rates are an indicator that there is insufficient access within a planning area. Accordingly, the high King East outmigration rate for PCI services indicates there is need for an additional elective PCI program within King East. The approval of the proposed adult elective PCI program at Swedish Issaquah would be responsive to increasing access to needed services that are closer to home for planning area residents.

¹ See Exhibit 23 for a copy of Department of Health 2022-2023 Percutaneous Coronary Intervention Numeric Need Methodology

² See Table 8, page 18, for the King East PCI outmigration analysis.

A Swedish Issaquah PCI Program Helps Prevent Fragmentation of Services

Fragmentation of care may occur when a resident receives care from different facilities or different health care organizations outside the planning area. An elective PCI program at Swedish Issaquah will allow residents to receive care close to home, thus reducing the adverse impacts from delaying care or staging treatment due to lack of access to elective PCI services in the planning area.

The Proposed PCI Program Will Not Adversely Impact Other PCI Programs

The Department's 2022-2023 PCI Need Methodology shows projected unmet need of 221 cases by 2026, which is sufficient to support the growth of an emergent and elective PCI program at Swedish Issaquah, as well as the growth of other existing PCI programs in the planning area. In addition, a PCI origin zip code analysis demonstrates that establishing and operating an adult elective PCI program at Swedish Issaquah will not impact the University of Washington Medical Center Cardiovascular Disease and Interventional Cardiology Fellowship Training programs.³

A New Elective PCI Program Promotes Judicious Use of Health Care Resources

Swedish Issaquah has two existing cardiac catheterization laboratories ("cath labs") that are fully equipped and fully staffed. There are no capital costs associated with the proposed project. Swedish Issaquah will gain cost and operating efficiencies from Moreover, the Swedish Issaquah emergent program already has in place all operational guidelines, required policies and procedures. The program also has an established PCI quality performance improvement plan and draws from the extensive expertise of the SHVI to provide high quality care to planning area residents.

Swedish Is Committed To, And Has Deep Roots In, The Local Community

Swedish Issaquah is committed to providing health care services to all persons, without regard to income, race, ethnicity, gender, handicap, or any other factor. Swedish also is committed to caring for each person needing care, regardless of his or her ability to pay. As a long-established provider serving the region since 1910, Swedish Health Services has deep roots in and is fully committed to the local community. Swedish has resolved to improve the health of the region beyond normal patient care. This translates to our commitment to charity care, research, community health and education. In 2021, Swedish provided a combined \$251.8 million in community benefit.⁴ We see this service as our responsibility to our community and we take it seriously.

The proposed adult elective PCI program at Swedish Issaquah meets all four CN criteria. Need (WAC 246-410-210) for a new program is shown in the King East planning area as demonstrated by the Department's 2022-2023 PCI Need Methodology. The project is financially feasible and will not result in an adverse impact on costs or charges of health care services in the planning area, meeting WAC 246-310-220. In addition, the proposed project will promote continuity of care, foster appropriate relationships with the planning

³ See Exhibit 31 for an analysis of King East planning area PCIs by zip code on the UWMC.

⁴ See Table 9.

area's existing health care services, and since the existing cath labs are fully staffed will not impact other programs operating in the planning area, meeting WAC 246-310-230. Finally, the project meets Cost Containment (WAC 246-310-240) as it is the best alternative to meet unmet need and promotes quality assurance and cost effectiveness. Swedish Issaquah looks forward to establishing a new CN approved elective PCI program that will address the unmet need in the King East planning area.

Applicant Description

1. Provide the legal name and address of the applicant(s) as defined in WAC 246-310-010(6).

The applicant's legal name is Swedish Health Services d/b/a Swedish Issaquah ("Swedish Issaquah").

Swedish Issaquah
751 NE Blakely Drive
Issaquah, WA 98029

2. Identify the legal structure of the applicant (LLC, PLLC, etc.) and provide the unified business identifier (UBI).

Swedish Health Services d/b/a Swedish Issaquah is a private, non-profit organization – 501(c)(3) with a Unified Business Identifier ("UBI") of 178 049 719

3. Provide the name, title, address, telephone number, and email address of the contact person for this application.

The contact person for this application is provided below:

Andrew Taylor, Chief Strategy Officer
Providence Health & Services – WA/MT & Swedish
20 West 9th Avenue
Spokane, WA 99204
Phone: 509-474-7253
Andrew.Taylor5@Providence.org

4. Provide the name, title, address, telephone number, and email address of the consultant authorized to speak on your behalf related to the screening of this application (if any).

This question is not applicable. There is no consultant authorized to speak on our behalf related to the screening of this application.

5. Provide an organizational chart that clearly identifies the business structure of the applicant(s).

On July 1, 2016, Providence Health & Services and St. Joseph Health System, a California non-profit corporation, became affiliated. The affiliation creates a "super-parent," Providence St. Joseph Health ("PSJH"), a Washington non-profit corporation.

PSJH has facilities located in Alaska, Washington, Montana, Oregon, California, New Mexico, and Texas.

It is important to note that Providence Health & Services remains a viable corporation as do any and all subsidiaries and d/b/as that fall under that corporate umbrella. This new affiliation does not change the name or corporate structure of Providence Health & Services or Swedish Health Services d/b/a Swedish Issaquah. For the purposes of this CN application, the Providence Health & Services legal structure has been provided in Exhibit 2. In addition, an organizational chart for Swedish Health Services d/b/a Swedish Issaquah is provided in Exhibit 3.

Finally, a copy of the Washington State Department of Health Hospital Acute Care License for Swedish Issaquah is provided in Exhibit 4.

Facility Description

1. Provide the name and address of the existing facility.

The existing facility is the following:

Swedish Health Services d/b/a Swedish Issaquah
751 NE Blakely Drive
Issaquah, WA 98029

2. Provide the name and address of the proposed facility. If an address is not yet assigned, provide the county parcel number and the approximate timeline for assignment of the address.

The proposed adult elective percutaneous coronary intervention (“PCI”) program will be operated from the existing Swedish Issaquah facility.

Swedish Health Services d/b/a Swedish Issaquah
751 NE Blakely Drive
Issaquah, WA 98029

3. Confirm that the facility will be licensed and certified by Medicare and Medicaid. If this application proposes the expansion of an existing facility, provide the existing identification numbers.

- HAC.FS. 60256001
- Medicare #: 50-0152
- Medicaid #: 2015502

4. Identify the accreditation status of the facility before and after the project.

Please see below for a list of the accreditations for Swedish Issaquah. There are no expected changes in accreditation related to implementing the elective PCI program.

- College of American Pathologists (CAP) lab certification, exp. 3/1/2025
- Commission on Cancer Certificate with commendation by the American College of Surgeons, (American College of Surgeons Commission on Cancer Certified), expires 2024
- American College of Radiology in Mammography, College of Radiology Accredited Facility, expires 10/31/2023
- American College of Radiology, Breast MR Imaging Services, expires 10/31/2023
- Det Norske Veritas Accreditation, expires 11/1/2024
- DOH Licensure Survey, September 2021
- DOH Level 1 Cardiac Center, 2021 (WA DOH Categorization)

5. Is the facility operated under a management agreement?

No, the facility is not operated under a management agreement.

6. Provide the following scope of service information:

Please see Table 1 for the current and proposed services offered at Swedish Issaquah. The proposed project will be limited to the addition of adult elective PCI services. No other services will change as a result of the proposed project.

Table 1. Swedish Issaquah Services Offered (Pre and Post Project)

Service	Currently Offered?	Offered Following Project Completion?
Alcohol and Chemical Dependency	NO	NO
Anesthesia and Recovery	YES	YES
Cardiac Care	YES	YES
Cardiac Care – Adult Open Heart Surgery	NO	NO
Cardiac Care – Pediatric Open Heart Surgery	NO	NO
Cardiac Care – Adult Elective PCI	NO	YES
Cardiac Care – Pediatric Elective PCI	NO	NO
Diagnostic Services	YES	YES
Dialysis – Inpatient	NO	NO
Emergency Services	YES	YES
Food and Nutrition	YES	YES
Imaging/Radiology	YES	YES
Infant Care/Nursery	YES	YES
Intensive/Critical Care	YES	YES
Laboratory	YES	YES
Medical Unit(s)	YES	YES
Neonatal – Level II	YES	YES
Neonatal – Level III	NO	NO
Neonatal – Level IV	NO	NO
Obstetrics	YES	YES
Oncology	YES	YES
Organ Transplant - Adult (list types, if applicable)	NO	NO
Organ Transplant - Pediatric (list types, if applicable)	NO	NO
Outpatient Services	YES	YES
Pediatrics	NO	NO
Pharmaceutical	YES	YES
Psychiatric	NO	NO
Skilled Nursing/Long Term Care	NO	NO
Rehabilitation (indicate level, if applicable)	NO	NO
Respiratory Care	YES	YES
Social Services	YES	YES
Surgical Services	YES	YES

Source: Swedish Issaquah

Project Description

- 1. Provide a detailed description of the proposed project. If it is a phased project, describe each phase separately. For existing facilities, this should include a discussion of existing services and how these would or would not change as a result of the project.**

In this CN application, Swedish Health Services requests approval to provide adult elective PCIs at the Swedish Issaquah campus, where it currently provides adult emergent PCIs. Swedish Health Services has a long history of providing cardiac and vascular services to residents of Washington State and is recognized as a clinical leader in cardiac care. All cardiac and vascular services at Swedish are under the oversight and governance of the Swedish Heart and Vascular Institute, one of the top heart and vascular programs in the State of Washington, which includes a well-established open heart surgery program at Swedish Cherry Hill in Seattle. As a quaternary care center for heart and vascular care, Swedish Heart and Vascular Institute has significant experience in performing both elective and emergent PCIs.

The existing PCI program at Swedish Issaquah is part of the Swedish Heart and Vascular Institute and draws on the experience and expertise of the Seattle program. Swedish Issaquah has performed emergent PCIs since the hospital opened more than 11 years ago. Care received at either the Seattle or Issaquah facilities is of the same high quality since both are part of the Swedish Heart and Vascular Institute, and staff and physicians are exposed to very high volumes with very complex cases and advanced circulatory support devices. Allowing elective PCI procedures at Swedish Issaquah complements the provision of emergent PCIs, improving access, quality of care and patient safety while keeping East King County residents close to home.

The Swedish Issaquah emergent PCI program consistently achieves top scores in quality metrics. In addition to having excellent outcomes with its existing PCI program, Swedish Issaquah operates an 18-bed Intensive Care Unit that works seamlessly with the Swedish Heart and Vascular Institute to deliver outstanding outcomes for higher acuity patients who require additional care. Thus, patients receiving cardiac care, including those who need PCI services at Issaquah, are able to receive all of their care at the Swedish Issaquah facility.

Outside of the provision of elective PCIs, there are no planned changes in services at Swedish Issaquah and, consequently, the proposed project will not impact existing services at the Swedish Issaquah campus. Finally, the proposed project is not a phased project. We expect to provide elective PCI services beginning January 2024, subject to CN approval.

- 2. If your project involves the addition or expansion of a tertiary service, confirm you included the applicable addendum for that service. Tertiary services are outlined under WAC 246-310-020(1)(d)(i).**

The proposed adult elective PCI project is an expansion of a tertiary service. We have included the required PCI addendum for the proposed adult elective PCI service.

3. Provide a breakdown of the beds, by type, before and after the project. If the project will be phased, include columns detailing each phase.

The proposed adult elective PCI project will not impact the current and proposed bed types at Swedish Issaquah. There is no change in bed types or bed totals as a result of the proposed project. For clarity, we have provided the count by bed types at Swedish Issaquah as reported in the Department of Health acute care bed survey (see Table 2).

Table 2. Swedish Issaquah Current and Proposed Bed Type

Bed Type	Current	Proposed
General Inpatient Acute Care	153	153
Dedicated or PPS Exempt Psychiatric	0	0
Dedicated or PPS Exempt Rehabilitation	0	0
Long Term Care/Nursing Home Beds	0	0
NICU Level II	15	15
NICU Level III	0	0
NICU Level IV	0	0
Total	168	168

Source: Swedish Issaquah

4. Indicate if any of the beds listed above are not currently set-up, as well as the reason the beds are not set up.

Swedish is licensed for 175 beds and currently has 168 beds set-up, including 153 general inpatient acute beds and 15 NICU Level II beds. The remaining 7 beds are not set up, as the 168 set-up beds are meeting the current demand for the hospital. If demand increases, Swedish Issaquah is positioned to set-up additional beds, as needed, up to its licensed capacity of 175 beds.

5. With the understanding that the review of a Certificate of Need application typically takes six to nine months, provide an estimated timeline for project implementation, below. For phased projects, adjust the table to include each phase.

Please see Table 3 for the estimated project timeline.

Table 3. Estimated Project Timeline

Event	Anticipated Month/Year
Anticipated CN Approval	November 2023
Design Complete	N/A
Construction Commenced	N/A
Construction Completed	N/A
Facility Prepared for Survey	December 2023
Facility Licensed - Project Complete WAC 246-310-010(47)	January 2024

Source: Swedish Issaquah

6. Provide a general description of the types of patients to be served as a result of this project.

The proposed project will serve adult patients diagnosed with coronary artery disease in which appropriate use criteria outlined by the American College of Cardiology (“ACC”) demonstrate such patients would benefit from a PCI in comparison to another care modality, including medical management.

Patients will be cared for regardless of their ability to pay, and without regard to income, race, ethnicity, gender, sex, handicap, religion, or any other factor at Swedish Issaquah.

7. Provide a copy of the letter of intent that was already submitted according to WAC 246-310-080.

Please see Exhibit 5 for a copy of the letter of intent.

8. Provide single-line drawings (approximately to scale) of the facility, both before and after project completion. For additions or changes to existing hospitals, only provide drawings of those floor(s) affected by this project.

Please see Exhibit 6 for single line drawings for Swedish Issaquah. Since there is no construction or change in floor plans, the single line drawings both before and after project completion are the same.

9. Provide the gross square footage of the hospital, with and without the project.

The gross square footage (“GSF”) of the hospital is 362,033. Since there is no construction or alteration of floor plans involved in the proposed project, there is no change in GSF with and without the project.

10.If this project involves construction of 12,000 square feet or more, or construction associated with parking for 40 or more vehicles, submit a copy of either an Environmental Impact Statement or a Declaration of Non-Significance from the appropriate governmental authority. [WAC 246-03-030(4)]

This question is not applicable, as there is no construction involved in the proposed project.

11.If your project includes construction, indicate if you've consulted with Construction Review Services (CRS) and provide your CRS project number.

The Certificate of Need program highly recommends that applicants consult with the office of Construction Review Services (CRS) early in the planning process. CRS review is required prior to construction and licensure (WAC 246-320-500 through WAC 246-320-600). Consultation with CRS can help an applicant reliably predict the scope of work required for licensure and certification. Knowing the required construction standards can help the applicant to more accurately estimate the capital expenditure associated with a project. Note that WAC 246-320-505(2)(a) requires that hospital applicants request and attend a pre-submission conference for any construction projects in excess of \$250,000.

This question is not applicable, as there is no construction involved in the proposed project.

Certificate of Need Review Criteria

A. Need (WAC 246-310-210)

1. List all other acute care hospitals currently licensed under RCW 70.41 and operating in the hospital planning area affected by this project. If a new hospital is approved, but is not yet licensed, identify the facility.

The planning area is King East, with the zip-code definition listed in Table 4.

Table 4. King East Planning Area

King East Planning Area Definition			
98001	98019	98034	98057
98002	98022	98038	98058
98003	98023	98039	98059
98004	98024	98042	98065
98005	98027	98045	98072
98006	98028	98047	98074
98007	98029	98051	98075
98008	98030	98052	98077
98010	98031	98053	98092
98011	98032	98055	98224
98014	98033	98056	98288

Source: DOH

Other hospitals in the PCI planning that provide either emergent or elective PCI services are listed in Table 5.

Table 5. Affected Hospitals in Planning Area

Facility	DOH License #	Zip Code	Provides Emergent PCI?	Provides Elective PCI?
EvergreenHealth Medical Center	HAC.FS.00000164	98034	Yes	Yes
Overlake Hospital Medical Center	HAC.FS.00000131	98004	Yes	Yes
MultiCare Auburn Regional Medical Center*	HAC.FS.60311052	98001	Yes	Yes
Saint Francis Hospital*	HAC.FS.00000201	98003	Yes	Yes
UW Medicine/Valley Medical Center	HAC.FS.00000155	98055	Yes	Yes

Sources: 1) <https://fortress.wa.gov/doh/facilitysearch/>; 2) DOH Annual PCI Surveys

*Joint elective PCI program between MultiCare Auburn Regional Medical Center and Saint Francis Hospital

2. For projects proposing to add acute care beds, provide a numeric need methodology that demonstrates need in this planning area. The numeric need

methodology steps can be found in the Washington State Health Plan (sunset in 1989).

This question is not applicable, as the proposed adult elective PCI project does not seek to expand any bed types. The total number and type of beds will not be impacted by the proposed project (see Table 2).

For the proposed project to operate a CN approved, adult elective PCI program at Swedish Issaquah, please see our response to question 6 in the PCI addendum about the Department’s 2022-2023 Percutaneous Coronary Intervention Numeric Need Methodology.

3. For existing facilities proposing to expand, identify the type of beds that will expand with this project.

This question is not applicable, as the proposed PCI project does not seek to expand any bed types. The total number and type of beds will not be impacted by the proposed project (see Table 2).

4. For existing facilities, provide the facility’s historical utilization for the last three full calendar years. The first table should only include the type(s) of beds that will increase with the project, the second table should include the entire hospital.

Please see Table 6, which includes historical utilization for the Swedish Issaquah facility. There are no project-specific beds, discharges, or patient days, as the proposed project seeks to provide adult elective PCI services only.

Table 6. Swedish Issaquah Historical Utilization, 2020-2022

Project Specific Only	2020	2021	2022
Licensed beds	N/A	N/A	N/A
Available beds	N/A	N/A	N/A
Discharges	N/A	N/A	N/A
Patient days	N/A	N/A	N/A
Entire Hospital	2020	2021	2022
Licensed beds	175	175	175
Available beds	175	168	168
Discharges	5,653	6,102	6,619
Patient days	21,968	25,056	28,514

Source: Swedish Issaquah

5. Provide projected utilization of the proposed facility for the first seven full years of operation if this project proposes an expansion to an existing hospital.

Provide projected utilization for the first ten full years if this project proposes new facility. For existing facilities, also provide the information for intervening years between historical and projected. The first table should only include the type(s) of beds that will increase with the project, the second table should include the entire hospital. Include all assumptions used to make these projections.

This question is not applicable, as the proposed adult elective PCI project does not seek to expand any bed types. The total number and type of beds will not be impacted by the proposed project (see Table 2).

6. For existing facilities, provide patient origin zip code data for the most recent full calendar year of operation.

The proposed project intends to provide an adult elective PCI program at Swedish Issaquah. Please see Table 7 for a patient origin analysis for PCI procedures performed at Swedish Issaquah for the full year of 2022.

Table 7. Swedish Issaquah Patient Origin by Zip Code, 2022

Zip Code	Count	Zip Code	Count	Zip Code	Count
98075	14	98204	2	98077	1
98027	13	98022	2	98040	1
98029	13	98037	2	98284	1
98074	11	98203	2	98258	1
98053	6	98012	2	32803	1
98065	5	98178	2	77381	1
98059	5	98087	2	98338	1
98045	4	98024	1	98239	1
98922	3	98038	1	98107	1
98052	3	98056	1	98294	1
98006	3	98019	1	98115	1
98014	3	98055	1	98117	1
98008	3	98058	1	98133	1
98208	3	98005	1	98377	1
98296	3	98010	1	98837	1
98033	2	98023	1	98943	1
Total					133

Source: Swedish Issaquah

7. Identify any factors in the planning area that currently restrict patient access to the proposed services.

Currently, a significant portion of planning area residents (32.6%) who live in proximity to Swedish Issaquah leave the planning area and travel to facilities outside of the planning

area to receive an elective PCI procedure. As noted in Table 8, the King East planning area residents received a combined 1,498 inpatient and outpatient PCIs in 2021 from facilities located within and outside the King East planning area. To be clear, Table 8 represents only PCI procedures received by planning area residents. It does not represent all PCIs performed by King East facilities, which could include any residents outside of the planning area who received a PCI procedure in King East.

As noted in Table 8, out of the 1,498 PCIs received by planning area residents, 489 cases were conducted at hospitals outside of the King East planning area. This represents a 32.6% outmigration rate for these services. Stated differently, almost one-third of King East residents sought PCIs outside of the planning area.

High outmigration rates are an indicator that there is insufficient access within a planning area. Accordingly, the high King East outmigration rate for PCI services indicates there is need for an additional PCI program within King East, which aligns with the 2022-2023 Percutaneous Coronary Intervention Numeric Need Methodology. The approval of the proposed adult elective PCI project at Swedish Issaquah would be responsive to increasing access to needed services that are closer to home.

Table 8. King East PCI Outmigration Analysis, 2021⁵

Facility	PCI Outpatient	PCI Inpatient	Hospital Total	Market Share
Overlake Medical Center	148	141	289	19.3%
EvergreenHealth Kirkland	110	119	229	15.3%
UW Medicine/Valley Medical Center	38	137	175	11.7%
St. Francis Hospital	64	90	154	10.3%
MultiCare Auburn Medical Center	8	78	86	5.7%
Swedish Issaquah	0	76	76	5.1%
King East Hospital Subtotal	368	641	1,009	67.4%
Non-King East Hospital Subtotal	307	182	489	32.6%
Total (King East and Non-King East)	675	823	1,498	100%

Sources: 1) PNWPop data, 2021 data for patients with King East Zip for IP PCI Procedures (246-251 MSDRGs) and OP PCI procedures (Procedure Codes 92920, 92924, 92928, 92933, 92937, 92943, C9600, C9602, C9604, C9607); 2) Utilized 2021 PCI OP Volumes reported by Evergreen in PCI Survey

Notes on data:

- 1) Swedish Issaquah inpatient PCI volume of 76 cases represents PCIs only from King East residents. Swedish Issaquah's total PCI cases in 2021 is 100, reflecting patients residing adjacent to the planning area receiving emergent PCIs at Swedish Issaquah.
- 2) Swedish Health Services' analysis noted that PNWPop data listed 22 PCI cases at Swedish Issaquah as inpatient. This is incorrect. An internal review of those cases found that all 22 patients entered Swedish Issaquah through the emergency department, were stabilized in the ICU, and subsequently administered a

⁵ Compared to Table 7 which uses 2022 internal Swedish Health Services data, Table 8 uses 2021 data as market data for 2022 is not available at the time of filing this application.

PCI procedure. These were not scheduled/outpatient cases. Therefore, Table 8 correctly shows 76 inpatient (emergent) PCI procedures at Swedish Issaquah for King East residents.

8. Identify how this project will be available and accessible to underserved groups.

Swedish Issaquah in King East is committed to providing health care services to all persons, without regard to income, race, ethnicity, gender, handicap, or any other factor. Swedish also is committed to caring for each person needing care, regardless of his or her ability to pay. As a long-established provider serving the region since 1910, Swedish Health Services has deep roots in and is fully committed to the local community. Swedish has resolved to improve the health of the region beyond normal patient care. This translates to our commitment to charity care, research, community health and education. We see this service as our responsibility to our community and we take it seriously.

Swedish devotes substantial resources to health-related research, community health activities, and medical education. As a charitable, nonprofit 501(c)(3) organization, Swedish invests its resources in programs and services that improve the health of the community and region, from building partnerships with community clinics that serve the underprivileged to providing free and low-cost health education classes to the public.

In 2021, Swedish Health Services provided a combined \$251.8 million in community benefit. Of the \$251.8 million, Swedish Issaquah provided \$19 million in community benefit.

Table 9. Swedish Health Services – Community Benefit, 2021⁶

Service	Amount
Unfunded portion of Government-sponsored medical care	\$174.0 Million
Free and Discounted Medical Care	\$25.1 Million
Community health, grants and donations	\$10.4 Million
Education and research programs	\$34.2 Million
Subsidized services	\$8.1 Million
Total	\$251.8 Million

Source: See Exhibit 7 for Swedish Health Services 2021 Community Benefit Report.

⁶ The categories of community benefit are defined as follows:

(a) Unfunded Portion of Government-sponsored Medical Care. This is the difference between the actual costs of care and what is paid by the state and federal governments. It does not include Medicare.

(b) Free and Discounted Medical Care. This includes financial assistance for those who are uninsured, underinsured, or otherwise unable to pay for their health care.

(c) Community Health, Grants and Donations. This includes free services such as patient education, health screenings, immunizations and support groups, as well as grants and donations to support community partners.

(d) Education and Research Programs. This includes subsidies for medical residency programs, education for nursing and other health professions, and medical research.

(e) Subsidized Services. This includes clinical and social services provided despite a financial loss because they meet identified needs not met elsewhere in the community.

From newly arrived immigrants and at-risk teenagers to low-income seniors and families, Swedish compassionately reaches out to those who might not otherwise receive the health care services they need. Swedish supports the community and underserved populations in a multitude of ways. Below we provide a synopsis of many of Swedish's community programs and services. In addition, please see Exhibit 8 for the Swedish King County Community Health Improvement Program, 2022-2024 that details the priorities Swedish is focusing on in the communities they serve.

- **Supporting And Empowering Black Birthing Women and People**

The Black Birth Empowerment Initiative (BBEI) at Swedish is a curated program designed for those who identify as Black or African American. Its purpose is to center and uplift the Black birth experience by providing clients the option to work with culturally competent, trained doulas. BBEI caregivers work to reduce health disparities in the Black community including prenatal and postpartum complications and higher rates of stillbirths and pregnancy mortality. The Birth Equity and Women's Health for the Swedish doula program, BBEI was created in direct response to concerns heard from the community. The program's Doula Diversity Scholarship is a key resource for aspiring doulas of color, and it helps advance the initiative's goals. The scholarship covers the cost of doula training and certification, a lending library, and shadowing opportunities. In 2021, the program received community benefit support from Swedish to provide scholarships to four new doulas who will work in the community.

- **Swedish Mobile Vaccine Clinics.**

In 2021, we answered the call to vaccinate those who needed it most. We launched a mobile vaccination clinic, using COVID-19 data to target our outreach and vaccine education efforts to underserved populations most affected by the pandemic. Our caregiver volunteers made these clinics a reality, and we administered more than 10,000 vaccinations with more than 20 community partners. Caregiver/staff and community volunteers even provided clothing and supply donations at some of these events. The Washington State Hospital Association awarded its 2021 Community Health Leadership Award to Swedish for our mobile vaccine clinic team.

- **Meharry Residency Program.**

Swedish Health Services (SHS) and Meharry Medical College (MMC) have formed a partnership aimed at addressing health disparities among people of color and promoting diversity in healthcare. The program, which officially launched in September 2021, offers residency opportunities to third-year medical students with financial assistance for transportation, housing, and living expenses. The Diversity Sub-Internship Scholarship is open to all fourth-year medical students from U.S. medical schools and minority groups underrepresented in surgery. The goal of the Swedish/Meharry partnership is to produce a new generation of culturally competent physicians and reduce health disparities by providing culturally competent care to people of color that focuses on health, well-being, and patient experience.

- **Swedish’s LGBTQIA+ Program.**
 Swedish's LGBTQIA+ Program is an initiative established in 2020 aimed at improving access to comprehensive healthcare for LGBTQIA+ patients. The program operates under the Office of Health Equity, Diversity and Inclusion and provides specialized support to care teams to ensure optimal care for LGBTQIA+ patients. Swedish offers Health Care Navigation Services for transgender and gender diverse patients seeking gender-affirming care and treatments, connecting patients to relevant primary care clinicians, surgeons, mental health professionals, and resources. Navigation support is available at no additional charge and patients can expect timely follow-up and check-ins. Swedish provides gender-affirming care services with more than 60 clinicians having completed non-clinical transgender health training and listed as gender-affirming clinicians on the Swedish Transgender Health website.
- **Refugee Artisan Initiative.**
 A solution to Swedish’s scrub supply problem was just around the corner with Refugee Artisan Initiative (RAI), a nonprofit founded by Ming-Ming Tung-Edelman. RAI helps refugee and immigrant women improve skills developed in their home countries and connects them with artisan U.S. job opportunities. Tung-Edelman applied to Swedish’s Community Investment Funding Grant, and not long after, Swedish and RAI partnered to supply our caregivers with measured-to-fit scrubs.
- **Support for Patients and Families.**
 The Swedish Patient Assistance Fund provides patients and their families with financial support for a range of items and services, including utility bills, wheelchairs and walkers, rent and mortgage assistance, skilled nursing and home care, and more.
- **Family Violence Program.**
 Many of Swedish's staff members are specially trained to identify patients who may be victims of family violence and connect them with community agencies that can provide the help they need. In addition, Swedish provides financial support and donates space to organizations, such as New Beginnings and the YWCA, that support battered women and their families.
- **Community Health Education.**
 The Patient/Family Education and Community Health Program is committed to helping patients, families, and the community make informed choices about their health. The program offers classes on topics such as cancer, childbirth, diabetes, orthopedics, nutrition, safety and injury prevention, stress management, and more. In addition to hosting hundreds of health education classes each year, Swedish offers the community many support groups on a range of topics from cancer to bereavement to childbirth.
- **Swedish Community Specialty Clinic.**
 In September 2010, the Swedish Community Specialty Clinic (“SCSC”) opened on Swedish First Hill. The former Mother Joseph and Glaser specialty clinics combined and expanded specialty care services to the uninsured in our community. The clinic is partnered with King County Project Access (“KCPA”) and

is a testament to Swedish's commitment to serve the uninsured and underinsured patients in our community.

SCSC provides a workable solution to one of the most pressing health care problems facing low-income and uninsured people in our community - access to specialty care services. This program builds on the safety net of primary care provided by the community health and public health clinics in King County. Through KCPA and a volunteer staff of more than 180 Swedish specialty physicians, low-income uninsured patients have access to needed specialty health care and donated ancillary, in- and out-patient hospital services.

Our goal is to set a new standard in community health and to highlight that charity care is a core part of our nonprofit mission, which we continue even in a down economy.

- **Residency programs for the economically disadvantaged**

Swedish Family Medicine Residency clinics select residents from the nation's top medical schools to provide the best care to people of all ethnic backgrounds and financial situations. Physician residents treat patients regardless of their ability to pay, logging more than 41,000 patient visits each year. In addition to seeing patients at our First Hill and Cherry Hill campuses, the Family Medicine Residency also provides care through partnerships with the SeaMar, Indian Health Board and Downtown Family Medicine Clinics.

- **Health-care services at Ballard High School**

The Ballard Teen Health Center is a partnership between Swedish and Ballard High School to provide students at the school with physical and mental-health services. Teens visit the center for treatments ranging from illnesses and injuries to confidential family-planning services, STD testing and mental-health counseling. The center, which was started by Swedish in 2002, also provides smoking-cessation programs, nutrition and exercise counseling, general health information and school-wide health promotion and classroom presentations. The center targets adolescents who are uninsured or underinsured and those who have no other options for medical care and counseling.

Along with the above-mentioned programs, Swedish will provide PCI services to all patients, regardless of his or her ability to pay, and without regard to income, race, ethnicity, gender, handicap, or any other factor, at the facility in Issaquah.

9. If this project proposes either a partial or full relocation of an existing facility, provide a detailed discussion of the limitations of the current location.

This question is not applicable. The project does not propose either a partial or full relocation of an existing facility.

10. If this project proposes either a partial or full relocation of an existing facility, provide a detailed discussion of the benefits associated with relocation,

This question is not applicable. The project does not propose either a partial or full relocation of an existing facility.

11. Provide a copy of the following policies:

- Admissions policy
 - Charity care or financial assistance policy
 - Patient rights and responsibilities policy
 - Non-discrimination policy
 - End of life policy
 - Reproductive health policy
 - Any other policies directly associated with patient access
-
- Please see Exhibit 9 for the Swedish Notification of Patient Admission policy and the Delivery of the Conditions of Admission Consent Form policy.
 - Please see Exhibit 10 for the Swedish Financial Assistance – Charity Care policy.
 - Please see Exhibit 11 for the Swedish Patient Rights policy.
 - Please see Exhibit 12 for the Providence Non-discrimination policy. This is a systemwide policy with applicability to Swedish.
 - Please see Exhibit 13 for the Providence Policy on Care Through the End of Life: Responding to Requests for Provider-hastened Death. This is a systemwide policy with applicability to Swedish.
 - Please see Exhibit 14 for the Swedish Advance Directive and CPR Preference policy. This is a Swedish policy and is applicable to Swedish Issaquah.
 - Please see Exhibit 15 for the Swedish Issaquah Hospital Reproductive Health Services statement.

B. Financial Feasibility (WAC 246-310-220)

1. Provide documentation that demonstrates the immediate and long-range capital and operating costs of the project can be met. This should include but is not limited to:

- **Utilization projections. These should be consistent with the projections provided under the Need section. Include all assumptions.**
- **A current balance sheet at the facility level.**
- **Pro forma balance sheets at the facility level throughout the projection period.**
- **Pro forma revenue and expense projections for at least the first three full calendar years following completion of the project. Include all assumptions.**
- **For existing facilities, provide historical revenue and expense statements, including the current year. Ensure these are in the same format as the pro forma projections. For incomplete years, identify whether the data is annualized.**

Utilization Projections

Swedish Issaquah currently provides emergent PCIs and, in 2022, provided 133 PCI procedures. The proposed project intends to provide an adult elective PCI program at the Swedish Issaquah facility.

- Utilization projections assume emergent cases will grow incrementally by approximately 1.5% combined average growth rate over the four-year period, adding two cases per year from 2023 to 2026. This growth rate is consistent with the planning area growth rates.⁷
- Utilization projections assume elective cases will grow by 52 cases in 2024, which is the first year of operations. This represents an additional one case per week for scheduled PCIs in the first full year of operations. In 2025-2026, volumes will grow modestly, adding 12 cases in 2025 and 12 cases in 2026, representing an incremental one additional case per month in the second and third full year of operations.
- Swedish forecasts that by the end of the third year of operations Swedish Issaquah will grow to a combined 217 emergent and elective cases in 2026.

Please see Table 10 for the Swedish Issaquah 2022 actuals, 2023 projected, and 2024-2026 forecast PCIs.

⁷ King East planning area population forecast is expected to grow from 1,023,824 residents in 2021 to 1,102,840 residents by 2026, representing a 1.5% average growth rate. Source: ESRI.

Table 10. Swedish Issaquah Actual, Projected, and Forecasted PCIs, 2022-2026

	2022	2023		2024		2025		2026	
	Actual	Projected		Forecast					
	Total	Incremental	Total	Incremental	Total	Incremental	Total	Incremental	Total
PCI Emergent	133	2	135	2	137	2	139	2	141
PCI Elective	0	0	0	52	52	12	64	12	76
PCI Total	133	2	135	54	189	14	203	14	217

Source: Swedish Issaquah

Since the proposed project is only seeking to add a CN approved adult elective PCI program at Swedish Issaquah and is not adding any additional services in the hospital as a whole, we have kept hospital utilization at a consistent rate holding utilization steady at 2022 levels. This representation makes it easier to compare and understand the impact of the project on the hospital as a whole. Please see Table 11 for the Swedish Issaquah hospital utilization forecast from 2024-2026.

Table 11. Swedish Issaquah Forecasted Hospital Utilization, 2024-2026

Project Specific Only	2024	2025	2026
Licensed beds	N/A	N/A	N/A
Available beds	N/A	N/A	N/A
Discharges	N/A	N/A	N/A
Patient days	N/A	N/A	N/A
Entire Hospital	2024	2025	2026
Licensed beds	175	175	175
Available beds	168	168	168
Discharges	6,619	6,619	6,619
Patient days	28,514	28,514	28,514

Source: Swedish Issaquah

Balance Sheet

Please note that Swedish Health Services does not maintain balance sheets at the facility level and does not routinely use balance sheets as part of its financial analysis when evaluating new business ventures. Instead, a business pro forma is generally relied upon for evaluation of new ventures. With that said, for purposes of this CN application and to satisfy the Department's questions relating to balance sheets, Swedish Issaquah has extrapolated information from the pro forma statements to construct a pro forma balance sheet. This balance sheet was created solely for the Department's review of this Application and will not be generally used in the financial operations of Swedish Issaquah. Please see Exhibit 16 for a balance sheet for the current year and the first three years of operation.⁸

⁸ Exhibit 16 includes the balance sheet assumptions.

Proforma Revenue and Expense Statements

Please see Exhibit 17 for proforma revenue and expense statements.⁹ Exhibit 17 includes proforma revenue and expense statements for the proposed project, the hospital as a whole (excluding the project), and a combined view that includes both the proposed project and the hospital as a whole.

Historical Revenue and Expense Statements

Please see Exhibit 18 for historical revenue and expense statements for Swedish Issaquah. Exhibit 18 includes historical revenue and expense statements for the cath lab, the hospital as a whole (excluding the cath lab), and a combined view that includes both the cath lab and the hospital as a whole.

2. Identify the hospital's fiscal year.

The Swedish Issaquah fiscal year begins January 1 and ends December 31.

3. Provide the following agreements/contracts:

- **Management agreement**
- **Operating agreement**
- **Development agreement**
- **Joint Venture agreement**

Note, all agreements above must be valid through at least the first three full years following project completion or have a clause with automatic renewals. Any agreements in draft form must include a document signed by both entities committing to execute the agreement as submitted following CN approval.

Management and Operating Agreements. There are no management or operating agreements for the proposed project.

Development Agreement. There is no development agreement for the proposed project.

Joint Venture Agreement. There is no joint venture agreement for the proposed project.

4. Provide documentation of site control. This could include either a deed to the site or a lease agreement for the site. If a lease agreement is provided, the terms must be for at least five years with options to renew for a total of 20 years.

The properties where the Swedish Issaquah campus is located are owned by Swedish Health Services. Please see Exhibit 19 for the deeds related to the Swedish Issaquah campus.

5. Provide county assessor information and zoning information for the site. If

⁹ Exhibit 17 includes the pro forma financial assumptions.

zoning information for the site is unclear, provide documentation or letter from the municipal authorities showing the proposed project is allowable at the identified site. If the site must undergo rezoning or other review prior to being appropriate for the proposed project, identify the current status of the process.

The properties where the Swedish Issaquah campus is located are zoned for hospital use. Please see Exhibit 20 for the details of the parcels where the hospital is located.

6. Complete the table on the following page with the estimated capital expenditure associated with this project. If you include other line items not listed below, include the definition of the line item. Include all assumptions used to create the capital expenditure estimate.

This question is not applicable. The proposed project has no capital expenditures.

7. Identify the entity responsible for the estimated capital costs . If more than one entity is responsible, provide breakdown of percentages and amounts for all.

This question is not applicable. The proposed project has no capital expenditures.

8. Identify the start-up costs for this project. Include the assumptions used to develop these costs. Start-up costs should include any non-capital expenditure expenses incurred prior to the facility opening or initiating the proposed service.

This question is not applicable. The proposed project has no start-up costs.

9. Identify the entity responsible for the start-up costs. If more than one entity is responsible, provide a breakdown of percentages and amounts for all.

This question is not applicable. The proposed project has no start-up costs.

10. Provide a non-binding contractor's estimate for the construction costs for the project.

This question is not applicable. The proposed project has no construction costs.

11. Provide a detailed narrative supporting that the costs of the project, including any construction costs, will probably not result in an unreasonable impact on the costs and charges for health services in the planning area.

This question is not applicable. The proposed project has no construction costs, no start-up costs, and no capital costs. The project will require standard operational costs that will not adversely impact costs and charges for health care services in the planning area.

12. Provide the projected payer mix for the hospital by revenue and by patients using the example table below. Medicare and Medicaid managed care plans should be included within the Medicare and Medicaid lines, respectively. If “other” is a category, define what is included in “other.”

Please see Table 12 for the projected Swedish Issaquah payor mix for the entire hospital. The projected payor mix is expected to remain consistent with the 2022 payer mix.

Table 12. Swedish Issaquah Payor Mix, 2022 and Forecast

Revenue Source	2022	Forecast
Medicare	37.8%	37.8%
Medicaid	11.4%	11.4%
Commercial	47.3%	47.3%
Other Government (L&I, VA, etc.)	2.1%	2.1%
Self-Pay	1.4%	1.4%
Total	100.0%	100.0%

Source: Swedish Issaquah

13. If this project proposes the addition of beds to an existing facility, provide the historical payer mix by revenue and patients for the existing facility. The table format should be consistent with the table shown above.

This question is not applicable. The project does not propose the addition of beds to the existing facility.

14. Provide a listing of all new equipment proposed for this project. The list should include estimated costs for the equipment. If no new equipment is required, explain.

This question is not applicable. The proposed project has no new equipment costs, as the equipment in place in the existing cath lab is sufficient to provide elective PCI services.

15. Identify the source(s) of financing and start-up costs (loan, grant, gifts, etc.) and provide supporting documentation from the source. Examples of supporting documentation include: a letter from the applicant’s CFO committing to pay for the project or draft terms from a financial institution.

If this project will be debt financed through a financial institution, provide a repayment schedule showing interest and principal amount for each year over which the debt will be amortized.

This question is not applicable. The proposed project has no financing or start-up costs.

16. Provide the most recent audited financial statements for:

- **The applicant, and**
- **Any parent entity.**

Please see Exhibit 21 for the most recent audited financial statements for Providence St. Joseph Health (2021), the parent entity. Separate audited financial statements are not available at the entity level for the applicant, thus neither Swedish Health Services nor Swedish Issaquah have audited financial statements.

C. Structure and Process of Care (WAC 246-310-230)

- 1. Identify all licensed healthcare facilities owned, operated, or managed by the applicant. This should include all facilities in Washington State as well as any out-of-state facilities. Include applicable license and certification numbers.**

Please see Table 13 for a list of facilities owned or managed by Swedish Health Services.

Table 13: Swedish Health Services – Owned and Managed Facilities

Name	Address	Medicare Provider Number	Medicaid Provider Number	Owned or Managed
Swedish First Hill	747 Broadway Seattle, WA 98122-4307	50-0027	3309200	Owned
Swedish Ballard	5300 Tallman Ave. N.W. Seattle, WA 98107-3985	50-0027	3309200	Owned
Swedish Cherry Hill	500 17 th Avenue Seattle, WA 98124	50-0025	3309507	Owned
Swedish Edmonds	21601 76th Ave W Edmonds, WA 98026	50-0026	3341807	Managed
Swedish Issaquah	751 NE Blakely Drive Issaquah, WA 98029	50-0152	2015502	Owned
Swedish Mill Creek	13020 Meridian Ave South Everett WA 98208	50-0027	3309200	Owned
Swedish Redmond	18100 NE Union Hill Road Redmond WA 98052	50-0027	3309200	Owned
Redmond Ambulatory Surgery Center	18100 NE Union Hill Rd, Ste 340 Redmond, WA 98052	PTAN G8981745	2175104	Owned

Source: Swedish Health Services

- 2. Provide a table that shows full time equivalents (FTEs) by type (e.g. physicians, management, technicians, RNs, nursing assistants, etc.) for the facility. If the facility is currently in operation, include at least the most recent full year of operation, the current year, and projections through the first three full years of operation following project completion. There should be no gaps. All FTE types should be defined.**

The proposed project is limited to only the addition of adult elective PCI services that will be provided in the two existing cath labs at Swedish Issaquah. No other services will change as a result of the proposed project.

The current cath lab core staff (including technologists, nurses, management, and other) are sufficient to provide for the additional elective PCI services. As elective PCI volumes

increase, the cardiologist FTEs are expected to increase by 1.0 FTE during the three-year period, adding 0.6 FTE in 2024, 0.2 FTE in 2025, and 0.2 FTE in 2026. This aligns with the additional scheduling of cardiologists to meet the growing demand for elective PCIs.

Please see Table 14 for current, projected, and forecast cath lab FTE.

Table 14: Swedish Issaquah Cath Lab Staff FTE, Current - 2026¹⁰

Staff Position	2022	2023		2024		2025		2026	
	Current	Projected		Forecast		Forecast		Forecast	
		Total	Incremental	Total	Incremental	Total	Incremental	Total	Incremental
Cardiologists	3.0	0.0	3.0	0.6	3.6	0.2	3.8	0.2	4.0
Technologists	6.5	0.0	6.5	0.0	6.5	0.0	6.5	0.0	6.5
Nurses	4.0	0.0	4.0	0.0	4.0	0.0	4.0	0.0	4.0
Management	1.0	0.0	1.0	0.0	1.0	0.0	1.0	0.0	1.0
Other	1.0	0.0	1.0	0.0	1.0	0.0	1.0	0.0	1.0
Total	15.5	0.0	15.5	0.6	16.1	0.2	16.3	0.2	16.5

Source: Swedish Health Services

3. Provide the basis for the assumptions used to project the number and types of FTEs identified for this project.

Swedish Issaquah is currently staffed to perform emergency PCIs twenty-four hours per day, seven days per week. Swedish Issaquah has cardiac teams that provide staffing of the Cath Lab from 7:00 a.m. to 5:30 p.m., Monday through Friday. Weekdays after 5:30 p.m. and weekends, the call team is already available for on-call emergent/emergency cases. The on-call team is available to meet the needs of emergency cardiovascular incidents during non-clinical hours. The current lab staff are sufficient to provide elective PCI services. No additional staff are needed, so the current staff and projected staff are one and the same.

4. Identify key staff (e.g. chief of medicine, nurse manager, clinical director, etc.) by name and professional license number, if known.

Please see Table 15 that identifies key staff at the Swedish Issaquah cath lab.

¹⁰ Definitions

Cardiologist: Interventional cardiology is the subspecialty of cardiology that uses specialized catheter-based techniques to diagnose and treat coronary artery disease, vascular disease, structural heart disease, and congenital heart defects.

Technologist: Radiologic technologists are health care professionals who perform diagnostic imaging procedures, such as X-ray examinations, magnetic resonance imaging (MRI) scans and computed tomography (CT) scans. Some of them specialize in specific techniques such as cardiovascular-interventional radiography, mammography or sonography. Invasive specialists provide invasive procedures and work with physicians to examine and treat patients with cardiac disease.

Nurse: An individual who has graduated from a state-approved school of nursing, passed the NCLEX-RN Examination, and is licensed by a state board of nursing to provide patient care.

Manager: An individual who oversees operations.

Other: Includes scheduling and any support staff.

Table 15: Swedish Issaquah Cath Lab Staff

Caregiver Name	Credential	License #
Nurses		
Peggy Juriga	RN	RN60847047
Patrick Logan	RN	RN00143274
Sally Malaney	RN	RN60248701
Linda Nguyen	RN	RN61280411
Technologists		
Sheri Denchel (Supervisor)	Radiologic Technologist Certification	RT00004196
Darwin James	Cardiovascular Invasive Specialist Certification	IS60454574
Zachary Chiles	Cardiovascular Invasive Specialist Certification	IS60551072
Ruth Knight	Cardiovascular Invasive Specialist Certification	IS60497012
Christine Pagulayan	Radiologic Technologist Certification	RT60068870
Blake Smith	Cardiovascular Invasive Specialist Certification	IS60681665
Steven Swenson	Cardiovascular Invasive Specialist Certification	IS60294833
Ian Thurman	Radiologic Technologist Certification	RT60416192
Interventional Cardiologists		
Huang, Paul P., MD (Medical Director)	MD	MD00037376
Brown, Christopher L., MD	MD	MD61262198
Demopoulos, Peter A., MD	MD	MD00026532
Lewis, Howard S., MD	MD	MD00028676
Petersen, John L. II, MD	MD	MD60063791

Source: Swedish Health Services

5. Describe your methods for staff recruitment and retention. If any barriers to staff recruitment exist in the planning area, provide a detailed description of your plan to staff this project.

The cath labs at Swedish Issaquah are currently fully staffed for emergent PCI, both during business hours and on-call. Table 15 provides the current and proposed staffing for the combined emergent and elective PCI program. As shown in Table 14, one of existing Interventional Cardiologists from SHVI will transition to Swedish Issaquah as elective PCI volumes increase at this campus. The new elective PCI program will not require additional staff recruitment.

Swedish recognizes that the healthcare industry is facing unprecedented times. The impact of the pandemic has been devastating to front line healthcare workers as they face increasingly long hours and a constant crisis mode resulting in stress, burnout, and physical and mental challenges. Among other pressures, this has manifested itself in the form of workforce shortages in many health care settings. However, Swedish also recognizes and embraces a unique opportunity during these times to attract diverse healthcare workers from non-traditional schools and community organizations, with lived experiences similar to the families we serve.

Swedish has well-established human resource capabilities. Swedish has an excellent reputation and history recruiting and retaining appropriate personnel. Swedish offers a competitive wage scale, a generous benefit package, and a professionally rewarding work

setting. Being a large and established provider of health care services, Swedish has multiple resources available to assist with the identification and recruitment of appropriate and qualified personnel:

- Experienced system and local talent acquisition teams in King County to recruit qualified staff.
- Strong success in recruiting for critical-to-fill positions with recruiters that offer support on a national as well as local level.
- The ability to leverage our external recruiting solutions entity, Provider Solutions & Development¹¹, where a team of recruiters work nationwide to support and serve providers with their recruiting efforts.
- Career listings on the Swedish web site and job listings on multiple search engines and listing sites (e.g. Indeed, Career Builders, Monster, NW Jobs).
- Educational programs with local colleges and universities.

Each of these factors has contributed to the ability to maintain a highly qualified employee and management base. Swedish employs a large number of general and specialty care providers. Swedish offers an attractive work environment and hours, thus attracting local residents who are qualified to work in the hospital setting. We do not expect staffing challenges that would disrupt Swedish's ability to achieve its goals and objectives relative to adding an elective PCI program for Swedish Issaquah.

6. For new facilities, provide a listing of ancillary and support services that will be established.

This question is not applicable. Swedish Issaquah is an existing community hospital that has been in operation since 2011.

7. For existing facilities, provide a listing of ancillary and support services already in place.

Swedish Issaquah is a full-service community hospital that currently provides emergent PCI services. Thus, all services needed to successfully operate an elective PCI program are already in place. They include but are limited to the following:

- Environmental services
- Food and nutrition services
- Facility services
- Volunteer services
- Patient registration, scheduling, and admitting services
- Laboratory services
- Pharmacy services

¹¹ Providence Solutions & Development is focused on clinical staffing only.

- Respiratory services
- Pre- and post-anesthesia care services
- Inpatient nursing services, including intensive care unit
- Emergency department
- Case management
- Social work
- Ambulatory infusion
- EKG
- Echo cardio
- Imaging services (MRI, CT, radiology, ultrasound, PET CT)

8. Identify whether any of the existing ancillary or support agreements are expected to change as a result of this project.

No existing ancillary or support agreements are expected to change as a result of this project.

9. If the facility is currently operating, provide a listing of healthcare facilities with which the facility has working relationships.

Swedish Issaquah is an existing hospital that has been in operation since 2011. It has long established relationships with existing health care facilities in the planning area and broader community. Swedish Issaquah coordinates patient access to other Providence entities, as well as community providers, to ensure continuity of care during hospital discharge to other levels of care as well as when other facilities need to transfer patients to Swedish Issaquah for more advanced care. Those providers include hospitals, hospice, home care, long-term care facilities, psychiatric care, assisted living, and other providers. These collaborations and referral patterns will continue.

Current relationships include but are not limited to the following:

- Providence Marianwood in Issaquah, which is a part of Providence has a close working relationship with Swedish Issaquah. Providence Marianwood provides comprehensive professional skilled nursing care, including home and community care, rehab, skilled nursing, speech therapy, spiritual care, and Alzheimer's disease and dementia care.
- Issaquah Nursing and Rehab Center operates a 140-bed facility, offering short- and long-term post-acute care and has a long-standing working relationship with Swedish Issaquah.
- Swedish Issaquah is the primary transfer site for both the Swedish Mill Creek and Redmond care sites.
- Transfer agreements are in place with a wide array of hospitals and medical groups in the King County area.
- LifeCenter Northwest and Swedish Issaquah collaborate to provide the community with organ donations.

- Swedish Issaquah collaborates with many community partners who offer psychiatric services to provide the community with medical psychiatric services for more complex patients.

10. Identify whether any of the existing working relationships with healthcare facilities listed above would change as a result of this project. For a new facility, provide a listing of healthcare facilities with which the facility would establish working relationships.

No existing working relationships with healthcare facilities are expected to change as a result of the project.

11. Provide an explanation of how the proposed project will promote continuity in the provision of health care services in the planning area, and not result in an unwarranted fragmentation of services.

Swedish Issaquah has developed long-term collaborative relationships with other providers to expand program offerings and ensure access and continuity of appropriate care for residents of King County and the other surrounding communities served by Swedish. Swedish coordinates patient access to other Swedish entities as well as community providers to ensure continuity of care during hospital discharge to other levels of care as well as when other facilities need to transfer patients to Swedish for more advanced care. Those providers include hospitals, hospice, home care, long-term care facilities, psychiatric care, assisted living, and other providers. Swedish completes an annual review to maintain strong, inclusive relationships and processes for the care continuum.

The proposed elective PCI program will promote continuity of the provision of health care services in a number of ways. An elective PCI program at Swedish Issaquah will allow residents to receive care close to home and thus reduce adverse impacts from delaying care or staging treatment due to lack of access to elective PCI service in the planning area. The proposed program also allows planning area residents to receive the majority of their care within a single health care facility, further preventing potential fragmentation of care that may occur when a resident is forced to receive care from different facilities or different health care organizations.

12. Provide an explanation of how the proposed project will have an appropriate relationship to the service area's existing health care system as required in WAC 246-310-230(4).

Swedish Issaquah has well-established and collaborative relationships with other providers to ensure access and continuity of appropriate care for residents of King County and the other surrounding communities served by Swedish. Swedish coordinates patient access to other Swedish entities as well as community providers to ensure continuity of care during hospital discharge to other levels of care as well as when other

facilities need to transfer patients to Swedish for more advanced care. Those providers include hospitals, hospice, home care, long-term care facilities, psychiatric care, assisted living, and other providers.

In addition, Swedish has an active discharge planning process, which is initiated either prior to admission (for scheduled admissions) or upon admission. To assist patients and families in obtaining appropriate post-hospital care that will ensure continuity of care, the discharge planning teams work with each patient care unit to facilitate timely and appropriate discharge of patients. In collaboration with other disciplines and community agencies, the discharge planning staff assesses patient need and develops a comprehensive plan for appropriate post-hospital care.

13. Identify whether any facility or practitioner associated with this application has a history of the actions listed below. If so, provide evidence that the proposed or existing facility can and will be operated in a manner that ensures safe and adequate care to the public and conforms to applicable federal and state requirements.

- **A criminal conviction which is reasonably related to the applicant's competency to exercise responsibility for the ownership or operation of a health care facility; or**
- **A revocation of a license to operate a healthcare facility; or**
- **A revocation of a license to practice as a health profession; or**
- **Decertification as a provider of services in the Medicare or Medicaid program because of failure to comply with applicable federal conditions of participation.**

Swedish Issaquah has no history of criminal convictions related to ownership / operation of a health care facility, licensure revocations or other sanctions, or decertification as a provider of services in Medicare or Medicaid programs.

D. Cost Containment (WAC 246-310-240)

1. Identify all alternatives considered prior to submitting this project. At a minimum include a brief discussion of this project versus no project.

Swedish Issaquah is requesting certificate of need approval to operate an adult elective PCI program in planning area #9 (King East). The program will be based out of Swedish Issaquah's existing hospital facility located in Issaquah, WA. Establishing an elective PCI program will help address the unmet need for adult elective PCI services in the planning area.

As part of its due diligence, and in deciding to submit this application, Swedish Issaquah considered the following alternatives:

- Alternative 1: Status quo: Do nothing or postpone action. Do not operate an adult elective PCI program at Swedish Issaquah.
- Alternative 2: The requested project: Seek CN approval to operate an adult elective PCI program in addition to the existing emergent PCI program at Swedish Issaquah.
- Alternative 3: Create a joint venture and seek CN approval to operate an adult elective PCI program.

Please see Tables 16-

2. Provide a comparison of this project with alternatives rejected by the applicant. Include the rationale for considering this project to be superior to the rejected alternatives. Factors to consider can include but are not limited to: patient access to healthcare services, capital cost, legal restrictions, staffing impacts, quality of care, and cost or operation efficiency.

Table 16. Alternative 1: Do Nothing or Postpone Action

Decision Making Criteria	Analysis
Access to Health Care Services	Maintaining the status quo does not address the need for an additional elective PCI program in planning area 2. It does not address the access to care issues that currently exist. There is no advantage to maintaining the status quo in terms of improving access. (D)

Quality of Care	There is no advantage from a quality of care perspective. (N) Maintaining the status quo will continue to drive shortages in access to elective PCI services within the planning area. Over time, as access is constrained, there will be adverse impacts on quality of care and health outcomes if planning area physicians and their patients cannot find adequate access to elective PCI services. (D)
Cost and Operating Efficiency	With this option, there would be no impacts on costs. (N) The principal disadvantage is that by maintaining the status quo, there would be no improvements to cost or operating efficiencies. (D)
Staffing Impacts	The current staff employed at the Swedish Issaquah cath lab are sufficient to staff the adult elective program. (N) The status quo will not provide opportunities for local job growth and economic development as volumes grow in the future. (D)
Legal Restrictions	There are no legal restrictions to continuing operations as-is. (A)
Capital Costs	There are no capital costs to continuing operations as-is (A)
Final Assessment	This alternative was <u>not</u> selected. It does not improve access to health care services, drive cost and operating efficiencies, or provide opportunities for local job growth and economic development. It also may have a detrimental impact on quality of care.

Table 17. Alternative 2: Requested Project (CN Approval to Operate an Adult Elective PCI Program)

Decision Making Criteria	Analysis
Access to Health Care Services	The requested project meets current and future access issues identified in planning area #9. It increases access to care. (A) There are no disadvantages to improving access. (A)

Quality of Care	The requested project meets and promotes quality and continuity of care in planning area #9. (A) From a quality of care perspective, there are no disadvantages. (N)
Cost and Operating Efficiency	This option allows Swedish Issaquah to gain cost and operating efficiencies, as the fixed costs of operating its existing cath labs can be spread across operating both an emergent and elective adult PCI program. (A)
Staffing Impacts	The current staff employed at the Swedish Issaquah cath lab are sufficient to staff the adult elective program, meaning that other PCI programs in the planning area will not be impacted by the proposed project. (A)
Legal Restrictions	Because Swedish Issaquah already operates an emergent adult PCI program and has the ability to add an elective program without completing construction or hiring additional staff, Swedish has the ability to immediately begin providing elective PCI services to planning area residents. This will improve access, quality, and continuity of care. (A) The principal disadvantage is that operating an adult elective PCI program requires CN approval, which requires time and expense. (D)
Capital Costs	There are no capital costs to for the proposed project (A)
Final Assessment	This alternative (the proposed project) <u>was selected</u>. It improves access to health care services, promotes quality and continuity of care, leverages existing fixed costs, and requires no capital investment. It can be executed immediately and does not face any adverse or onerous legal or regulatory requirements.

Table 18. Alternative 3: Create a Joint Venture and Seek CN Approval for an Elective PCI Program

Decision Making Criteria	Analysis
Access to Health Care Services	Depending on the partnership, this alternative would have the potential to meet current and future access issues identified in planning area 2. (A)
Quality of Care	Partnering with another entity may adversely impact quality of care when compared to the proposed project, as it adds additional layers of operational complexity. (D)
Cost and Operating Efficiency	A partnership would increase operating complexity and may add other partnership-related costs. In this scenario, costs may increase due to additional efforts required to establish the governance and ownership structure, establish a new staffing structure, and accommodate partner preferences about how to deliver care. (D)
Staffing Impacts	Partnering with another entity would create less staffing flexibility from the perspective of Swedish Issaquah. In this scenario, Swedish Issaquah would have to build and establish additional management processes and structures, and may have to negotiate new compensation benefit packages for clinical staff. (D)
Legal Restrictions	Partnering with another entity introduces a high degree of operational complexity. Under this scenario, a new governance structure would have to be established in addition to obtaining agreement on operational processes. (D) The principal disadvantage is that it requires CN approval, which requires time and expense. (D)
Capital Costs	It is unclear if there would be capital costs associated with a JV, as a JV may include new construction or purchasing of new equipment. (N)
Final Assessment	This alternative was <u>not</u> selected. It adds increased operating costs, decreased staffing flexibility, is unclear as

	far as capital costs requirements, and will likely contribute to increased operating complexity.
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- 3. If the project involves construction, provide information that supports conformance with WAC 246-310-240(2):**
- **The costs, scope, and methods of construction and energy conservation are reasonable; and**
 - **The project will not have an unreasonable impact on the costs and charges to the public of providing health services by other persons.**

This question is not applicable. as the proposed project does not involve construction.

- 4. Identify any aspects of the project that will involve appropriate improvements or innovations in the financing and delivery of health services which foster cost containment and which promote quality assurance and cost effectiveness.**

Swedish Issaquah continually works to innovate and improve quality, cost containment, and cost effectiveness in the provision of tertiary services. A number of key aspects related to the proposed elective PCI project include:

Quality Assurance, Cost Effectiveness, and Cost Containment

- The proposed adult elective PCI project supports standard of care and best practices to appropriately treat coronary artery disease at the time of diagnosis. This reduces any detrimental impacts from delaying care or staging treatment due to lack of access to elective PCI service.
- Further, operating an adult elective PCI program at Swedish Issaquah enhances the judicious use of health care resources, allowing the existence of both and emergent and elective program at the same facility.
- There are no capital costs, no start up costs, or financing required so the proposed project will not adversely impact costs of health care services.
- Being part of Swedish Heart & Vascular Institute allows Swedish Issaquah to leverage the well-established Clinical Quality and Operations Governance structure.

Improvements in Financing and Delivery of Health Services

- The proposed PCI project improves access to elective PCI services, which may contribute to the reduced risk of morbidity and mortality associated with delaying or staging procedural treatment for PCI services.
- The proposed program reduces barriers to patient access, including geographic barriers and the potential for patients to travel longer distances from home to access elective PCI services, either within or outside the planning area.

**Addendum for Hospital Projects
Certificate of Need Application
Percutaneous Coronary Intervention (PCI)
WAC 246-310-700 through 246-310-755**

Facility Description

1. Is the applicant currently providing emergent PCI?

Yes, Swedish Issaquah is currently providing emergent PCIs.

2. If no, what facilities are these patients being sent to in the most recent calendar year?

This question is not applicable, as Swedish Issaquah is currently providing emergent PCI.

3. If yes, provide the number of PCI's performed at the applicant hospital for the most recent three calendar years?

Please see Table 19 for Swedish Issaquah's most recent emergent PCI volume from 2020-2022.

Table 19. Swedish Issaquah Emergent PCIs, 2020-2022

	2020	2021	2022
Emergent PCI	108	100	133

Source: Swedish Issaquah

Project Description

4. WAC 246-310-715(4) states:

Maintain one catheterization lab used primarily for cardiology. The lab must be a fully equipped cardiac catheterization laboratory with all appropriate devices, optimal digital imaging systems, life sustaining apparatus, intra-aortic balloon pump assist device (IABP).

Provide documentation and a discussion demonstrating that this proposal meets this requirement.

Swedish Issaquah currently provides emergent PCI services and has been providing emergent PCI services since 2011 in its cath labs. The two cath labs are fully equipped and currently capable of providing emergent and elective PCI services. We do not expect any need for additional equipment in order to provide elective PCIs. Please see Exhibit

22 for a list of key equipment in the existing cath lab that demonstrates that the proposed project meets the requirements of WAC 246-310-715(4).

5. Describe how this project will comply with WAC 246-310-715(5), which requires that the facility be available to perform emergent PCIs twenty-four hours a day, seven days a week in addition to scheduled PCIs?

Swedish Issaquah is currently staffed to perform emergent PCIs twenty-four hours per day, seven days per week. Swedish Issaquah has cardiac teams that provide staffing of the Cath Lab from 7:00 a.m. to 5:30 p.m., Monday through Friday. Weekdays after 5:30 p.m. and weekends, the call team is already available for on-call emergent/emergency cases. The on-call team is available to meet the needs of emergency cardiovascular incidents during non-clinical hours. The call team will maintain a minimum of one nurse and two technicians.

Certificate of Review Criteria

A. Need (WAC 246-310-210, WAC 246-310-715, WAC 246-310-720, and WAC 246-310-745)

6. The department will use the posted need forecasting methodology available as of the application submission date. Confirm that you understand this methodology will be used in reviewing your project.

We confirm the understanding that the Department will use the posted need forecasting methodology available as of the application submission date. For this elective PCI Certificate of Need application submitted by Swedish Issaquah, the *application submission date* is February 28, 2023. As of February 28, 2023, the Department's posted need methodology was updated in January 2023 and shows need for 1.11 program in Planning Area 9.¹² Please see Exhibit 23 for a copy of the Department of Health 2022-2023 Percutaneous Coronary Intervention Numeric Need Methodology.

7. Provide the projected number of adult elective PCIs starting in the implementation calendar year and following the initiation of the service, including at least three full calendar years. All new elective PCI programs must comply with the state of Washington annual PCI volume standard of 200 (two hundred) by the end of year three. WAC 246-310-715(2)

Please see Table 20 for the projected PCIs for Swedish Issaquah. The table includes both elective and emergent PCIs. Swedish Issaquah currently provides emergent PCIs and, in 2022, provided 133 emergent PCI procedures. The proposed project intends to expand services to provide an adult elective PCI program at Swedish Issaquah.

¹² The DOH website lists the file *2022-2023 Final percutaneous coronary interventions (PCI) need forecast (PDF)* as the most recent PCI need methodology. The file pages are footnoted as 'DOH 260-030 January 2023'.

- Utilization projections assume emergent PCI volumes will grow incrementally by an approximately 1.5% combined average growth rate over the four-year period, adding two emergent PCI cases per year from 2023 to 2026. This growth rate is consistent with the planning area growth rates.¹³
- Utilization projections assume elective PCI volumes will total 52 cases in 2024, the first full year of operations. This represents an additional one case per week for scheduled PCIs during the first full year of operations. In 2025-2026, volumes will grow modestly, adding 12 cases in 2025 and 12 cases in 2026, representing an incremental one additional case per month in the second and third full year of operations.
- Swedish forecasts that by the end of the third year of operations Swedish Issaquah will grow to a combined 217 emergent and elective cases in 2026.

Table 20. Swedish Issaquah Current, Projected, and Forecast PCIs, 2022-2026

	2022	2023		2024		2025		2026	
	Actual	Projected		Forecast					
	Total	Incremental	Total	Incremental	Total	Incremental	Total	Incremental	Total
PCI Emergent	133	2	135	2	137	2	139	2	141
PCI Elective	0	0	0	52	52	12	64	12	76
PCI Total	133	2	135	54	189	14	203	14	217

Source: Swedish Issaquah

8. WAC 246-310-720(2) states:

The department shall only grant a certificate of need to new programs within the identified planning area if:

- (a) The state need forecasting methodology projects unmet volumes sufficient to establish one or more programs within a planning area; and***
- (b) All existing PCI programs in that planning area are meeting or exceeding the minimum volume standard.***

Provided documentation that this standard is met for the planning area.

The Department’s 2022-2023 Percutaneous Coronary Intervention Numeric Need Methodology was updated in January 2023 and shows need for 1.11 additional elective PCI programs in Planning Area 9 (King East).¹⁴ As a result, WAC 246-310-720(2)(a) is met. Please see Exhibit 23 for a copy of the Department of Health 2022-2023 Percutaneous Coronary Intervention Numeric Need Methodology.

Providence is continuing to seek assistance from the Department of Health and the Office

¹³ King East planning area population forecast for residents aged 15 and over is expected to grow from 1,023,824 residents in 2021 to 1,102,840 residents by 2026 representing at 1.5% average growth rate. Source: ESRI.

¹⁴ The DOH website lists the file *2022-2023 Final percutaneous coronary interventions (PCI) need forecast (PDF)* as the most recent PCI need methodology. The file pages are footnoted as ‘DOH 260-030 January 2023’. Swedish Issaquah has relied upon this file as the basis for its elective PCI CN application, as it is the most recent available at the time of the application deadline of February 28, 2023.

of the Attorney General so that the standard in WAC 246-310-720(2)(b) is met for Planning Area 9 (King East) during the pendency of this year's concurrent review cycle for elective PCI applications. Currently, an underperforming program at MultiCare Auburn Regional Medical Center and failed enforcement of the WACs related to the minimum volume standards¹⁵ have prevented the approval of a new program to address the unmet need in Planning Area 9 (King East). This issue has been brought to the attention of the Department on numerous occasions.

On October 23, 2019, Swedish Issaquah was notified that its CN application (CN #19-66) proposing to establish an elective PCI program in Planning Area 9 (King East) had been denied by the Department.¹⁶ The denial highlighted an ongoing, significant concern about the failed enforcement of the minimum volume standards for previously approved hospital PCI programs. The lack of enforcement has a corresponding impact on the approval of new elective PCI programs in planning areas like King East.

These concerns were raised to the Department in a letter dated October 31, 2019, and subsequently discussed at an in-person meeting held on November 20, 2019, with representatives from the CN Program and the Office of the Attorney General. Assurances were offered during the meeting that the Department would look into the matter and seek to resolve the identified problems as soon as possible. Three years passed without resolution of the issue, and Providence again sent a letter on October 21, 2022, reiterating concerns that failed enforcement has prevented CN applicants from addressing the unmet needs within the planning area. See Exhibit 24 for the October 21, 2022, letter regarding the enforcement of minimum volume standard for percutaneous coronary intervention programs.

If the Department is unable or unwilling to enforce the minimum volume standards for CN-approved PCI programs, then failure to satisfy WAC 246-310-720(2)(b) should not be grounds for denial of Swedish Issaquah's CN application. As stated in our October 21, 2022, letter: "We cannot let another year pass without addressing the unmet needs within the PCI planning areas, as failing to move quickly on this matter is withholding care and taking away opportunities for interested applicants to gain CN approval to establish new programs."¹⁷

¹⁵ Under the volume standard, a hospital PCI program must perform a minimum of 200 adult PCI procedures per year "by the end of the third year of operation and each year thereafter." All existing PCI programs in a planning area must meet or exceed the annual minimum volume standard before a new elective PCI program can be approved. Therefore, the monitoring and enforcement of the PCI minimum volume standard for existing programs is critical, as an underperforming program precludes the approval of a new elective PCI program, even in situations in which the need methodology establishes need for an additional program.

¹⁶ DOH evaluation (CN#19-66), October 23, 2019.

¹⁷ Letter to Department of Health and the Office of the Attorney General, October 21, 2022

B. Financial Feasibility (WAC 246-310-220)

9. Provide revenue and expense statements for the PCI cost center that show the implementation calendar year and three calendar years following initiation of the service.

Please see Exhibit 17 that includes the revenue and expense pro forma statements for the cath lab cost center (with the project) for years 2023-2026. This includes 2023 (projected) and 2024-2026 (forecast). This statement includes the revenue and expense for the total emergent and elective PCI program in the cath lab cost center.¹⁸

10. Provide pro forma revenue and expense statements for the hospital with the PCI project that show the implementation year and three calendar years following initiation of the service.

Please see Exhibit 17 that includes the revenue and expense pro forma statements for both the hospital and the cath lab cost center (with the project) for years 2023-2026. This includes 2023 (projected) and 2024-2026 (forecast). This statement includes the revenue and expense for the hospital and the total emergent and elective PCI program in the cath lab cost center.

11. Provide pro forma revenue and expense statements for the hospital without the proposed PCI project that show the same calendar years as provided in response to the two questions above.

Please see Exhibit 17 that includes the revenue and expense pro forma statements for the hospital (without the project) for years 2023-2026. This includes 2023 (projected) and 2024-2026 (forecast). This statement includes the revenue and expense for the hospital and the existing emergent PCI program, but it omits the proposed elective PCI program.

12. Provide the proposed payer mix specific to the proposed unit. If the hospital is already providing emergent PCIs, also provide the current unit's payer mix for reference.

Please see Table 21 for both the current payer mix and forecast payer mix for the project, based on gross service revenue. The assumption is that the payer mix for the proposed project will remain the same as the current payer mix for PCIs in the two cath labs at Swedish Issaquah.

¹⁸ Exhibit 17 includes the proforma assumptions.

Table 21. Swedish Issaquah PCI Payor Mix, Current and Forecast

Revenue Source	2022	Forecast
Medicare	43.7%	43.7%
Medicaid	8.6%	8.6%
Commercial	42.9%	42.9%
Other Government (L&I, VA, etc.)	2.5%	2.5%
Self-Pay	2.2%	2.2%
Total	100.0%	100.0%

Source: Swedish Issaquah

13. If there is no estimated capital expenditure for this project, explain why.

There are no capital costs required for this project. The current cath labs are fully equipped, no additional equipment is required, and no construction is required to provide elective PCIs at Swedish Issaquah.

C. Structure and Process of Care (WAC 246-310-230 and WAC 246-310-715)

14. Provide the name and professional license number of the current or proposed medical director. If not already disclosed, clarify whether the medical director is an employee or under contract.

Dr. Paul P. Huang, MD, an Interventional Cardiologist, is the Medical Director who oversees the cath labs at Swedish Issaquah. Upon CN approval to provide elective PCIs at Swedish Issaquah, Dr. Paul P. Huang will continue to serve as the Medical Director. His license number is MD00035376, and he is an employee of Swedish Health Services.

15. If the medical director is/will be an employee rather than under contract, provide the medical director’s job description.

Dr. Paul P. Huang is an employee of Swedish Health Services. Please see Exhibit 25 for the Medical Director’s job description.

16. If the medical director is/will be under contract rather an employee, provide the medical director contract.

This question is not applicable. Dr. Paul P. Huang is an employee of Swedish Health Services. Please see Exhibit 25 for the Medical Director’s job description.

17. Provide a list of all credentialed staff proposed for this service (including the catheterization lab staff) including their names, license numbers, and specialties. WAC 246-310-715(4)

See Table 22 for a list of both the current and proposed cath lab staff, including names, license numbers, and their specialties.

Table 22. Swedish Issaquah Cath Lab Credentialed Staff (Current and Proposed)

Caregiver Name	Credential	License #
Nurses		
Peggy Juriga	RN	RN60847047
Patrick Logan	RN	RN00143274
Sally Malaney	RN	RN60248701
Linda Nguyen	RN	RN61280411
Technologists		
Sheri Denchel (Supervisor)	Radiologic Technologist Certification	RT00004196
Darwin James	Cardiovascular Invasive Specialist Certification	IS60454574
Zachary Chiles	Cardiovascular Invasive Specialist Certification	IS60551072
Ruth Knight	Cardiovascular Invasive Specialist Certification	IS60497012
Christine Pagulayan	Radiologic Technologist Certification	RT60068870
Blake Smith	Cardiovascular Invasive Specialist Certification	IS60681665
Steven Swenson	Cardiovascular Invasive Specialist Certification	IS60294833
Ian Thurman	Radiologic Technologist Certification	RT60416192
Interventional Cardiologists		
Huang, Paul P., MD (Medical Director)	MD	MD00037376
Brown, Christopher L., MD	MD	MD61262198
Demopoulos, Peter A., MD	MD	MD00026532
Lewis, Howard S., MD	MD	MD00028676
Petersen, John L. II, MD	MD	MD60063791

Source: Swedish Issaquah

18. For existing facilities, provide names and professional license numbers for current credentialed staff (including the catheterization lab staff) including their names, license numbers, and specialties. WAC 246-310-715(4)

Swedish Issaquah has two existing cath labs that are fully equipped and fully staffed. Please see Table 22 that includes the credentialed staff who currently provide services at the two cath labs.

19. Provide any unit-specific policies or guidelines for the proposed PCI service.

Swedish Issaquah has two existing cath labs that are fully equipped, fully staffed, and has been providing emergent PCIs since the opening of the hospital in 2011. In response to other questions in the PCI addendum, we provide the following policies:

- Exhibit 26. Nurses, Technologists, and Supervisor Job Descriptions
- Exhibit 27. Cath Lab Competency Checklists
- Exhibit 28. Patient Transfer Agreement
- Exhibit 29. Medical Transportation Services Agreement

- Exhibit 30. Swedish Issaquah Elective PCI Quality Performance Improvement Plan, 2023

20. Submit a detailed analysis of the impact the proposed adult elective PCI services will have on the Cardiovascular Disease and Interventional Cardiology Fellowship Training programs at the University of Washington Medical Center. WAC 246-310- 715(1)

Please see Exhibit 31 for an analysis of the emergent and elective PCIs for King East planning area residents by zip code that are currently performed by the University of Washington Medical Center (“UWMC”). In addition, please see our response to question 21 that provides a detailed analysis and our response to question 22 that provides the response from UWMC related to any potential impact of the proposed project on the UWMC Cardiovascular Disease and Interventional Cardiology Fellowship Training programs.

21. Provide discussion and any documentation that the new PCI program would not reduce current volumes below the hospital standard at the University of Washington fellowship training program. WAC 246-310-715(1)

In 2021, UWMC provided a total of 1,054 PCIs, including 695 outpatient (elective) PCIs and 359 inpatient (emergent) PCIs. UWMC performs a very large number of PCI cases for education and training purposes, which supports its Cardiovascular Disease and Interventional Cardiology Fellowship Training programs.

King East planning area residents received a total of 1,498 PCIs in 2021. UWMC performed 134 of these cases, which represents 8.9% of the total PCI volumes for the King East planning area. Of the 44 King East zip codes, there are only five zip codes from which UWMC drew more than five outpatient (elective) PCI cases in 2021. These include 98092 (9 cases), 98077 (8 cases), 98034 (7 cases), 98028 (6 cases), and 98059 (6 cases). Therefore, it is very unlikely that an elective PCI program at Swedish Issaquah will have a material impact on the UWMC’s volumes.

In addition, there are five zip codes (98006, 98027, 98029, 98059, and 98075) within a five-mile radius of Swedish Issaquah. These zip codes are closer to Swedish Issaquah than any other hospital facility. Although together the five zip codes represented 172 total inpatient and outpatient PCIs in 2021, UWMC performed only 10 outpatient and 2 inpatient PCIs from these zip codes.

Please see Exhibit 31 an analysis for an analysis of King East planning area PCIs by zip code on the UWMC.

22. Provide a copy of any response from the University of Washington Medical Center.

Please see Exhibit 32 for communication between Dr. Howard Lewis of the Swedish Heart and Vascular Institute and Dr. Larry Dean of the UW Medicine Regional Heart Center. In Dr. Dean’s response, he acknowledges that the proposed project by Swedish Issaquah to operate a CN approved elective PCI program at Swedish Issaquah will not impact the Interventional Cardiology Fellowship Training Program at the University of Washington.

23. Provide documentation that the physicians who would perform adult elective PCI procedures at this hospital have performed a minimum of fifty PCI procedures per year for the previous three years prior to submission of this application. WAC 246-310-725.

Please see Table 23 that includes the total PCI volumes for the current interventional cardiologists. As demonstrated, all five cardiologists have performed more than the minimum of fifty PCI procedures for the previous three years. These total volumes include both emergent and elective PCIs, as the cardiologists also perform PCI procedures at Swedish Cherry Hill, which operates both an emergent and CN approved elective PCI program.

Table 23. Interventional Cardiologist Historic PCI Volume, 2020-2022

Interventional Cardiologist	2020	2021	2022
Huang, Paul P., MD	63	87	82
Brown, Christopher L., MD	193	192	99
Demopoulos, Peter A., MD	117	147	119
Lewis, Howard S., MD	105	117	114
Petersen, John L. II, MD	72	81	61

Source: Swedish Issaquah

24. Provide projected procedure volumes by physician for each of the physicians listed in the previous question.

Please see Table 24 for the projected procedure volume by interventional cardiologist. Please note that the projected PCI volumes are not limited to those that will be provided at Swedish Issaquah, as the cardiologists also provide PCI procedures at Swedish Cherry Hill. Thus, the projected procedure volumes by physician in Table 24 are inclusive of volume outside of Swedish Issaquah.

Table 24. Interventionalist Cardiologist Projected PCI Volume, 2023-2026

Interventional Cardiologist	2023	2024	2025	2026
Huang, Paul P., MD	84	88	92	97
Brown, Christopher L., MD	101	106	111	117
Demopulos, Peter A., MD	121	127	134	141
Lewis, Howard S., MD	116	122	128	135
Petersen, John L. II, MD	62	65	69	72

Source: Swedish Issaquah

In addition, please see Exhibit 33 for letters from the five interventional cardiologists listed in Table 24, committing to provide elective PCIs at Swedish Issaquah upon CN approval.

25. Provide a discussion on how the projected PCI volumes will be sufficient to assure that all physicians staffing the program will be able to meet volume standards of fifty PCIs per year. WAC 246-310-715(2)

Swedish Health Services has a long history of providing cardiac and vascular services to residents of Washington State and is recognized as a clinical leader in cardiac care. All cardiac and vascular services at Swedish are under the oversight and governance of the Swedish Heart and Vascular Institute, one of the top heart and vascular programs in the State of Washington, which includes a well-established open heart surgery program at Swedish Cherry Hill in Seattle.

The existing PCI program at Swedish Issaquah is part of the Swedish Heart and Vascular Institute and draws on the experience and expertise of the Seattle program. Swedish Issaquah has performed emergent PCIs since the hospital opened in 2011. Based on the projected volumes of elective PCI procedures at Swedish Issaquah and the expected emergent and elective PCI volumes at the Swedish Cherry Hill, sufficient volume exists to ensure the interventional cardiologists who will be staffing the proposed elective PCI program at Swedish Issaquah meet the volume standards set out in WAC 246-310-715(2). Also, as noted in Table 23, all interventional cardiologists who will be staffing the proposed elective PCI program at Swedish Issaquah already are exceeding the minimum volume standards of 50 PCIs per year.

26. Submit a plan detailing how the applicant will effectively recruit and staff the new program with qualified nurses, catheterization laboratory technicians, and interventional cardiologists without negatively affecting existing staffing at PCI programs in the same planning area. WAC 246-310-715(3).

The cath labs at Swedish Issaquah are currently fully staffed for emergent PCI, both during business hours and on-call. Table 22 provides the current and proposed staffing for the combined emergent and elective PCI program. As shown in Table 14, one of existing Interventional Cardiologists from SHVI will transition to Swedish Issaquah as

elective PCI volumes increase at this campus. The new elective PCI program will not require additional staff recruitment.

Swedish recognizes that the healthcare industry is facing unprecedented times. The impact of the pandemic has been devastating to front line healthcare workers as they face increasingly long hours and a constant crisis mode resulting in stress, burnout, and physical and mental challenges. Among other pressures, this has manifested itself in the form of workforce shortages in many health care settings. However, Swedish also recognizes and embraces a unique opportunity during these times to attract diverse healthcare workers from non-traditional schools and community organizations, with lived experiences similar to the families we serve.

Swedish has well-established human resource capabilities. Swedish has an excellent reputation and history recruiting and retaining appropriate personnel. Swedish offers a competitive wage scale, a generous benefit package, and a professionally rewarding work setting. Being a large and established provider of health care services, Swedish has multiple resources available to assist with the identification and recruitment of appropriate and qualified personnel:

- Experienced system and local talent acquisition teams in King County to recruit qualified staff.
- Strong success in recruiting for critical-to-fill positions with recruiters that offer support on a national as well as local level.
- The ability to leverage our external recruiting solutions entity, Provider Solutions & Development where a team of recruiters work nationwide to support and serve providers with their recruiting efforts.
- Career listings on the Swedish web site and job listings on multiple search engines and listing sites (e.g. Indeed, Career Builders, Monster, NW Jobs).
- Educational programs with local colleges and universities.

Each of these factors has contributed to the ability to maintain a highly qualified employee and management base. Swedish employs a large number of general and specialty care providers. Swedish offers an attractive work environment and hours, thus attracting local residents who are qualified to work in the hospital setting. We do not expect staffing challenges that would disrupt Swedish's ability to achieve its goals and objectives relative to adding an elective PCI program for Swedish Issaquah.

27. Provide documentation that the catheterization lab will be staffed by qualified, experienced nursing and technical staff with documented competencies in the treatment of acutely ill patients. The answer to this question should demonstrate compliance with WAC 246-310-730.

All Registered Nurses (“RNs”) are ACLS¹⁹ certified through the American Heart Association. All RNs have extensive experience (at least 2 years) in a critical care environment. They also have at least one year of experience in a cath/interventional radiology lab that performs interventional and diagnostic cardiovascular/vascular imaging procedures. They also have the capability for managing critically ill patients requiring advanced life support measures—ventilators; transcutaneous/transvenous pacing; intra-aortic balloon pump; vasoactive medications; and invasive monitoring (arterial, pulmonary, Central Venous Pressure).

All technologists are required to have either a Surgical Technologist Registration (RST) with the Department or a Washington State Certified Radiologic Technologist Diagnostic License (AART). All technologists also are required to have BLS-CPR certification. Technologists must have the ability to participate in the on-call schedule with a response time of 30 minutes. Staff members are trained and evaluated annually on many life-saving and sustaining therapies, such as IABP (“intra-aortic balloon pump) counter pulsations. In addition, the technologist staff rotate to Swedish Cherry Hill where they are able to maintain their skills by working in a high volume cath lab with complex cases and advanced circulatory support devices.

Please see Exhibit 26 for job descriptions of registered nurses, technologists, and the supervisor. Please see Exhibit 27 that includes orientation checklists for the cath lab staff.

28.WAC 246-310-735 requires a partnering agreement to include specific information. Provide a copy of the agreement.

Please see Exhibit 28 for the patient transfer agreement between Swedish Cherry Hill and Swedish Issaquah.

29. Identify where, within this agreement or any other agreement provided in this application, numbers (1) through (13) below are addressed.

(1) 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 is addressed in Exhibit 28: Swedish Issaquah and Swedish/Cherry Hill Patient Transfer Agreement, page 2, Item 3.1

(2) Assurance the backup surgical hospital can provide cardiac surgery

¹⁹ Advanced cardiac life support (ACLS) refers to a set of clinical interventions for the urgent treatment of cardiac arrest and other life threatening medical emergencies. Only specially trained providers can provide ACLS, as it requires the ability to manage the patient's airway, initiate IV access, read and interpret electrocardiograms and understand emergency pharmacology. Specialized pediatric life support is termed “PALS” (pediatric advanced life support).

during all hours that elective PCIs are being performed at the applicant hospital.

This requirement is addressed in Exhibit 28: Swedish Issaquah and Swedish/Cherry Hill Patient Transfer Agreement, page 2, Item 2.2

(3) *Transfer of all clinical data, including images and videos, with the patient to the backup surgical hospital.*

This requirement is addressed in Exhibit 28: Swedish Issaquah and Swedish/Cherry Hill Patient Transfer Agreement, page 1, Item 1.3. Both the Transferring Hospital and the Receiving Hospital share the same electronic medical record system, providing the same access for clinical data, including images and videos.

(4) *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 is addressed in Exhibit 28: Swedish Issaquah and Swedish/Cherry Hill Patient Transfer Agreement, page 2, Item 1.5.

(5) *Acceptance of all referred patients by the backup surgical hospital.*

This requirement is addressed in Exhibit 28: Swedish Issaquah and Swedish/Cherry Hill Patient Transfer Agreement, page 2, Item 2.1.

(6) *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 is addressed in Exhibit 28: Swedish Issaquah and Swedish/Cherry Hill Patient Transfer Agreement, page 2, Item 1.2.

In addition, please see Exhibit 29 for a signed Hospital Medical Transportation Agreement.

(7) *Emergency transportation beginning within twenty minutes of the initial identification of a complication.*

This requirement is addressed in Exhibit 28: Swedish Issaquah and Swedish/Cherry Hill Patient Transfer Agreement, page 1, Item 1.2.

(8) *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).

This requirement is addressed in Exhibit 28: Swedish Issaquah and Swedish/Cherry Hill Patient Transfer Agreement, page 1, Item 1.2.

(9) 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 Exhibit 28: Swedish Issaquah and Swedish/Cherry Hill Patient Transfer Agreement, page 2, Item 1.4.

(10) At least two annual timed emergency transportation drills with outcomes reported to the hospital's quality assurance program.

This requirement is addressed in Exhibit 28: Swedish Issaquah and Swedish/Cherry Hill Patient Transfer Agreement, page 2, Item 1.7.

(11) 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 is addressed in Exhibit 28: Swedish Issaquah and Swedish/Cherry Hill Patient Transfer Agreement, page 1, Item 1.1.

(12) 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 is addressed in Exhibit 28: Swedish Issaquah and Swedish/Cherry Hill Patient Transfer Agreement, page 3, Item 3.2.

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

This requirement is addressed in Exhibit 28: Swedish Issaquah and Swedish/Cherry Hill Patient Transfer Agreement, page 3, Item 3.3.

30.WAC 246-310-740 requires this document to include specific information. Provide a copy of the agreement

Please see Exhibit 30 for the Swedish Issaquah Elective PCI Performance Improvement Plan, 2023.

31. Identify where, within the agreement, numbers (1) through (4) below are addressed.

- (1) *A process for ongoing review of the outcomes of adult elective PCIs. Outcomes must be benchmarked against state or national quality of care indicators for elective PCIs.***

This requirement is addressed in Exhibit 28: Swedish Issaquah Elective PCI Performance Improvement Plan, Sections I-VII, pages 1-4; Attachment A, page 5.

- (2) *A system for patient selection that results in outcomes that are equal to or better than the benchmark standards in the applicant's plan.***

Patient selection is performed through the use of Appropriate Use Criteria (AUC), which is the national standard. This requirement is addressed in Exhibit 28: Swedish Issaquah Elective PCI Performance Improvement Plan, Section VI, page 3; Attachment A, page 5; Attachment C, page 7.

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

Swedish uses a multidisciplinary Heart Team approach in attending to elective PCI cases. This includes partnership with the surgical team at Swedish Health Services d/b/a Swedish Cherry Hill. This requirement is addressed in Exhibit 28: Swedish Issaquah Elective PCI Performance Improvement Plan, Section VI, page 3; Attachment A, page 5; Attachment C, page 6; Attachment D, page 8.

- (4) *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 department of health does not intend to require duplicative reporting of information.***

Swedish has already been reporting PCI data to the department through COAP, including those volumes from the Issaquah campus. This requirement is addressed in Exhibit 28: Swedish Issaquah Elective PCI Performance Improvement Plan, Section VI, page 3; Attachment D, page 8.