STATE OF WASHINGTON

DEPARTMENT OF HEALTH

Olympia, Washington 98504

October 23, 2023

Charles Prosper, Northwest Chief Executive
PeaceHealth St. Joseph Medical Center
e-mail: cprosper@peacehealth.org

Jody Carona, Consultant
Health Facilities Planning and Development
e-mail: healthfac@healthfacilitiesplanning.com

RE: **Certificate of Need Application #23-24 St. Joseph Medical Center**

Dear Mr. Prosper and Ms. Carona:

We have completed review of the Certificate of Need application submitted by PeaceHealth. The application proposes to expand the existing hospital St. Joseph Medical Center in Bellingham, within Whatcom County at the same site as the current facility. The project proposes the addition of 80 acute care beds. Enclosed is a written evaluation of the application.

For the reasons stated in this evaluation, the application submitted by PeaceHealth proposing to expand PeaceHealth St. Joseph Medical Center at the current site is consistent with applicable review criteria of the Certificate of Need Program, provided the applicant agrees to the following in its entirety.

Intent to Issue a Certificate of Need

Because of the size of the construction project, the Department of Health may not issue a Certificate of Need until it receives a copy of the approved Conditional Use Permit. [WAC 246-03-030(4).] Once PeaceHealth provides the Certificate of Need Program with a copy of a determination of non-significance or final environmental impact statement pertaining to the site for the hospital, a Certificate of Need will be issued for the project with the following conditions.

Project Description:

This application focuses on SJMC located at 2901 Squalicum Parkway in Bellingham, within Whatcom County. Currently, the hospital is licensed for a total of 255 acute care beds. The hospital is licensed by the Department of Health[1], certified by Medicare and Medicaid[2], and accredited by

[1] Hospital License #00000145.
[2] Medicare: 500030; Medicaid: 2023356.

DNV.[3] PeaceHealth intends to maintain the license, certifications, and accreditations at SJMC. [source: Application, pdf 7]

This project proposes to add 80 acute care beds to SJMC.

Conditions:

1. PeaceHealth agrees with the project description as stated above and further agrees that any change to the project as described in the project description is a new project that requires a new Certificate of Need.
2. PeaceHealth will use reasonable efforts to ensure St. Joseph Medical Center provides charity care consistent with the regional average or the amount identified in the application. The regional charity care average from 2019-2021 was 140% of gross revenue and 4.11% of adjusted revenue. St. Joseph Medical Center will maintain records of charity care applications received and the dollar amount of charity care discounts granted. The department requires that these records be available upon request.
3. PeaceHealth agrees that St. Joseph Medical Center will maintain Medicare and Medicaid certification.
4. PeaceHealth shall finance this project using the financing as described in the application.

Approved Costs:

The approved capital expenditure associated with this project is $336,323,637. PeaceHealth intends to fund the project through a combination of reserves and philanthropic gifts.

Please notify the Department of Health within 20 days of the date of this letter whether you accept the above project description, conditions, and capital costs for your project. If you accept these in their entirety, your application will be approved, and a Certificate of Need sent to you.

If you reject any of the above provisions, your application will be denied. The department will send you a letter denying your application and provide you information about your appeal rights.

Send your written response to the Certificate of Need Program at this e-mail address: fslcon@doh.wa.gov.

[3] The company known as DNV GL became DNV on March 1, 2021. DNV is a hospital accreditation that focuses on regulatory requirements for hospitals, such as Centers for Medicare and Medicaid (CMS), or provides guidance and best practices for clinical specialty organizations across healthcare. DNV's standards are approved by CMS. The accreditation program is designed to support the development and continual improvement of healthcare quality and patient safety in healthcare organizations and includes general safety for healthcare workers, patients, and other visitors.
[source: DNV website at https://www.dnv.com/services/hospital-accreditation-7516]

If you have any questions or would like to arrange for a meeting to discuss our decision, please contact the Certificate of Need Program at (360) 236-2955.

Sincerely,

Eric Hernandez, Program Manager
Certificate of Need
Office of Community Health Systems

Enclosure

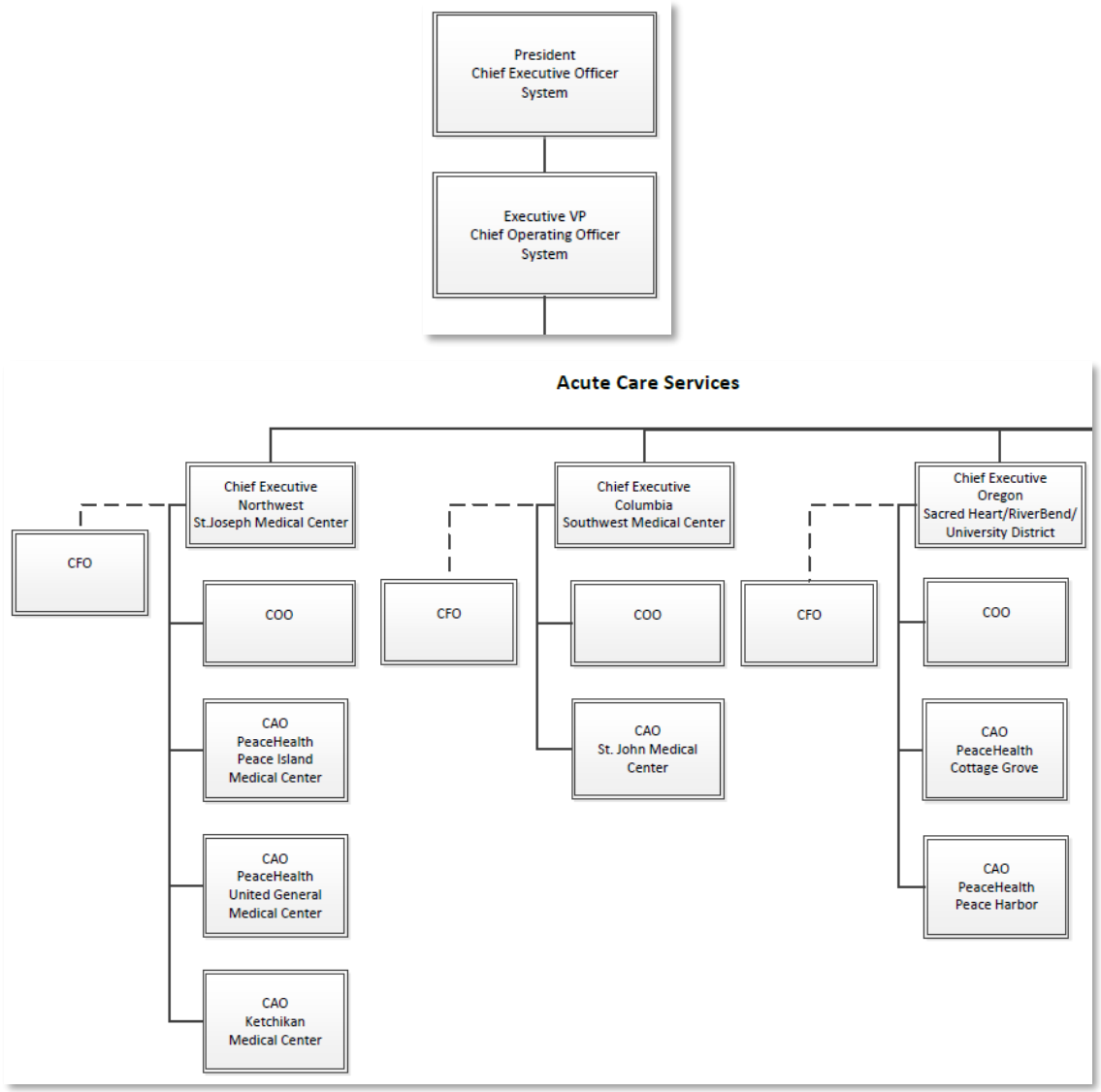
EVALUATION DATED OCTOBER 23, 2023 FOR THE CERTIFICATE OF NEED APPLICATION SUBMITTED BY PEACEHEALTH PROPOSING TO ADD 80 ACUTE CARE BEDS TO ST. JOSEPH MEDICAL CENTER LOCATED IN WHATCOM COUNTY

APPLICANT DESCRIPTION

PeaceHealth

PeaceHealth is registered with the Washington State Secretary of State office as a non-profit corporation under the Unified Business Identifier (UBI) #600 521 489 and is the applicant for this project. PeaceHealth is a not-for-profit Catholic health system that currently operates a variety of healthcare facilities in Alaska, Oregon, and Washington. [source: Application, pdfs 3-4, Exhibit 12, and Washington State Secretary of State website]

PeaceHealth provided an organizational chart depicting the PeaceHealth System Operating Division that includes both acute care and clinical services. The organizational chart shown below focuses on the acute care services only. [source: May 11, 2023, screening response, Attachment 1]



For this project, the applicant is PeaceHealth and will be referred to as either 'PeaceHealth' or 'the applicant.' The facility is St. Jospeh Medical Center and will be referred to as either 'SJMC' or 'the facility.'

PROJECT DESCRIPTION

This application focuses on SJMC located at 2901 Squalicum Parkway in Bellingham, within Whatcom County. Currently, the hospital is licensed for a total of 255 acute care beds. The hospital is licensed by the Department of Health[1], certified by Medicare and Medicaid[2], and accredited by DNV.[3] PeaceHealth intends to maintain the license, certifications, and accreditations at SJMC. [source: Application, pdf 7]

This project proposes to add 80 acute care beds to SJMC. The current and proposed breakdown of acute care beds by service is shown in the table below.

Department's Table 1
SJMC Current and Proposed Number of Beds

Service	Current	Proposed
General Medical Surgical	207	287
Level II Special Care Nursery	14	14
Psychiatric	20	20
Rehabilitation	0	0
Total	241	321

As shown in the table above, the 80 additional beds would be used for 'general acute care' services. [source: Application, pdf 10]

Within the application, PeaceHealth asserts that at project completion it would have 321 acute care beds at the hospital, however, the department notes that the 14 rehabilitation beds are not counted in the applicant's discussion. Further, PeaceHealth provides the following clarification regarding the 14 rehabilitation beds identified above. [source: Application, pdf 7 and Footnote 1]

"SJMC also has 14 acute rehabilitation beds on its license that are currently not in use. In 2018, SJMC closed its acute rehabilitation program to dedicate the space for medical/surgical use. SJMC understands that these 14 beds can only be used for acute rehabilitation service and continues to maintain these beds on its license. There are no acute rehabilitation beds proposed within this project."

In response to the department's request for clarification of 14 rehabilitation beds that are licensed, but not operational at SJMC, PeaceHealth provided the following information. [source: May 11, 2023, screening response, pdf 2]

[1] Hospital License #00000145.
[2] Medicare: 500030; Medicaid: 2023356.
[3] The company known as DNV GL became DNV on March 1, 2021. DNV is a hospital accreditation that focuses on regulatory requirements for hospitals, such as Centers for Medicare and Medicaid (CMS), or provides guidance and best practices for clinical specialty organizations across healthcare. DNV's standards are approved by CMS. The accreditation program is designed to support the development and continual improvement of healthcare quality and patient safety in healthcare organizations and includes general safety for healthcare workers, patients, and other visitors.
[source: DNV website at https://www.dnv.com/services/hospital-accreditation-7516]

"The West Pavilion Tower project (the Tower), the construction that will result in the 80-bed addition, does not include a new acute rehabilitation unit. PeaceHealth St. Joseph does intend to the keep the 14 beds banked for the time being, because the goal is, once the construction project is completed, to identify space and staffing resources to reopen the program.

…Given census pressures, the priority of PeaceHealth St. Joseph is to construct and open the Tower. We currently refer patients in need of acute rehabilitation to the next closest acute rehabilitation unit, which is located at our sister hospital, PeaceHealth United General located in Sedro Wooley. For the time being, these beds can generally accommodate our patients."

PeaceHealth proposes that the 80 acute care beds will be added in two phases and provided a breakdown of the number of beds added in each phase and where the additional beds would be located. The department's table below summarizes the information. [source: Application, pdf 10]

Department's Table 2
SJMC Bed Addition by Phase & Location

	Current # of Beds	Phase 1 Addition	Phase 2 Addition	Projected # of Beds
General Medical Surgical	207	73	35	315
Level II Special Care Nursery	14	0	0	14
Psychiatric	20	0	0	20
Rehabilitation	0	0	0	0
Total	**241**	**73**	**7**	**321**
New Tower/West Pavilion-Phase 1	0	73	0	0
North Tower Remodel-Phase 2	0	0	7	0
Project Completion	**241**	**73**	**7**	**321**

Within the application PeaceHealth provided single line drawings showing where the additional beds would be located. [source: Application, Exhibit 3]

PeaceHealth provided the following information regarding the types of patients that would be served at SJMC. [source: Application, pdf 12]

"The new beds will be used for acute care, specifically intensive care, medical/surgical, and OB/couplet care. They will primarily provide care to adults. The most common conditions treated at SJMC include general medical, pulmonary conditions, septicemia, OB, orthopedics, medical and interventional cardiology (including open heart surgery and emergency and elective PCI), general surgery, neurology, gastroenterology, and oncology."

PeaceHealth provided the following table showing the estimated timeline for implementation of the proposed, two-phased bed addition. [source: Application, pdf 11]

Applicant's Estimated Timeline Table

Event	Phase 1 Anticipated Month/Year	Phase 2 Anticipated Month/Year
Anticipated CN Approval	September 30, 2023	September 30, 2023
Design Complete	January 16, 2023	January 16, 2023
Construction Commenced	March 28, 2023	July 23, 2026
Construction Completed	April 30, 2026	March 22, 2029
Facility Prepared for Survey	May 30, 2027	April 22, 2029
Facility Licensed – Project Complete WAC 246-310-010(47)	June 30, 2027	May 31, 2029

Source: Applicant

PeaceHealth provided the following clarification and support regarding the timeline above. [source: May 11, 2023, screening response, pdf 3]

"The project timeline was determined by our facilities staff in close coordination with the contractor. Yes, the timeline provided in response to Q5 allows for supply chain, ordering and delivery delays and challenges with construction worker supply."

Based on the timeline described above, if this project is approved, partial year one is 2029, and full years one through three are 2030 – 2032.

The total estimated capital expenditure for this project is $336,323,637, which includes both phases. Of that amount, approximately 3% is related to land improvements and site preparation; 75% is related to construction and equipment costs; 15% is related to fees, and the remaining 7% is related to state sales tax. [source: Application, pdf 21]

Within the application, PeaceHealth identified an additional amount of $64,789,504 that includes non-Certificate of Need related costs. In its May 11, 2023, screening response, PeaceHealth provided a description of the expenses in this category. The capital expenditure, including the non-Certificate of Need related costs, are fully discussed in the financial feasibility section of this evaluation.

WAC 246-03-030 STATE ENVIRONMENTAL POLICY ACT

WAC 246-03-030(4) of the State Environmental Policy Act (SEPA) precludes the Certificate of Need Program from issuing a Certificate of Need for a project that requires a Conditional Use Permit until the permit is received. PeaceHealth provided is confirmation of understanding of this specific rule within the May 11, 2023, screening response. Therefore, if this project is approved, the department would issue an 'Intent to Issue a Certificate of Need' until the required permits have been obtained by the applicant and submitted to the Certificate of Need Program.

In response to the department's request to provide an updated estimation receipt of the required site determination from the city of Bellingham, PeaceHealth provided the following clarification. [source: May 11, 2023, screening response, pdf 3]

"There are two SEPA determinations required for this project: A Non-Project SEPA determination for the Institutional Master Plan Amendment (anticipated May 2023); and a separate SEPA Mitigated Determination of Non-Significance issued for the West Pavilion, the subject of this CN Application. This SEPA is expected in mid to late 2024. …PeaceHealth St. Joseph understands that the Program will issue an "intent to issue a certificate of need" until these required reports are provided."

APPLICABILITY OF CERTIFICATE OF NEED LAW

This application is subject to review as the change in bed capacity of a health care facility under the provisions of Revised Code of Washington (RCW) 70.38.105(4)(e) and Washington Administrative Code (WAC) 246-310-020(1)(c).

EVALUATION CRITERIA

WAC 246-310-200(1)(a)-(d) identifies the four determinations that the department must make for each application. WAC 246-310-200(2) provides additional direction in how the department is to make its determinations. To obtain Certificate of Need approval, the applicant must demonstrate compliance with the applicable criteria found in WAC 246-310-210 (need); 246-310-220 (financial feasibility); 246-310-230 (structure and process of care); 246-310-240 (cost containment). For this project, the applicant must also demonstrate compliance with applicable portions of the hospital bed need forecasting method contained in the 1987 Washington State Health Plan (SHP).

TYPE OF REVIEW

This project was reviewed under the regular timeline outlined in WAC 246-310-160, which is summarized below.

APPLICATION CHRONOLOGY

Action	PeaceHealth
Letter of Intent Submitted[4]	January 17, 2023
Initial Application Submitted	February 16, 2023
Department's pre-review activities DOH First Screening Letter DOH Supplemental Screening Letter Applicant's First Screening Responses Received DOH 2nd Screening Letter Applicant's 2nd Screening Responses Received	 March 10, 2023 March 27, 2023 May 11, 2023 June 2, 2023 July 17, 2023
Beginning of Review	July 19, 2023
Public Hearing Conducted/End of Public Comment	August 23, 2023
Rebuttal Comments Received	September 7, 2023
Department's Evaluation Decision Due	October 23, 2023
Department's Evaluation Released	October 23,2023

AFFECTED PERSONS

"Affected persons" are defined under WAC 246-310-010(2). To qualify as an affected person, someone must first qualify as an "interested person" defined under WAC 246-310-010(34). For this project, no entities requested affected person status.

Health Trends

Health Trends is a healthcare consulting firm that often submits requests for interested person status on behalf of another national provider of acute care services. On March 29, 2023, a representative of the

[4] On January 19, 2023, the department determined that the application as submitted was significantly different than the letter of intent PeaceHealth submitted on July 14, 2022. As a result, consistent with WAC 246-310-080(3), the department considered the application the letter of intent and no further action was taken on the application until the end of the 30-day letter of intent period.

Health Trends consulting firm submitted a request for interested person status on behalf of Health Trends and did not identify any clients on whose behalf it was acting. Health Trends did not provide comments on this application and, therefore, does not qualify as an affected person.

Cascade Brain & Spine Center
Cascade Brain & Spine Center provides a wide range of services including neurosurgical, interventional, and chronic pain management, imaging, neurological testing, and physical therapy. Cascade Brain & Spine Center is an organization of similar services in Whatcom County and requested interested persons status on PeaceHealth's project. Cascade Brain & Spine Center did not submit public comment.

Providence Health & Services
Providence Health & Services (Providence) is the parent corporation for multiple hospitals and other healthcare facilities in Washington State. Providence requested interested person status but does not operate any healthcare facilities in Whatcom County. As a result, Providence does not meet the definition of an "interested person" under WAC 246-310-010(34)(b). No public comments were submitted by either Providence; therefore, Providence does not qualify as an "affected person" for this PeaceHealth project.

During the review of this project, the department received nine letters of support for the project and no letters of opposition. For that reason, the applicant did not provide rebuttal comments. This fact is stated here and not repeated throughout the evaluation.

SOURCE INFORMATION REVIEWED

- PeaceHealth's application received on February 16, 2023
- PeaceHealth's first screening responses received May 11, 2023
- PeaceHealth's second screening responses received July 17, 2023
- Public comments received on or before August 23, 2023
- Hospital Finance and Charity Care Program's (HFCCP) Financial Review received on October 23, 2023
- Washington Administrative Code 246-030 State Environmental Policy Act Guidelines
- PeaceHealth website: https://www.peacehealth.org/
- Quality Certification and Oversight Reports (QCOR) data website: https://qcor.cms.gov
- DOH Provider Credential Search website: www.doh.wa.gov/pcs
- DNV website at https://www.dnv.com/services/hospital-accreditation-7516

CONCLUSION

For the reasons stated in this evaluation, the application submitted by PeaceHealth proposing to add 80 acute care beds to SJMC located in Bellingham, located within Whatcom County, is consistent with the applicable criteria of the Certificate of Need Program, provided PeaceHealth agrees to the following statements and conditions in their entirety.

Intent to Issue a Certificate of Need

Because of the size of the construction project, the Department of Health may not issue a Certificate of Need until it receives a copy of the approved Conditional Use Permit. [source: WAC 246-03-030(4)] Once PeaceHealth provides the Certificate of Need Program with a copy of a determination of non-significance or final environmental impact state pertaining to the site for the hospital, a Certificate of Need will be issued for the project with the following conditions.

Project Description:

This Certificate of Need approves the addition of 80 acute care beds to SJMC owned by PeaceHealth and located in Bellingham, within Whatcom County. At project completion, the hospital will operate 335 acute care beds. The current and proposed number of beds, broken down by service, is shown in the table below.

Service	Current	Proposed
General Medical Surgical	207	287
Level II Special Care Nursery	14	14
Psychiatric	20	20
Rehabilitation	0	0
Total	241	321

Conditions:

1. PeaceHealth agrees with the project description as stated above and further agrees that any change to the project as described in the project description is a new project that requires a new Certificate of Need.
2. PeaceHealth will use reasonable efforts to ensure St. Joseph Medical Center provides charity care consistent with the regional average or the amount identified in the application. The regional charity care average from 2019-2021 was 140% of gross revenue and 4.11% of adjusted revenue. St. Joseph Medical Center will maintain records of charity care applications received and the dollar amount of charity care discounts granted. The department requires that these records be available upon request.
3. PeaceHealth agrees that St. Joseph Medical Center will maintain Medicare and Medicaid certification.
4. PeaceHealth shall finance this project using the financing as described in the application.

Approved Costs:

The approved capital expenditure associated with this project is $336,323,637. PeaceHealth intends to fund the project through a combination of reserves and philanthropic gifts.

CRITERIA DETERMINATIONS

A. Need (WAC 246-310-210)

Based on the source information reviewed, the department determines that the PeaceHealth project meets the applicable need criteria in WAC 246-310-210.

(1) The population served or to be served has need for the project and other services and facilities of the type proposed are not or will not be sufficiently available or accessible to meet that need.

Chapter 246-310 WAC does not contain an acute care bed need forecasting method. The determination of numeric need for acute care hospital beds is performed using the Hospital Bed Need Forecasting method contained in the 1987 Washington State Health Plan (SHP). Though the SHP "sunset" in 1989, the department has concluded that this methodology remains a reliable tool for predicting baseline need for acute care beds.

The 1987 methodology is a twelve-step process of information gathering and mathematical computation. This forecasting method is designed to evaluate the need for additional capacity in general, rather than identify need for a specific project.

PeaceHealth

SJMC is in Bellingham within the Whatcom County planning area, a sub-set of health service area (HSA #1).

PeaceHealth provided the following information regarding the numeric methodology for the Whatcom County Planning Area. [source: Application, pdf 13]

"Using ten years of historical data (2012- 2021), the acute care bed need projection methodology estimates a need for 76 beds in 2025, increasing to 111 beds in 2030. The need was projected through 2031, as it represents the project's second full year of operation following completion of Phase 2.

The planning area patient days, contained in the Whatcom County bed need methodology, are projected to grow at 2.8% annually until 2025. From 2025-2030, patient day growth will be about 2.22-2.5% annually. Beginning in 2030, annual growth is projected to be about 1.5%.

Once the tower is in place, SJMC's projections of its internal patient days parallels the County methodology. SJMC is the only hospital in the planning area and, as such, the methodology is projecting need for SJMC only. In the interim period, we have assumed an increase in out-migration and diversions to reflect that SJMC will not have the capacity to meet all demand."

For brevity, below are the factors and data used in the applicant's methodology. [source: Application, Exhibit 4]

Department's Table 3
PeaceHealth Acute Care Bed Methodology Assumptions and Data

Data Point	Data Used	
Planning Area	Whatcom County	
Hospitals Included in the Planning Area	St. Joseph Medical Center in Bellingham	
Historical Data Used Base Year - 2021	Years 2012 through 2021 Data excludes psychiatric, neonatal, and rehabilitation patient days and beds.	
Slope Coefficients	Washington State: 1.737 HSA #1: 1.418	
Use Rates by Age Group	Whatcom County	All Other Washington Areas
0-64 Age Group 65+ Age Group	214.93 579.17	208.92 940.02
Population Data	Claritas 2021 Population Estimates	
Existing Facilities	St. Joseph Medical Center Hospital (applicant's hospital)	

PeaceHealth provided the following information regarding any deviations from the numeric methodology outlined in the SHP that were applied above. [source: May 11, 2023, screening response]

"There were no changes or deviations made to the numeric methodology."

PeaceHealth provided an exhibit showing the results of the numeric methodology. The department's table below shows excerpts from the two tables. [source: Application, Exhibit 4]

Department's Table 4
Summary of Applicant's Numeric Methodology Results

	2021 Base Year	2027 Year 1	2028 Year 2	2029 Year 3	2030 Year 4
Gross Bed Need	253	296	303	310	318
Minus Existing Supply	207	207	207	207	207
Net Bed Need / (Surplus)	**46**	**89**	**96**	**103**	**111**

As shown in the table above, the applicant's numeric methodology calculates need for additional acute care beds in the Whatcom County planning area as early as year 2021, which is the base year for the methodology. Year 2028 shown in the table above is the seventh projection year for the methodology; year 2030 is the ninth projection year. This table reflects bed need in Whatcom County if the project is not approved.

In addition to the numeric methodology identified above, PeaceHealth also provided the following discussion of SJMC's historical utilization and included two tables. The applicant's information is below. [source: Application, pdf 14-15]

"Table 6 details patient days for the past three full calendar years for the acute care beds that will increase with the project. Table 7 details the same information for the entire hospital (psych and Level II nursery added). In the FY2020 and 2022 timeframe, COVID, various state and federal mandates, and the increase in difficult-to-discharge patients reduced discharges, but increased ALOS."

Applicant's Table 1

Table 6
SJMC Acute Care Patient Days and Discharges, FY2019-FY2022
(Excludes all Newborns)

Project-Specific Only-Acute Care Only	FY2019	FY2020	FY2021	FY2022
Licensed beds	207	207	207	207
Available beds	207	207	207	207
Discharges	14,793	13,844	13,624	13,579
Patient days	61,174	58,569	59,815	66,627
ALOS	4.14	4.23	4.39	4.91

Source: Applicant; excludes newborns.

Table 7
SJMC Total Patient Days and Discharges, FY2019-FY2022

Entire Hospital	FY2019	FY2020	FY2021	FY2022
Licensed beds*	241	241	241	241
Available beds	241	241	241	241
Discharges	15,355	14,318	14,058	14,095
Patient days	68,092	64,068	65,479	72,602
ALOS	4.43	4.47	4.66	5.15

*Source: Applicant; *excludes 14 rehab beds.*

PeaceHealth provided the following information regarding any factors in the planning area that currently restrict patient access to hospital services and included a table. [source: Application, pdf 17]

"SJMC is the only hospital located within Whatcom County. In at least the recent past, SJMC has operated at one of the highest occupancy levels, based on licensed acute care beds, of any hospital in the State. This high occupancy rate can, and does, impact access. As Table 10 demonstrates, SJMC has consistently operated well above its targeted occupancy since 2018, and increasingly operates above 80% occupancy at midnight. Through September 2022, SJMC has operated above the targeted occupancy almost 100% of the days and above 80% occupancy on more than 75% of all days at midnight. While not shown in Table 10, occupancy regularly exceeds 100% during various times of the day."

Applicant's Table 2

Table 10
Midnight ADC and Occupancy

	2018	2019	2020	2021	2022 (9 months)
Current Licensed Acute Care Beds	207	207	207	207	207
State Health Plan Target Avg. Occupancy	70%	70%	70%	70%	70%
Occupancy					
100%	0	0	0	0	0
95% - 99%	0	0	0	0	0
90% - 94%	0	8	4	11	10
85% - 89%	18	76	43	83	76
80% - 84%	106	84	84	150	123
75% - 79%	157	100	108	79	52
70% - 74%	69	72	54	35	8
Target Occupancy per SHP: 70%	350	340	293	358	269
65% - 69%	12	23	26	7	4
60% - 64%	1	2	21	0	0
Less than 60%	2	0	25	0	0

Source: Applicant; based on inpatients who were in a bed at midnight.

Public Comments

During the review of this project, the department received letters of support related to this sub-criterion. Many of the letters included much of the same information related to the need for additional beds in Whatcom County. While all letters were considered, below are excerpts from three of the letters.

James T. Scribner, MD PeaceHealth St. Joseph Medical Center, Medical Director

"I am the Medical Director of the Peace Health St. Joseph Medical Center Level 2 Emergency Department- the only level 2 center in NW Washington. We average 187 patients per day and on peak volume days regularly exceed 200 patients. In addition to Whatcom County, our ED is also the primary arrival site for San Juan County's air ambulance. We also regularly admit patients from our sister hospitals in Sedro-Woolley and Ketchikan, Alaska.

Our ED beds are continually at or above capacity, in large part because of the delay in getting patients that need to be admitted onto an inpatient unit. On a typical day we are boarding a significant number of patients in ED beds that are waiting for an inpatient bed. On too many days, the majority of patients presenting in the ED are seen in the hallway, not an exam room, because those rooms are occupied by patients awaiting an inpatient bed.

In addition, because of the lack of ED beds, our air and ground ambulance medics are often delayed in turning over their patient and getting back into service. This means that their communities are left with fewer staff and ambulances to respond to the next emergency.

We know the lack of inpatient beds also has an impact on patients that leave without being seen (LWBS). LWBS is a key ED metric with significant medicolegal risk. Both national data and our experience suggest that LWBS patients frequently return to the ED and ultimately experience higher admission rates than would be expected.

The EMS system in total, as well as PHSj's board-certified providers and clinical staff, will be more efficient and the patient's experience of care will be improved when delays caused by a lack of inpatient beds to-admit patients to are addressed. Please approve PeaceHealth St. Joseph Medical Center's Certificate of Need request to add 80 new acute.care beds. It is needed to support our region's EMS delivery system."

Lorna Gober, PeaceHealth Chief Medical Officer

"As the Chief Medical Officer of PeaceHealth' s Northwest network, including PeaceHealth St. Joseph Medical Center, I work closely with medical staff, medical group physician leadership and hospital and system leadership to oversee the effective and safe management of medical services and ensure that patients receive the highest standard of medical care. In this role, I am reminded daily about how the high occupancy of our inpatient beds impacts access, patient flow and care decisions. PeaceHealth St. Joseph Medical Center's (SJMC) request for 80 new acute care beds is vitally important to the delivery of efficient care to Whatcom County, San Juan County and Northern Skagit County residents that rely on SJMC. I urge the Department's approval.

I have been a Family Practice provider and a Medical Director at several facilities in the North Sound over the past 20 years and have overseen hospitalist and emergency services. With this broad experience, I can speak to the impact of the exceptionally high volumes at SJMC on patient care.

As data in the SJMC CN application detailed, the Hospital consistently operates at one of the highest occupancy levels of any hospital in the State. This high occupancy rate can, and does, impact access. Specifically, it causes increased delays in moving ED patients to the inpatient units, and it increase patients leaving without being seen in the ED. On the inpatient units, patients are often shifted between rooms to accommodate patients awaiting a bed; patient movement is disruptive to the patient, the patient's family, and staff. High census also causes too many cancellations and/ or delays of scheduled elective surgeries. All these concerns will be mitigated with the new beds.

My vision is for patients to receive the highest quality care in a culture that promotes the wellbeing and positive experience of all involved. With the new beds the vision will move closer to reality. Thank you for the opportunity to provide this comment."

Dakotah Lane, MD Lummi Tribal Health Center Medical Director

"The Lummi People, the Lhaq'temish, are the original inhabitants of Washington's northernmost coast and southern British Columbia. For thousands of years, we worked, struggled and celebrated life on the shores and waters of Puget Sound. We are fishers, hunters, gatherers, and harvesters of nature's abundance. We envision our homeland as a place where we enjoy an abundant, safe, and healthy life in mind, body, society, environment, space, time and spirituality; where all are encouraged to succeed, and none are left behind. Today, with over 5,000 members, we are a self-governing Nation and the third largest tribe in Washington State.

I am both an enrolled Lummi Tribal Member and the Medical Director of the Lummi Tribal Health Center. The goal of our health services is to raise the health status of the Lummi people, other

American Indian, and Alaska Natives to the highest possible level. To carry out this mission, we provide comprehensive health care including outpatient medical, dental, physical therapy, mental health, preventive healthcare and public health services; and we seek strong community partnerships.

One of those key partnerships is with PeaceHealth St Joseph Medical Center -- for their specialty services, Emergency services, hospital based inpatient and outpatient care and education and outreach services. PeaceHealth St. Joseph Medical Center has submitted a certificate of need to expand by 80 acute care beds. From my perspective, and based on data, this expansion is much needed; the umelenting high occupancy at the Hospital is taking a toll on access. SJMC is the sole acute care hospital serving Whatcom County's nearly 230,000 residents. The hospital has not expanded inpatient capacity in more than two decades, while the County has grown by more than 35%. Data included in its application demonstrates that the Hospital has been the second or third busiest highest occupancy hospital in the state for a number of years. When the beds are fully occupied, it impacts the ED and many ancillary services as well. Relief is needed.

When SJMC is at or above capacity, the next closest higher-level hospital is located in Everett, a travel distance of about 75 minutes, under normal travel times, from hospital to hospital. That hospital, Providence Everett, also operates at high occupancy levels and likewise has been experiencing occupancy issues. Transport to Everett or beyond is a hardship for many of our tribal members.

I also serve on the PeaceHealth St. Joseph Community Health Board, and we regularly hear about the impact of high census on service, care delivery and the residents of our community. The proposed expansion is needed, and I offer my full support."

Department Evaluation

Below are the assumptions and factors used in the department's acute care bed need methodology. The department used base year 2021 and the methodology is included in this evaluation as Appendix A.

- Hospital Planning Area – Whatcom County
- Comprehensive Hospital Abstract Reporting System (CHARS) Data – Historical years 2012 through 2021
- Projected Population – Claritas data was used for the planning area. Historical and projected intercensal and postcensal estimates were calculated.
- Excluded Major Diagnostic Category (MDC) and Diagnosis Related Group (DRG)
    - MDC 19 – patients, patient days, and DRGs for psychiatric
    - DRG385-391/789-795 – patients, patient days, and DRGs for neonates
    - DRG 462/945-946 – patients, patient days, and DRGs for rehabilitation
- Weighted Occupancy –The department's methodology calculated 75% for the 2021-based methodology.
- Existing Acute Care Bed Capacity – One acute care hospital operates in the Whatcom County Planning Area. Based upon DOH bed surveys of year 2021 bed counts.
    - St. Joseph Medical Center

Below is a summary of the steps in the department's numeric need methodologies.

Steps 1 through 4 develop trend information on historical hospital utilization.
In steps 1 through 4, the department focused on historical data for the years 2012 through 2021 to determine the statewide and HSA use trends for acute care services. Whatcom County is within HSA #1. The department computed trend lines for statewide and HSA-specific utilization of inpatient acute care services. The HSA and statewide use trend lines for 2021 were 2.85 and 3.03, respectively. The SHP requires use of either the statewide or HSA trend line dependent upon, "*whichever has the slowest change.*" The HSA-specific trend line showed the slowest change. These are considered more statistically reliable. The department applied the data derived from those calculations to the projection years in the following steps.

Steps 5 through 9 calculate baseline, non-psychiatric bed need forecasts.
For these steps, the department calculates base-year use rates broken down by population ages 0-64 and ages 65 and older, determining the rates at which different populations receive inpatient non-psychiatric care. This includes calculating migration into Whatcom County (for Washington and out-of-state residents) and out-migration (to other Washington State hospitals). This results in a use rate for the hospitals in Whatcom County. The department then multiplies this use rate by the slope acquired in Step 4 to project how this use rate may change during the projection period.

The use rates identified in step 7 and used in the department's methodology are listed below.

- 0-64: 197.95/1,000 population
- 65 and older: 884.37/1,000 population

When the use rates are applied to the projected population, the result is the projected number of patient days for the planning area. The numeric methodology is designed to project bed need in a specified "target year." It is the practice of the department to evaluate the need for a given project through at least seven years from the last full year of available CHARS data—in this case, 2028.

In step 10A, the department projected the number of acute care beds needed in the planning area, subtracted the existing capacity, and both versions resulted in a surplus for acute care beds. SJMC is the only hospital in the planning area, with a capacity of 207 general acute care beds. In step 10B, the department added the 80 acute care beds to SJMC using the timing identified in the application.

The following table summarize the department's methodology for 2021 through 2030. The table also shows the impact to the planning area as the proposed beds are added.

Department's Table 5
Summary of the Department of Health Methodology Projection
Years 2021 through 2030

	2021	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**	**2028**	**2029**	**2030**
Gross Number of Beds Needed	241	248	256	262	269	276	283	290	296	303
Minus Existing Capacity	207	207	207	207	207	207	207	207	207	207
Net Bed Need/(Surplus)	34	41	49	55	62	69	76	83	89	96
Bed Additions	0	0	0	0	0	0	45	45	80	80
Net Bed Need/(Surplus) with project	**34**	**42**	**49**	**56**	**63**	**69**	**31**	**38**	**9**	**16**

Step 11 projects need for short-stay psychiatric beds. Step 12 is the adjustment phase where any necessary changes are made to the calculations in the prior steps to reflect conditions which might cause the application of the methodology to over or understate the need for acute care beds. This application did not request short-stay psychiatric beds, nor are there any circumstances known to the department (or suggested by the applicant) to suggest that adjustments are necessary to any prior steps. Therefore, the department excluded steps 11 and 12. Neither of these steps will be discussed further.

Based on PeaceHealth's information regarding their methodology, the notable differences between the results submitted by PeaceHealth and the department's methodology are due to PeaceHealth's inclusion of Oregon data for their methodology, whereas the department's methodology does not include out of state data. It appears there was an error in PeaceHealth's methodology calculating market shares for percentage of total resident patient days. The department's 2021 methodology using CHARS similarly shows a gradual increase in need for acute care beds for most of the projection period, reaching a need of 96 beds in 2030 without the addition of beds in the proposed project. All years from 2021-2030 show a need for acute care beds in the community. With the additional beds from this project, there continues to be a need for acute care beds in Whatcom County upon project completion. Ultimately, both the applicant and department's models show need for additional acute care beds in the Whatcom County Planning Area within the forecast period, although the levels of surplus beds differ between the methodologies.

The department typically reviews a need horizon for acute care beds of seven years – in this case, based on 2021 CHARS data, the projection year would be 2028. The department's need projections show a need for 83 beds in 2028 without the project and a need of 38 beds with the project.

The department has historically allowed for approvals of acute care beds more than projected need in various circumstances. Among those circumstances are consideration of the current occupancy level of existing facilities. An occupancy rate more than the targeted 75% is noted in the application, PeaceHealth detailed SJMC's occupancy rates explaining, *"Through September 2022, SJMC has operated above the targeted occupancy almost 100% of the days and above 80% occupancy on more than 75% of all days at midnight."* [source: Application, pdf 17]

In addition to letters of support, the department also considers information submitted in opposition to the project. For this project, the department did not receive any letters of opposition.

(2) All residents of the service area, including low-income persons, racial and ethnic minorities, women, handicapped persons, and other underserved groups and the elderly are likely to have adequate access to the proposed health service or services.

To evaluate this sub-criterion, the department evaluates an applicant's admission policies, willingness to serve Medicare and Medicaid patients, and to serve patients who cannot afford to pay for services.

The admission policy provides the overall guiding principles of the facility as to the types of patients that are appropriate candidates to use the facility and assurances regarding access to treatment. The admission policy must also include language to ensure all residents of the planning area would have access to the proposed services. This is accomplished by providing an admission policy that states patients would be admitted without regard to race, ethnicity, national origin, age, sex, pre-existing condition, physical, or mental status.

Medicare certification is a measure of an applicant's willingness to serve the elderly. With limited exceptions, Medicare is coverage for individuals aged 65 and over. Medicaid certification is a measure of an applicant's willingness to serve low-income persons and may include individuals with disabilities.

Charity care shows the willingness of a provider to provide services to individuals who do not have private insurance, do not qualify for Medicare, do not qualify for Medicaid, or are underinsured.

PeaceHealth

As an existing, operational acute care hospital operated within an establish hospital system, SJMC has policies and procedures in place. PeaceHealth provided copies of the following policies used at its Washington State hospitals, including SJMC. [source: Application, Exhibit 6 and PeaceHealth website]

Admission of a Patient

Policy statement: *"The purpose of this policy is to establish policy for admitting or registering a patient for services, and to ensure that any individual seeking care, treatment or participation in programs, services and activities at PeaceHealth St. Joseph Hospital or Peace Island Medical Center, or other entities within the Northwest Network, is not discriminated against."*

The policy also includes the procedures for admission of a patient.

Financial Assistance/Charity Care Policy

Policy statement: *"The purpose of this policy is to provide information about Financial Assistance programs offered by PeaceHealth that assist guarantors, provide patients with medical management, and support the financial stability of PeaceHealth."*

The policy includes the process one would follow to obtain charity care and a 'Financial Assistance Appeals' section if charity care is denied.

Patient Rights and Responsibilities

Policy statement: "*It is the policy of PeaceHealth to define, recognize, protect and promote the rights and responsibilities of patients and their legal, authorized or designated representatives. This includes but is not limited to a patient's right to have access to and receive respectful treatment without regard to age, race, ethnicity, religion, culture, language, disability, socioeconomic status, sex, sexual orientation and gender identity or expression."*

Patient Non-Discrimination Policy

Policy Statement: *"It is the policy of PeaceHealth, a recipient of federal financial assistance, that Patients are provided with equitable services in a manner that respects, protects, and promotes Patient rights. PeaceHealth does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of age, color, creed, disability, ethnicity, gender, gender identity or expression, marital status, national origin, race, religion, sex, sexual orientation, veteran or military status or any other basis prohibited by federal or state law. This applies in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by PeaceHealth directly or through a contractor or any other entity with which PeaceHealth arranges to carry out its programs and activities."*

Since SJMC hospital is currently operational, PeaceHealth provided tables showing both the historical and projected payer mix for the hospital. If the 80 acute care beds are approved, PeaceHealth does not anticipate any changes in the payer mix for the hospital. [source: Application, pdf 22]

Applicant's Table 3

Table 12
St. Joseph Medical Center
Current and Proposed Payer Mix

Payer Mix	Percentage by Revenue	Percentage by Patient
Medicare and Medicare Managed Care	55.1%	44.0%
Medicaid and Medicaid Managed Care	17.2%	23.0%
Commercial	23.0%	26.9%
Other Government (L&I, VA, etc.)	2.4%	2.2%
Workers Comp.	0.5%	1.3%
Self-Pay	1.4%	2.1%
Other (auto insurance and travel insurance)	0.3%	0.5%
Total	**100.0%**	**100.0%**

Source: Applicant; numbers may not add exactly due to rounding.

Public Comments
There were no public comments or rebuttal comments submitted for this sub-criterion.

Department Evaluation
All policies provided by the applicant are currently in use at PeaceHealth. Focusing on admission of patients at SJMC, the applicant provided three separate policies that are used in conjunction with one another to fully meet the requirements of this sub-criterion.

The Admission Policy provides the admission criteria and includes specific non-discrimination language.

The Non-Discrimination Policy also includes specific non-discrimination language and provides the grievance process to be followed by the hospital if needed.

The Financial Assistance/Charity Care Policy ensures each patient is accepted for admission, regardless of ability to pay. It also includes specific non-discrimination language. The policy includes the process one would follow to obtain charity care and a 'Financial Assistance Appeals' section if charity care is denied. Financial data provided in the application also includes charity care as a 1.57% deduction from gross revenue.

In addition to the policies discussed above, information provided in the application demonstrates that the hospital will continue to serve both Medicare and Medicaid-eligible patients. The financial data provided in the application shows 72.4% of the hospital's patients would be Medicare or Medicaid-eligible. The department concludes that the hospital intends to continue being accessible and available to Medicare and Medicaid patients based on the information provided.

Charity Care Percentage Requirement

For charity care reporting purposes, Washington State is divided into five regions: King County, Puget Sound (less King County), Southwest, Central, and Eastern. SJMC is in Whatcom County, within the Puget Sound Region. Currently there are 25 hospitals operating within the region. Of the 25 hospitals, not all reported charity care data for the years three reviewed: 2019, 2020, and 2021.[5]

The table below compares the three-year historical average of charity care provided by the hospitals currently operating in the Puget Sound Region with SJMC's projected charity care percentages for full year three (2032). [source: Application, Exhibit 7]

Department's Table 6
Charity Care Percentage Comparisons

	Percentage of Total Revenue	Percentage of Adjusted Revenue
Puget Sound Region Historical 3-Year Average	1.40%	4.11%
SJMC Projected Average	1.57%	5.68%

As noted in the table above, PeaceHealth expects to provide charity care at levels higher than the three-year regional average. If this project is approved, the department would attach a condition that requires the PeaceHealth to agree that SJMC would provide charity care at an amount consistent with the regional averages or consistent with the projected percentages provided in the application.

Based on the information provided in the application and the applicants' agreement to a charity condition, the department concludes **this sub-criterion is met.**

(3) The applicant has substantiated any of the following special needs and circumstances the proposed project is to serve.

(a) The special needs and circumstances of entities such as medical and other health professions schools, multidisciplinary clinics and specialty centers providing a substantial portion of their services or resources, or both, to individuals not residing in the health service areas in which the entities are located or in adjacent health service areas.

(b) The special needs and circumstances of biomedical and behavioral research projects designed to meet a national need and for which local conditions offer special advantages.

(c) The special needs and circumstances of osteopathic hospitals and non-allopathic services.

(4) The project will not have an adverse effect on health professional schools and training programs. The assessment of the conformance of a project with this criterion shall include consideration of:

(a) The effect of the means proposed for the delivery of health services on the clinical needs of health professional training programs in the area in which the services are to be provided.

(b) If proposed health services are to be available in a limited number of facilities, the extent to which the health professions schools serving the area will have access to the services for training purposes.

(5) The project is needed to meet the special needs and circumstances of enrolled members or reasonably anticipated new members of a health maintenance organization or proposed health maintenance organization and the services proposed are not available from nonhealth maintenance

[5] Wellfound Behavioral Health did not report charity care dollars in year 2019. Fairfax Monroe, Fairfax North did not report charity care dollars in year 2020. CHI/Franciscan Rehabilitation Hospital did not report charity care dollars in years 2019, 2020, and 2021.

organization providers or other health maintenance organizations in a reasonable and cost-effective manner consistent with the basic method of operation of the health maintenance organization or proposed health maintenance organization.

Department Evaluation

WAC 246-310-210(3), (4), and (5) do not apply to this project.

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

Based on the source information reviewed, the department determines that the PeaceHealth project meets the applicable financial feasibility criteria in WAC 246-310-220.

(1) The immediate and long-range capital and operating costs of the project can be met.

Chapter 246-310 WAC does not contain specific WAC 246-310-220(1) financial feasibility criteria as identified in WAC 246-310-200(2)(a)(i). There are also no known recognized standards as identified in WAC 246-310-200(2)(a)(ii) and (b) that directs what the operating revenues and expenses should be for a project of this type and size. Therefore, using its experience and expertise the department evaluates if the applicants' pro forma income statements reasonably project the proposed project is meeting its immediate and long-range capital and operating costs by the end of the third complete year of operation.

To evaluate this sub-criterion, the department reviews the assumptions provided by an applicant, projected revenue and expense (income) statements, and projected balance sheets. The assumptions are the foundation for the projected statements. The income statement is a financial statement that reports a company's financial performance over a specific period – either historical or projected. Projected financial performance is assessed by giving a summary of how the business expects its revenues to cover its expenses for both operating and non-operating activities. It also projects the net profit or loss incurred over a specific accounting period.[6]

The purpose of the balance sheet is to review the financial status of company at a specific point in time. The balance sheet shows what the company owns (assets) and how much it owes (liabilities), as well as the amount invested in the business (equity). This information is more valuable when the balance sheets for several consecutive periods are grouped together, so that trends in the different line items can be viewed.

As a part of its review, the department must determine that a project is financially feasible – not just as a stand-alone entity, but also as an addition to its own existing operations, if applicable. To complete its review, the department may request an applicant to provide projected financial information for the parent corporation if the proposed hospital would be operated under the parent.

PeaceHealth

This project proposes to add 80 general acute care beds to SJMC located in Bellingham. If approved, PeaceHealth expects the 80 beds would be licensed and complete the first phase of this project in June 2027. The second phase will be licensed and completed in May 2029. Based on that timeline, partial year one is 2027, full calendar year one is 2028, and year three is 2030.

[6] One purpose behind the income statement is to allow key decision makers to evaluate the company's current situation and make changes as needed. Creditors use these statements to decide on loans it might make to the company. Stock investors use these statements to determine whether the company represents a good investment.

PeaceHealth provided the following assumptions used to project the utilization of SJMC with the additional beds. [source: Application, pdfs 14-15]

"Table 6 details patient days for the past three full calendar years for the acute care beds that will increase with the project. Table 7 details the same information for the entire hospital (psych and Level II nursery added). In the FY200 and 2022 timeframe, COVID, various state and federal mandates, and the increase in difficult-to-discharge patients reduced discharges, but increased ALOS."

PeaceHealth provided the following information regarding its utilization forecast assumptions. [source: Application, pdf 15-16]

"Table 8 includes the requested projected utilization of acute care patient (medical/surgical, OB, and ICU) days for Phases 1 and 2.

- *The assumptions used to project discharges and patient days include:*
- *Phase 1 bed addition opens on July 1, 2027, and Phase 2 opens on July 1, 2029.*
- *Acute care days include Med/Surg, ICU, and Obstetrics. ALOS for acute care days held constant at FY2021, has been assumed to decrease back to FY2021 levels (4.39) to estimate discharges.*
- *In the intervening years (FY2023-FY2024), and due to high occupancy constraints, acute care patient days were assumed to grow at approximately 50% of the Whatcom Planning Area days growth, or 1.4% annually.*
- *For the period of FY2025 until Phase 1 is complete, growth is assumed to be only 1.0% annually; again, due to high occupancy capacity constraints at SJMC.*
- *In FY2028, patient days are assumed to increase about 8% over FY2027 due to reduction in transfers/referrals of patients out of county with the opening of the Phase 1 beds. In FY2029, patient days are assumed to increase by about 5.0% over FY2028.*
- *From FY2029-FY2032, annual growth is assumed to be about 2.4%, which is the patient day growth estimated by the State Health Plan's acute care bed need projection methodology through CY2030."*

Based on the assumptions described above, the applicant provided Table 8 showing projected utilization for years 2023 through 2032. Full year three after project completion is year 2032. [source: Application, pdf 15]

Applicant's Table 4

Table 8
Projected SJMC Acute Care Patient Days and Discharges, FY2023-FY2032
(Excludes all Newborns)

	Intervening Years				Phase 1			Phase 2		
Project-Specific Only	**FY2023**	**FY2024**	**FY2025**	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**	**FY2031**	**FY2032**
Licensed Acute Care Beds	207	207	207	207	207	280	280	287	287	287
Available Acute Care Beds	207	207	207	207	207	280	280	287	287	287
Acute Care Discharges	15,389	15,609	15,765	15,924	16,084	17,341	18,221	18,663	19,118	19,583
Acute Care Patient Days	67,558	68,523	69,209	69,905	70,608	76,126	79,990	81,931	83,930	85,974

Source: Applicant; SJMC's fiscal year is 7/1-6/30.

PeaceHealth provided the following assumptions and clarifications used to prepare the projected Revenue and Expense Statement for SJMC. [sources: May 11, 2023, screening responses, and Revised Attachment 3]

Historical Section (2019-2022)
PeaceHealth St. Joseph has been subject to the same volatility and COVID/post-COVID factors as other hospitals throughout the State and Nation; including inflation, supply chain, and temporary workforce. Reports published by WSHA, including most recently in early April 2023 detail the state of Washington hospitals. Per WSHA,

> *WSHA recently released the results from its 2022 fourth-quarter financial survey of Washington hospitals, which highlighted the continuing financial woes impacting our state's health care system. In all, hospitals lost $2.7 billion in 2022, with more than $2.1 billion coming from operations.*

Similarly, Kaufmann Hall has been tracking and reporting monthly on the financial performance of more than 900 hospitals Nationwide. Its latest report, released on May 3, 2023, concluded that increased material costs associated with drugs and supplies as a result of inflationary pressures continue to negatively affect hospital margins. Additionally, the Report found that workforce shortages persist, driving up the cost of labor, albeit at a slower pace than material costs. The Report also found that hospital margins continued to stabilize in March with a slight improvement over February. Margins, however, continue to sit at razor-thin, near-zero levels, putting hospitals in a vulnerable position should a recession or a new public health emergency materialize.

This section of the income statement includes donations made by PeaceHealth St. Joseph in support of community projects. The category should be called non-operating revenues and expenses. Negative means that expenses are greater than non-operating revenues. PeaceHealth St. Joseph did not begin recording community benefit/investment expenses to this account until 2020.

Projected Section (2023-2032)
Non-operating expenses increase with the increased net operating revenue after the project is completed and the new beds occupied.

Revenue Assumptions – May 11, 2023, screening responses

	Without	With
Salaries and Wages	Flat FTE/ Union negotiated wage increases	FTE's connected to pt days plus know union wage increases
Employee Benefits	% of Total salaries based on FY2023 Projected (23.38%)	% of Total salaries based on FY2023 Projected (23.38%)
Professional Fees	Based on FY2023 Projected Per patient day costs	Based on FY 2023 Per patient day costs through 2027, then flat
Supplies	Based on FY 2023 Projected Per patient day costs	Based on FY 2023 Per patient day costs
Purchased Services - Utilities	1-2% increases, plus bump to support parking garage/CUP	Increased by per pt day expense& increase Sq ft once project complete
Purchased Services - Other	Based on FY2023 Projected Per patient day costs	Based on FY2023 Projected Per patient day costs
Depreciation	Flat except addition of Parking Garage	Flat except addition of Parking Garage & Patient Pavilion
Rentals and Leases	Based on FY2023 Projected Per patient day costs	Based on FY2023 Projected Per patient day costs
Insurance	Based on FY2023 Projected Per patient day costs	Based on FY2023 Projected Per patient day costs
License and Taxes	Based on FY2023 Projected Per patient day costs	Based on FY2023 Projected Per patient day costs
Interest	Held flat	Stepped increase with added sq ft
Other Direct Expenses	Based on FY2023 Projected Per patient day costs	Based on FY 2023 Projected Per Patient day costs with stepped increase with added sq ft
Allocated Expenses	Based on FY2023 Expense per Total Operating Revenue (11%)	Based on FY2023 Expense per Total Operating Revenue (11%)

Clarification of Line Items - May 11, 2023, screening responses

- ***Professional Fees****: include Payments to physicians for Medical directorships, on-call services, Hospitalist coverage and other physician services.*
- ***Purchased Services Other:*** *include Lab, Clinical Engineering, Housekeeping & Janitorial, Repairs/Maintenance, other professional contracts.*
- ***Other Direct Expenses:*** *include dues, freight & postage, books & publications, travel & Education, other miscellaneous expenses.*

Clarification of Non-CN Reviewable Costs – May 11, 2023 screening responses

All the costs associated with this project are accounted for. The non-CN reviewable costs, of approximately $64million which are not contingent on the addition of 80 beds, have been included in the without financial scenario. In other words, because these costs are expected to be incurred with or without this project they are included in the project baseline. Specifically, the parking garage is under construction today, and the ED expansion is in design development.

Based on the assumptions above, PeaceHealth provided the following financial statements for SJMC. [source: May 11, 2023, screening response, Revised Attachment 3]

Historical Statements – Years 2019 through 2022

- Revenue and Expense Statement
- FTE Schedule for Productive and Non-Productive Staff
- Wages and Salaries Schedule

Projected Statements for SJMC without the 80 Additional Beds – Years 2023 through 2032

- Revenue and Expense Statement
- FTE Schedule for Productive and Non-Productive Staff
- Wages and Salaries Schedule

Projected Statements for SJMC with the 80 Additional Beds – Years 2023 through 2032

- Revenue and Expense Statement
- Balance Sheet
- FTE Schedule for Productive and Non-Productive Staff
- Wages and Salaries Schedule

While all statements referenced above are reviewed, only the projected statements for SJMC with the additional 80 beds are summarized in the tables below. [source: May 11, 2023, screening response, Revised Attachment 3]

Department's Tables 7
St. Joseph Medical Center Projected Revenue and Expense Statement Summary

	Annualized Year 2023	Projected Year 2024	Projected Year 2025	Projected Year 2026	Projected Year 2027
Net Revenue	$736,268,541	$745,720,513	$752,480,219	$759,317,403	$766,212,693
Minus Expenses	$722,374,488	$736,488,525	$743,266,906	$752,706,766	$759,621,271
Net Profit / (Loss)	**$13,894,053**	**$9,231,988**	**$8,844,211**	**$6,610,637**	**$6,591,422**

	Projected Year 2028	Projected Year 2029	Projected Year 2030	Projected Year 2031	Projected Year 2032
Net Revenue	$818,678,348	$855,453,411	$873,893,330	$892,959,414	$912,400,644
Minus Expenses	$790,207,238	$833,683,443	$853,568,421	$868,932,022	$884,599,429
Net Profit / (Loss)	**$28,471,110**	**$21,769,968**	**$20,324,909**	**$24,027,392**	**$27,801,215**

PeaceHealth provided projected balance sheets for SJMC showing the years 2029 through 2032. While all projected information is reviewed for this project, the hospital's Balance Sheet for projection years 2029 through 2032 is summarized in the tables below. [source: May 11, 2023, screening response, Revised Attachment 3]

Department's Tables 8
St. Joseph Medical Center Projected Balance Sheet Statement Summary

ASSETS	Projected Year 2029	Projected Year 2030	Projected Year 2031	Projected Year 2032
Current Assets	$84,748,016	$84,748,016	$84,748,016	$84,748,016
Property and Equipment	$539,000,144	$539,000,144	$539,000,144	$539,000,144
Other Assets	$7,000	$7,000	$7,000	$7,000
Total Assets	**$623,755,160**	**$623,755,160**	**$623,755,160**	**$623,755,160**

LIABILITIES	Projected Year 2029	Projected Year 2030	Projected Year 2031	Projected Year 2032
Current Liabilities	$221,138,577	$200,779,161	$178,981,847	$155,711,389
Long-Term Debt	$5,000	$4,000	$3,000	$2,000
Equity	$402,611,584	$422,972,000	$444,770,313	$468,041,772
Total Liabilities and Equity	**$623,755,161**	**$623,755,161**	**$623,755,160**	**$623,755,161**

Public Comments

There were no public comments or rebuttal comments submitted for this sub-criterion.

Department Evaluation

To evaluate this sub-criterion, the department first reviewed the assumptions used by the applicants to determine the projected patient volumes and patient mix for acute care bed addition at the hospital. The projections are based upon the three main factors:

- the modified numeric methodology;
- Whatcom County population growth trends; and
- historical utilization of acute care beds at SJMC.

After reviewing the utilization assumptions described above, the department concludes that they are reasonable.

The applicant based, in part, its projected revenues and expenses for the new 80 bed addition at the hospital using historical operations of SJMC as a baseline. Additional assumptions used to project revenues and expenses include agreements provided in the application. The department concludes this approach is also reasonable.

Below is a table summarizing the projected revenue and expenses for the additional acute care beds.

Department's Table 9
Summary of Revenue and Expense Statement

	Partial Year 2029	Full Year 1 2030	Full Year 2 2031	Full Year 3 2032
Net Revenue	$855,453,411	$873,893,330	$892,959,414	$912,400,644
Expenses	$833,683,443	$853,568,421	$868,932,022	$884,599,429
Net Profit / (Loss)	**$21,769,968**	**$20,324,909**	**$24,027,392**	**$27,801,215**

For the summary above, net revenues include gross revenues, minus deductions for contractual allowances, bad debt, and charity care. Expenses include all costs associated with the hospital, including wages and benefits. It also includes costs associated with draft documents, including the Management Agreement, building lease, and Medical Director Agreement.

As summarized above, the joint applicants project that revenues will cover expenses beginning in partial year 2029 and through the first three full calendar years of operation (2030 through 2032).

For this sub-criterion, the department also completes a focused financial and cost containment review (WAC 246-310-220 and WAC 246-310-240, respectively) that includes review of pro forma financial statements submitted in the application, including screening responses and rebuttal documents, and historical data reported to the data collection office within the Department of Health. [source: September 27, 2022, Hospital Finance and Charity Care Program's (HFCCP) analysis]

Focused Financial Analysis

PeaceHealth St Joseph				2022	2027	2028	2029	2030	2031	2032
Ratio Category	Trend	State 2021	PeaceHealth 2022	St. Joseph Actual	Partial Yr 1	Phase 1 Yr 1	Phase 1 Yr 2	Phase2 Yr 1	Phase 2 Yr 2	Phase 2 Yr 3
Long Term Debt to Equity	B	0.426	0.629	-	0.000	0.000	0.000	0.000	0.000	0.000
Current Assets/Current Liabilities	A	3.287	2.405	4.349	0.363	0.358	0.383	0.422	0.474	0.544
Assets Funded by Liabilities	B	0.370	0.438	0.064	0.396	0.385	0.355	0.322	0.287	0.250
Operating Expense/Operating Revenue	B	0.973	1.084	0.995	0.813	0.841	0.975	0.977	0.973	0.970
Debt Service Coverage	A	6.123	(7.253)	315.744	1,899.963	1,520.549	488.071	511.222	534.935	559.710
Long Term Debt to Equity	Long Term Debt/Equity									
Current Assets/Current Liabilities	Current Assets/Current Liabilities									
Assets Funded by Liabilities	Current Liabilities+Long term Debt/Assets									
Operating Expense/Operating Revenue	Operating Expense/Operating Revenue									
Debt Service Coverage	Net Profit+Depr and Interest Exp/Current Mat. LTD and Interest Exp									

The focused review concludes the ratios that can be calculated for the hospital are all within appropriate range of the state 2021 figures. The financial projections provided for the hospital and landlord demonstrate that the immediate and long-range capital and operating costs of the project can be met. This criterion is satisfied.

The department concludes that the project is financially feasible based on the information above and the immediate and long-range operating costs of the project can be met. **This sub-criterion is met.**

(2) *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.*

Chapter 246-310 WAC does not contain specific WAC 246-310-220(2) financial feasibility criteria as identified in WAC 246-310-200(2)(a)(i). There are also no known recognized standards as identified in WAC 246-310-200(2)(a)(ii) and (b) that directs what an unreasonable impact on costs and charges would be for a project of this type and size. Therefore, using its experience and expertise the department compared the proposed project's costs with those previously considered by the department.

PeaceHealth

As previously stated, the total capital expenditure for this project is $336,323,637. In addition to the costs, PeaceHealth identified another $73,271,114 in costs that are unrelated to this project. PeaceHealth provided the following clarification regarding the costs. [source: Application, pdf 21 and May 11, 2023, screening response]

"Capitalized interest is part of the cost of acquiring assets that will benefit an entity over a long life. Generally Accepted Accounting Principles (GAAP) allow, in lieu of the debt related to financing the construction of long life assets being expensed, to include them on the balance sheet as part of the historical cost of long-term assets. PeaceHealth's internal accounting policy is consistent with this treatment and allocates interest to this project during construction.

When applicants separately identify capitalized interest, the practice of the Program has been to require it "below" the line because it does not meet the definition of a capital expenditure in WAC 246-310-010 (10). A review of other decisions shows that applicants that do call it out in the capital expenditure budget have included it in the balance sheet."

Within the application materials, PeaceHealth provides clarification of its intended timing to meet with the Department of Health's Construction Review Services office for this project. [source: May 11, 2023, screening response]

"The CRS application packet was submitted in February of 2023. The CRS number for the project is CRS# 61418969"

PeaceHealth also provided a letter from Project Executive Abbott Constriction LLC[7] confirming the reasonableness and accuracy of the construction costs for the project. [source: Application, Exhibit 9]

Public Comments
There were no public comments or rebuttal comments submitted for this sub-criterion.

Department Evaluation
The estimated capital expenditure associated with this project is $336,323,637.

The focused financial review concluded that the hospital's rates are like the Washington statewide averages and concluded the project would have no unreasonable impact on the hospital or the community.

The department concludes this project would not result in an unreasonable impact on the costs and charges for health services. **This sub-criterion is met**.

(3) The project can be appropriately financed.
Chapter 246-310 WAC does not contain specific source of financing criteria as identified in WAC 246-310-200(2)(a)(i). There are also no known recognized standards as identified in WAC 246-310-200(2)(a)(ii) and (b) that directs how a project of this type and size should be financed. Therefore, using its experience and expertise the department compared the proposed project's source of financing to those previously considered by the department.

PeaceHealth
The total estimated capital expenditure for this project is $402,743,983. Within the application, PeaceHealth identified an additional amount of $64,789,504 that includes non-Certificate of Need related costs and provided the following explanation of why these costs should not be included in the capital expenditure for this project. [source: May 11, 2023, screening response]
"All the costs associated with this project are accounted for. The non-CN reviewable costs, of approximately $64million which are not contingent on the addition of 80 beds, have been included in the without financial scenario. In other words, because these costs are expected to be incurred with or without this project they are included in the project baseline. Specifically, the parking garage is under construction today, and the ED expansion is in design development."

The table below shows the Certificate of Need related and un-related capital costs. [source: Application, pdf 21]

Department's Table 10
St. Joseph Medical Center Addition Estimated Capital Expenditure Breakdown

Item	CN Costs Total	Non-CN Related	Total All Costs
Building Construction	$215,933,362	$38,360,770	$254,294,132
Land Improvements	$4,848,468	$4,096,124	$8,944,592

[7] Abbott Construction - Discover A Better Way To Build

Fixed Equipment (Not in construction costs)	$31,270,514	$4,757,476	$36,027,990
Moveable Equipment	$6,226,432	$317,328	$6,543,760
Architect/Engineering Fees	$28,442,173	$5,686,115	$34,128,288
Consulting Fees	$16,236,885	$3,502,855	$19,739,740
Site Preparation	$5,336,743	$2,895,962	$8,232,705
Supervision/Inspection	$5,015,278	$790,749	$5,806,027
Washington Sales Tax	$23,013,782	$4,382,125	$27,395,907
Total Capital Costs	**$336,323,637**	**$64,789,504**	**$401,113,141**

There are no start-up costs because SJMC will remain in operation during construction and is an existing facility. [source: Application, pdf 22]

PeaceHealth intends to fund the project using a combination of cash reserves and philanthropic gifts. The applicant provided the following discussion regarding the funding sources and amounts. [source: Application, pdf 23 and Exhibit 11]

"Approximately $74 million of the project is being funded by already-in-place philanthropic support, including a 2021 gift of $50 million, the largest single gift that the PeaceHealth system has ever received."

PeaceHealth provided a signed letter of financial commitment from the Chief Financial-Growth Officer dated January 3, 2023, and audited financial statements that show the applicant has sufficient cash reserves to cover the costs of this project. [source: Application, Exhibit 11 and Appendix 1]

Public Comments

There were no public comments or rebuttal comments submitted for this sub-criterion.

Department Evaluation

To determine whether the applicants could meet the immediate and long-range capital costs, the department reviewed the funding information provided in the application. Further, a focused financial review is for this sub-criterion is below. [source: October 23, 2023, focused financial HFCCP analysis]

St. Joseph 2022

Assets		Liabilities	
Current	96,495,772	Current	22,187,013
Board Designated	-	Long Term Debt	-
Property/Plant/Equipment	162,026,228	Other	-
Other	89,259,781	Equity	325,594,768
Total	347,781,781	Total	347,781,781

Source: Dept of Health Financial Reports

PeaceHealth 2022

Assets		Liabilities	
Current	1,456,866,000	Current	605,697,000
Board Designated	1,687,192,000	Long Term Debt	1,449,334,000
Property/Plant/Equipment	1,220,545,000	Other	331,997,000
Other	326,460,000	Equity	2,304,035,000
Total	4,691,063,000	Total	4,691,063,000

Source: Application

The 2021 balance sheets show Current Assets at the system level are sufficient to fund this project. The table below shows percentages of the certificate of need and total project expenditures compared to various assets of SJMC and PeaceHealth 2022 fiscal year end.

Total Project		
Capital Expenditure	$	336,323,637
Percent of Total Assets		7.1695%
Percent of Board Designated Assets		19.9339%
Percent of Equity		14.5972%

The department concludes this project could be appropriately financed by these entities . **This sub-criterion is met**.

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

Based on the source information reviewed, the department determines that the PeaceHealth project meets the applicable cost containment criteria in WAC 246-310-230.

(1) A sufficient supply of qualified staff for the project, including both health personnel and management personnel, are available or can be recruited.

Chapter 246-310 WAC does not contain specific WAC 246-310-230(1) criteria as identified in WAC 246-310-200(2)(a)(i). There are also no known recognized standards as identified in WAC 246-310-200(2)(a)(ii) and (b) that directs what specific staffing patterns or numbers of FTEs [full time equivalents] that should be employed for projects of this type or size. Therefore, using its experience and expertise the department evaluates whether the staffing proposed would allow for the required coverage.

PeaceHealth

SJMC currently operates with 207 acute care beds and would remain operational during the construction of the space for this project, if approved. The 80 acute care beds will be added in two phases, phase one will add 73 beds and be complete in June 2027. Phase two will add the remaining seven beds and be complete in May 2029. Full year one with a total of 287 acute care beds is year 2030 and year three is 2032.

In response to this sub-criterion, PeaceHealth provided a staffing table showing projected (years 2025 through 2032) projected (2024 – 2032) full time equivalents (FTEs) for SJMC. The table below is based on the applicant's information and shows current year 2023 and projected years 2025 through 2029. [source: Application, Exhibit 13]

Department's Table 11
Projected FTEs for Current Year 2023 and Projected Years 2028 through 2032

FTE	Current 2025	Projected 2026	Projected 2027	Projected 2028	Projected 2029	Full Yr. 2030	Full Yr. 2031	Full Yr. 2032	Total
Management	93	0	0	2	5	0	0	0	**100**
Technicians	464	5	4	29	10	10	11	10	**543**
RNs	714	7	7	44	16	15	16	17	**836**
Nursing Assistants	184	1	2	15	4	4	5	4	**219**
Other Staff	360	0	0	6	5	2	2	0	**375**
Contract Labor	40	0	0	0	0	0	0	0	**40**
Physicians/APCs	320	0	0	0	0	0	0	0	**320**
Total FTEs	**2,175**	**13**	**13**	**96**	**40**	**31**	**34**	**31**	**2,433**

PeaceHealth provided the following information regarding the assumptions used to project the staffing identified above. [source: Application, pdf 25]

"FTEs increase in accordance with the increase in patient days (based on a FY2022 ratio of FTEs to patient days). Salary expenses correspond to the various FTE categories.

The projected FTEs are based on FY2022 actual salary costs and include salary increases to date, as well as known increases. To be consistent with CN guidelines, no additional compensation increases were assumed."

PeaceHealth provided the following information regarding recruitment and retention of staff for SJMC. [source: Application, pdfs 25-26]

As a System, PeaceHealth hires more than 2,500 caregivers (employees) a year. In support of this level of hiring, Talent Acquisition deploys over 55 professionals to support all recruitment needs. At the System level, PeaceHealth has teams dedicated to Physicians, RNs, Executives, and Operational Support Staff. These teams have consistent and constant outreach to universities, colleges, medical schools, and community colleges across the region and nation. They also have consistent and constant marketing on all major internet job aggregators such as, but not limited to, Indeed, LinkedIn, Handshake, and Glassdoor. PeaceHealth maintains its own corporate job board at Careers.peacehealth.org.

The challenges PeaceHealth faces today are generally the same as those that all healthcare organizations face. The demand for nurses, physicians, and allied health workers currently exceeds supply, but with targeted marketing efforts, our contingent labor partnerships (travel nurses, etc.), consistent messaging of our employment brand, and resourceful and creative sourcing, PeaceHealth continues to succeed in keeping our facilities staffed appropriately and safely.

In addition, in direct response to recent staffing challenges, PeaceHealth has developed targeted internship/practicums designed to give nursing students hands-on experience and training. During training, students are paid a stipend in return for making a commitment to continue employment once their training/education is complete. PeaceHealth has also employed other recruitment strategies (hiring bonuses, referral bonuses, tuition 26 reimbursement, and relocation assistance), but has found the mentor/training program to be the most successful.

PeaceHealth provided additional discussion regarding their recruitment and retention strategies in screening. [source: July 17, 2023, screening response]

PeaceHealth St. Joseph has made significant investments in our nurses, clinical staff, and community in recent years. Currently, PeaceHealth St. Joseph's vacancy rates and turnover rates are better than national and regional benchmarks and are better than pre-pandemic levels. PeaceHealth St. Joseph also maintains a robust float pool, and agency staff are used if needed, though the hospital is currently using less travelers than pre-pandemic. We are also exploring best practice models to grow the workforce through partnerships with schools and colleges, and to encourage staff participation in career ladders.

In terms of retention, PeaceHealth continues to enhance our comprehensive health benefit package to support mental, spiritual, physical, and financial health. For example, PeaceHealth launched a new student loan repayment program in 2022. This program offers caregivers in roles that require an RN degree a monthly allocation of $400 to repay student loans. This benefit is in addition to PeaceHealth's longstanding tuition assistance program.

Whether preventing burnout, assisting with grief and loss, processing world events or helping with medication management, PeaceHealth strives to break the stigma of accessing mental health resources by offering several ways to access resources and support. Last year, PeaceHealth greatly improved caregiver support with our "Care for the Caregiver" program, utilizing in-house psychological and spiritual care resources as well as an employee assistance program vendor."

Public Comments

There were no public comments or rebuttal comments submitted for this sub-criterion.

Department Evaluation

This section of the evaluation focuses on the staffing of the proposed project. Given that the hospital is currently operational, the applicant provided detailed information regarding staffing and recruitment strategies it currently uses to ensure appropriate staff, including key staff, is available. This approach is acceptable for an existing healthcare facility.

Information provided in the application demonstrates that the applicant has the ability and expertise to recruit and retain a sufficient supply of qualified staff for this project. The department concludes that **this sub-criterion is met.**

(2) The proposed service(s) will have an appropriate relationship, including organizational relationship, to ancillary and support services, and ancillary and support services will be sufficient to support any health services included in the proposed project.

Chapter 246-310 WAC does not contain specific WAC 246-310-230(2) as identified in WAC 246-310-200(2)(a)(i). There are also no known recognized standards as identified in WAC 246-310-200(2)(a)(ii) and (b) that directs what relationships, ancillary and support services should be for a project of this type and size. Therefore, using its experience and expertise the department assessed the materials contained in the application.

PeaceHealth

PeaceHealth provided the following information related to this sub-criterion. [source: Application, pdf 27]

"*The existing ancillary and support services, and an indication as to whether they are provided in house or under agreement, are provided in Table 14."*

Applicant's Table 5
St. Joseph Medical Center Ancillary and Support Services

Services Provided	Vendor	Provided In-House or Under Agreement
Linen Service	EcoTec	Agreement
Laboratory	Quest	Agreement
Pathology	Avero (formerly NW Pathology)	Agreement
Janitorial Service	Aramark Management Svc	Management – Agreement; Staff – In-House
Biomedical	Trimedx	Agreement
Biomedical Waste	Stericycle	Agreement
PT (PRN)		In-House
Dietary	Thomas Cuisine	Management – Agreement; Staff – In-House
Respiratory Therapy		In-House
Dialysis (Inpatient)	Total Renal Care	Agreement

Source: Applicant.

"None of the existing ancillary or support agreements are expected to change as a result of this project."

Public Comments
There were no public comments or rebuttal comments submitted for this sub-criterion.

Department Evaluation
As an operating facility, SJMC has long-established and well-functioning relationships with health and social service providers in the area.

PeaceHealth has provided a listing of the types of ancillary and support vendors it currently uses and stated that it does not anticipate any of its ancillary or support agreements or working relationships to change because of this project.

Information and statements provided demonstrate that the applicant has and will be able to continue to have access to all ancillary and support services needed for the hospital. Based on the information above and lack of comment, the department concludes **this sub-criterion is met.**

(3) There is reasonable assurance that the project will be in conformance with applicable state licensing requirements and, if the applicant is or plans to be certified under the Medicaid or Medicare program, with the applicable conditions of participation related to those programs.
Chapter 246-310 WAC does not contain specific WAC 246-310-230(3) criteria as identified in WAC 246-310-200(2)(a)(i). There are known recognized standards as identified in WAC 246-310-200(2)(a)(ii) and (b) that a facility must meet when it is to be Medicare certified and Medicaid eligible. Therefore, using its experience and expertise the department assessed the applicants' history in meeting these standards at other facilities owned or operated by the applicant.

PeaceHealth
PeaceHealth provided the following statements to demonstrate compliance with this sub-criterion. [source: Application, pdf 29]

"No facility or practitioner associated with the application has any history with respect to the above."

To clarify, PeaceHealth is responding to the following question (#14) in the application form, which asks applicants to:

"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. 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
b. A revocation of a license to operate a healthcare facility; or
c. A revocation of a license to practice as a health profession; or
d. Decertification as a provider of services in the Medicare or Medicaid program because of failure to comply with applicable federal conditions of participation."

Public Comments

There were no public comments or rebuttal comments submitted for this sub-criterion.

Department Evaluation

As a part of this review, the department must conclude that the proposed services provided by an applicant would be provided in a manner that ensures safe and adequate care to the public.[8] For hospital projects, the department reviews two different areas when evaluating this sub-criterion. One is a review of the Centers for Medicare and Medicaid Services (CMS) "Terminated Provider Counts Report" covering years 2020 through 2023.[9] The department uses this report to identify facilities that were involuntarily terminated from participation in Medicare reimbursement.

The department also reviews an applicant's conformance with Medicare and Medicaid standards, with a focus on Washington State facilities. The department uses the CMS 'Survey Activity Report' to identify facilities with a history of condition level findings.

For CMS surveys, there are two levels of deficiencies, including standard level deficiencies and condition level deficiencies.[10]

- Standard Level
  A deficiency is at the Standard level when there is noncompliance with any single requirement (or several requirements) within a particular standard that is not of such character as to substantially limit a facility's capacity to furnish adequate care, or which would not jeopardize or adversely affect the health or safety of patients if the deficient practice recurred.

- Condition Level
  Deficiency at the Condition level may be due to noncompliance with requirements in a single standard that, collectively, represent a severe or critical health or safety breach, or it may be the result of noncompliance with several standards within the condition. Even a seemingly small breach in critical actions, or at a critical time, can kill or severely injure a patient and breaches would represent a serious or severe health or safety threat.

As part of this review, the department must conclude that the proposed services provided by an applicant would be provided in a manner that ensures safe and adequate care to the public.[11] To accomplish this task, the department reviewed the quality-of-care compliance history for the healthcare facilities owned, co-owned, operated, or managed by PeaceHealth or its subsidiaries. Additionally, the department reviewed the credentialing history of the lead medical professionals associated with PeaceHealth.

Terminated Provider Counts Report

Focusing on the years 2020 through 2023, no facilities associated with PeaceHealth were involuntarily terminated from participation in Medicare reimbursement.

CMS Survey Data

[8] WAC 246-310-230(5).
[9] Reports are all current as of October 5, 2023
[10] Definitions of standard and condition level surveys: https://www.compass-clinical.com/deciphering-tjc-condition-level-findings/
[11] WAC 246-310-230(5)

Using the Center for Medicare and Medicaid Services Quality, Certification & Oversight Reports (QCOR) website, the department reviewed the available historical survey information for PeaceHealth hospitals focusing on the years 2020 through 2023. The QCOR review shows that since 2020, PeaceHealth facilities have had multiple surveys. CMS's findings are summarized below.

PeaceHealth Southwest Medical Center
- February 11, 2020, one complaint survey identified no deficiencies.
- October 12, 2020, one complaint survey identified two standard deficiencies. Follow-up visit on December 10, 2020.

PeaceHealth St. John Medical Center
- May 7, 2020, one special survey identified one standard deficiency. No follow-up visits.

PeaceHealth St. Joseph Medical Center
- April 28, 2021, one complaint survey identified three standard deficiencies. Follow-up visit on July 1, 2021.
- May 4, 2021, one complaint survey identified one conditional deficiency and three standard deficiencies. Follow-up visit on July 1, 2021.
- May 4, 2022, one complaint survey identified one conditional deficiency and two standard deficiencies. Follow-up visit on July 7, 2022.
- May 18, 2022, one complaint survey identifies no deficiencies.

PeaceHealth Ketchikan Medical Center
- No surveys

PeaceHealth Cottage Grove Community Medical Center
- No surveys

PeaceHealth Sacred Heart Medical Center University District
- No surveys

PeaceHealth Peace Harbor Medical Center
- No surveys

PeaceHealth Sacred Heart Medical Center RiverBend
- No surveys

PeaceHealth Peace Island Medical Center
- No surveys

PeaceHealth United General Medical Center
- No surveys

All the facilities listed above are noted to be following both state and federal guidelines as of the writing of this evaluation. [source: CMS Quality, Certification, and Oversight Reports]

In addition to the facility review above, PeaceHealth provided the names and professional license numbers for its key clinical staff, shown in the submitted table below.

Applicant's Table 6

Table 13
PeaceHealth St. Joseph Medical Center
Key Clinical Staff

Name	Title	Professional License Number
Vacant	Executive Chief Medical Officer NW (CMO) Patient Safety Officer	
Roseanna Bell, RN	Executive Chief Nursing Officer NW (CNO)	RN00164408
Keila Torres	Director of Nursing, Childbirth Center, Magnet Program	RN60409180
Michelle Dear	Director of Nursing, MCU, 2nd Med/Surg/Peds, 2nd Surgical, 3rd Surgical, Joint/Spine/Geriatrics, Wound Care RNs	RN00144820
Karla Ramusack	Director Nursing, Peri-op Services, SSU, Endo, and SPD	RN00171287

Source: Applicant and the Department of Health Provider Credential Database.

Using data from the Washington State Medical Commission the department confirmed that the above individuals all have an active license with no enforcement action in Washington State.

Based on the above information, the Department concludes that PeaceHealth demonstrates reasonable assurance that the hospital would continue to operate in compliance with state and federal guidelines if this project is approved. **This sub-criterion is met.**

(4) *The proposed project will promote continuity in the provision of health care, not result in an unwarranted fragmentation of services, and have an appropriate relationship to the service area's existing health care system.*

Chapter 246-310 WAC does not contain specific WAC 246-310-230(4) criteria as identified in WAC 246-310-200(2)(a)(i). There are also no known recognized standards as identified in WAC 246-310-200(2)(a)(ii) and (b) that direct the department how to measure unwarranted fragmentation of services or what types of relationships with a services area's existing health care system should be for a project of this type and size. Therefore, using its experience and expertise the department assessed the materials in the application.

PeaceHealth

PeaceHealth provided the following information related to this sub-criterion. [source: Application, pdfs 28-29]

"The additional acute care beds will promote continuity of care, particularly considering the access issues outlined in the "Need" section (Section 4) of this CN. An adequate number of acute care beds provides the best opportunity to assure patients get timely care, and that continuity from the hospital to the other levels of care in their home communities is maintained.

SJMC is the only inpatient hospital in the Whatcom County Hospital Planning Area; therefore, with the expanded bed capacity, continuity of care will be enhanced. There will be no fragmentation of services.

As noted previously, SJMC is the only acute care hospital located in the Whatcom County Hospital Planning Area. SJMC has a long track record of working closely with EMS, other existing hospitals, and other healthcare systems throughout the region. SJMC collaborates with area nursing homes,

assisted living, adult family homes, home health, and hospice agencies, as well as outpatient providers. SJMC also supports area primary care physicians and specialists, as well as insurers, to assure care coordination, smooth transitions of care, and reduced rehospitalization and ED visits."

Public Comments
There were no public comments or rebuttal comments submitted for this sub-criterion.

Department Evaluation
This section of the evaluation takes into consideration the letters of support submitted for the project and notes that no letters of opposition were received for the project. It also takes into consideration the calculated numeric methodology prepared and relied on by the applicant, and rules related to adding new beds to a planning area.

As noted in the need section of this evaluation, the department concluded a need for the beds requested by the applicant based on the hospital's high occupancy and an absence of voiced opposition regarding the need of additional beds in the community.

The financial feasibility section of this evaluation concluded that the financing is reasonable and supported by information in the application materials. Factors noted in the structure and process of care section of this evaluation concluded that the hospital would be appropriately staffed and maintain its accreditations and certifications to continue to provide high acuity services.

For those reasons, the department concludes that approval of this project is not expected to result in unwarranted fragmentation of acute care services in the Whatcom County Planning Area. **This sub-criterion is met.**

(5) There is reasonable assurance that the services to be provided through the proposed project will be provided in a manner that ensures safe and adequate care to the public to be served and in accord with applicable federal and state laws, rules, and regulations.

This sub-criterion is addressed in sub-section (3) above and is met.

D. Cost Containment (WAC 246-310-240)
Based on the source information reviewed, the department determines that the PeaceHealth project meets the applicable cost containment criteria in WAC 246-310-240.

(1) Superior alternatives, in terms of cost, efficiency, or effectiveness, are not available or practicable.
To determine if a proposed project is the best alternative, in terms of cost, efficiency, or effectiveness, the department takes a multi-step approach. First, the department determines if the application has met the other criteria of WAC 246-310-210 through 230. If the project has failed to meet one or more of these criteria, the project cannot be the best alternative in terms of cost, efficiency, or effectiveness as a result the application would fail this sub-criterion.

If the project has met the applicable criteria in WAC 246-310-210 through 230 criteria, the department then assesses the other options considered by the applicant. If the department determines the proposed project is better or equal to other options considered by the applicant and the department has not identified any other better options, this criterion is determined to be met unless there are

multiple applications in the same planning area. No competing applications were submitted for review.

PeaceHealth

Step One

PeaceHealth demonstrated that this application met the applicable review criteria under WAC 246-310-210, 220, and 230. Therefore, the department moves to step two below.

Step Two

Below is a discussion and tables of the alternatives considered and rejected by PeaceHealth prior to submission of this application. [source: Application, pdf 30]

"The need for additional beds and increases in space in various ancillary departments, such as the ED, mandated a major construction project. PeaceHealth issued an RFP for architectural master planning services, selected a firm, and then spent several years evaluating options. The option selected provides the additional capacity needed into the future, while also preserving campus space for potential additional future expansion."

Applicant's Table 7

	The Project	No Action
Patient Access to Healthcare Services	Provides increased access to inpatient services with expanded capacity	Continue to face occupancy pressures and patient access is compromised
Capital Costs	Requires significant capital investment	Retention of capital at system level
Staffing Impact	Requires increased staffing, but design does include staffing efficiencies with reduced travel for staff within the units	Challenging to retain staff in such a high occupancy environment; higher turnover likely
Quality of Care	Reduces impact of patients delayed in admission; efficiencies and workflows in new spaces more easily support quality	Challenging to consistently provide high quality care in a high occupancy environment
Cost or Operational Efficiency	Increases operating costs (increase in depreciation expense), but newly-designed spaces improve operational efficiency	No opportunity to improve operational efficiency; space will continue to be used inefficiently
Legal	SJMC is the sole hospital in the County; no challenges to the CN or other regulatory reviews are expected	Not applicable

Source: Applicant

PeaceHealth provided information to evaluate the option of adding 66 new beds and converting the 14 level I rehabilitation beds to general medical surgical use. [source: May 11, 2023, screening response]

"We do anticipate growth in our community and do not want to close the door on the 14 banked rehab beds in the Bellingham community. We do want to remind the Program that there is a recent caselaw that found that the Program cannot require a Hospital to first use banked beds to meet a tertiary need. While the converse would be true here, the argument is the same."

PeaceHealth provided the source of this caselaw: 'Declaration of Service and Final Order Granting and Denying Motions of Summary Judgment Dated April 30, 2020, Master Case No. M2019-764.'

Public Comments

There were no public comments or rebuttal comments submitted for this sub-criterion.

Department's Evaluation

The department reviewed the options identified and rejected by the applicants and found the conclusions to be reasonable. Further, the department did not identify any other alternatives that could be considered superior related to cost, efficiency, or effectiveness that is available or practicable.

In the need section of this evaluation, the applicants demonstrated need for at least 80 acute beds in Whatcom County. This project plans to add 80 acute care beds to the hospital.

Based on the information provided in the application, the department concludes that the project as submitted by the applicant is the best available option for the planning area. **This sub-criterion is met.**

(2) In the case of a project involving construction:

a. The costs, scope, and methods of construction and energy conservation are reasonable;

b. The project will not have an unreasonable impact on the costs and charges to the public of providing health services by other persons.

PeaceHealth

PeaceHealth provided the following information in response to this sub-criterion. [source: Application, pdf 31]

"As noted above, SJMC undertook an extensive planning process to ensure that the proposed new bed tower meets or exceeds the requirements of the Washington State Building Code and Washington State Energy Code. The SJMC new tower plans include the following energy features:

- *LED lighting*
- *Improved efficiency through building operating systems*
- *Triple-glazing curtain wall system*
- *Using Energy Design Assistance (EDA) software to increase energy efficiency*
- *Implementing heat recovery schemes and equipment in the HVAC systems serving the new West Pavilion. Specifically, heat recovery cooling coils in the exhaust airstream will allow for the excess heat from the chilled water system to be exhausted more efficiently.*

As noted in response to Question 4 below, SJMC has undertaken a comprehensive planning process to contain the costs of this project and to ensure that the capital cost investment was evaluated against ongoing operating costs and expected life of the equipment."

Public Comments

There were no public comments or rebuttal comments submitted for this sub-criterion.

Department Evaluation

This project involves construction of a new 80 acute care bed patient tower. The applicant provided information regarding the design of the tower and the standards that must be met for construction.

Further, the assumptions related to the costs and charges discussed under the Financial Feasibility section of this evaluation, the department does not anticipate an unreasonable impact on the costs

and charges to the public because of a new patient tower and additional acute care beds. Therefore, the department concludes **this sub-criterion is met.**

(3) The project 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.

PeaceHealth

In response to this sub-criterion, the PeaceHealth provided the following statements. [source: Application, pdfs 31-32]

"PeaceHealth utilizes (and contractually requires) Lean Planning "Set-Based Design" that develops several options as opposed to selecting one option and working it further. This methodology reviews several potential solutions and includes cost and efficiency as part of decision making, before proceeding with the standard design process and technical solutions.

The process includes:

- *Internal Lean Planning – PeaceHealth utilizes an internal Lean Planning team to review the design and provide appropriate feedback for continuous process improvement (CPI).*
- *User meetings and public engagement – the design team undertook user meetings that actively involved hospital leadership, the clinical team, facilities representatives, and support personnel to ensure that each decision point had an effective review with respect to efficiency and the most appropriate solution.*

Specific design features in this project that will optimize operational efficiencies focused on support staff, and include the following features:

- *providing nurse stations in different locations through the departments so that travel is more efficient;*
- *centralizing support amenities in the central core (utility rooms, meds, staff rooms, etc.) so that they can be shared easily;*
- *providing a central corridor between units for easier staff travel throughout the departments; and*
- *providing Respite and Lactation Rooms in several areas for staff well-being."*

Public Comments

There were no public comments or rebuttal comments submitted for this sub-criterion.

Department Evaluation

This project has the potential to improve delivery of acute care services to the residents of Whatcom County and surrounding communities with the establishment of an 80-bed acute care patient tower at SJMC. The department is satisfied the project is appropriate and needed. **This sub-criterion is met.**

APPENDIX A

Whatcom Acute Care Bed Need
Step 1

2012 to 2021 HSA TOTAL NUMBER OF RESIDENT PATIENT DAYS

Source: DOH 2021 Statewide Methodology

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	10-YEAR TOTAL
HSA #1	1,282,023	1,300,706	1,339,663	1,406,654	1,432,521	1,515,233	1,537,566	1,550,834	1,504,145	1,612,847	**14,482,192**
STATEWIDE TOTAL	2,054,931	2,067,274	2,116,496	2,210,893	2,274,457	2,387,290	2,414,946	2,464,085	2,381,334	2,575,124	**22,946,830**

Prepared by CN Staff, October 2023

Whatcom Acute Care Bed Need
Step 2

2012 to 2021 HSA TOTAL NUMBER OF RESIDENT PATIENT DAYS

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	10-YEAR TOTAL
HSA #1	1,282,023	1,300,706	1,339,663	1,406,654	1,432,521	1,515,233	1,537,566	1,550,834	1,504,145	1,612,847	14,482,192
STATEWIDE TOTAL	2,054,931	2,067,274	2,116,496	2,210,893	2,274,457	2,387,290	2,414,946	2,464,085	2,381,334	2,575,124	22,946,830

2012 TO 2021 HSA TOTAL NUMBER OF PSYCHIATRIC PATIENT DAYS

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	10-YEAR TOTAL
HSA #1	14,474	12,941	18,538	25,933	24,318	25,342	26,288	27,704	19,303	19,021	**213,862**
STATEWIDE TOTAL	16,983	16,105	22,239	29,898	29,562	31,607	31,577	34,071	27,964	28,943	**268,949**

HSA # 1 Psych Hospitals Include: BHC Fairfax in Kirkland, BHC Fairfax North in Everett, Fairfax Behavioral Health Monroe in Monroe, Cascade Behavioral Health in Tukwila, Navos in Seattle, and Smokey Point Behavioral Hospital in Marysville

2012 to 2021 HSA TOTAL NUMBER OF PATIENT DAYS MINUS PSYCH DAYS

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	10-YEAR TOTAL
HSA #1	1,267,549	1,287,765	1,321,125	1,380,721	1,408,203	1,489,891	1,511,278	1,523,130	1,484,842	1,593,826	**14,268,330**
STATEWIDE TOTAL	2,037,948	2,051,169	2,094,257	2,180,995	2,244,895	2,355,683	2,383,369	2,430,014	2,353,370	2,546,181	**22,677,881**

Prepared by CN Staff, October 2023

Whatcom Acute Care Bed Need
Step 3

2012 to 2021 HSA TOTAL NUMBER OF PATIENT DAYS MINUS PSYCH DAYS

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	10-YEAR TOTAL
HSA #1	1,267,549	1,287,765	1,321,125	1,380,721	1,408,203	1,489,891	1,511,278	1,523,130	1,484,842	1,593,826	**14,268,330**
STATEWIDE TOTAL	2,037,948	2,051,169	2,094,257	2,180,995	2,244,895	2,355,683	2,383,369	2,430,014	2,353,370	2,546,181	**22,677,881**

TOTAL POPULATIONS

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	10-YEAR TOTAL
HSA #1	4,294,496	4,339,478	4,384,459	4,429,440	4,507,526	4,585,612	4,663,697	4,741,783	4,864,783	4,914,237	**45,725,511**
STATEWIDE TOTAL	6,859,288	6,926,662	6,994,036	7,061,410	7,176,813	7,292,215	7,407,618	7,523,020	7,706,310	7,785,123	**72,732,495**

RESIDENT USE RATE PER 1,000

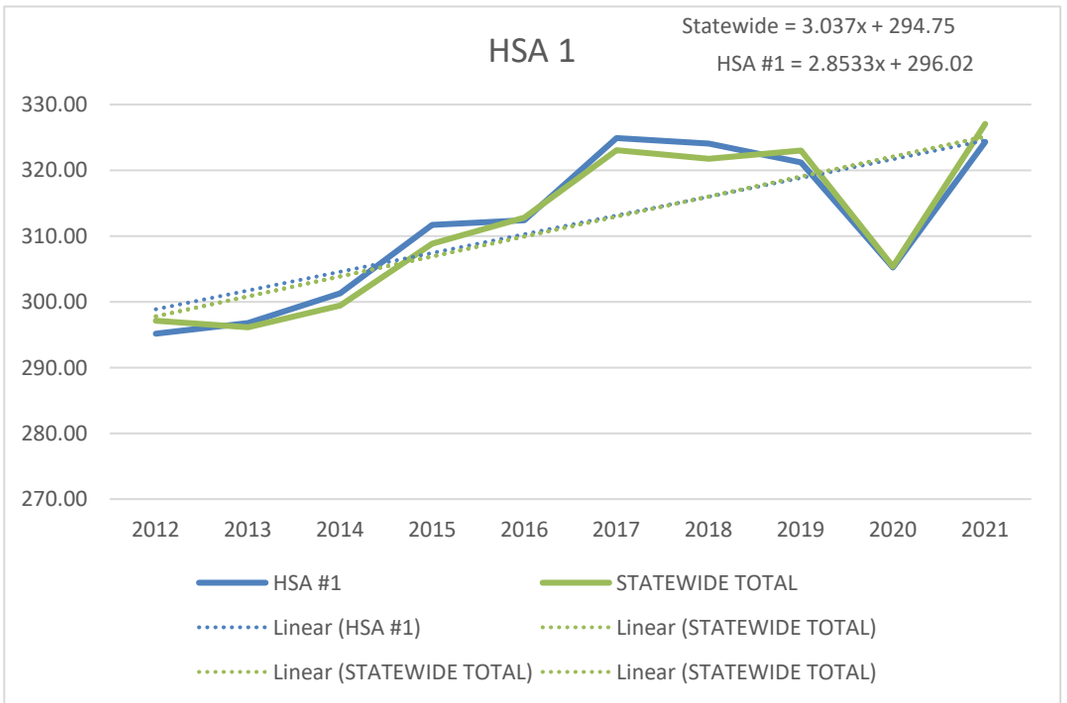
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
HSA #1	295.16	296.76	301.32	311.71	312.41	324.91	324.05	321.21	305.22	324.33
STATEWIDE TOTAL	297.11	296.13	299.43	308.86	312.80	323.04	321.75	323.01	305.38	327.06

Prepared by CN Staff, October 2023

Whatcom Acute Care Bed Need
Step 4

RESIDENT USE RATE PER 1,000

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	TREND LINE
HSA #1	295.16	296.76	301.32	311.71	312.41	324.91	324.05	321.21	305.22	324.33	2.8533
STATEWIDE TOTAL	297.11	296.13	299.43	308.86	312.80	323.04	321.75	323.01	305.38	327.06	3.037



Prepared by CN Staff, October 2023

Whatcom Acute Care Bed Need
Steps 5 & 6

STEP #5
HOSPITAL PATIENT DAYS

	Total Patient Days in Whatcom Hospitals	-	Out of State (OOS) Resident Patient Days in Whatcom Hospitals	=	Total Patient Days in Whatcom Hospitals, Minus OOS	%
0-64	26,789		591		26,198	2.21%
65+	37,728		708		37,020	1.88%
TOTAL	**64,517**		**1,299**		**63,218**	2.01%

	Total Patient Days in Washington State Hospitals Minus Whatcom	-	Out of State (OOS) Resident Patient Days in Washington State Hospitals Minus Whatcom	=	Total Patient Days in Washington State Hospitals, Minus OOS, Minus Whatcom	%
0-64	1,331,884		63,002		1,268,882	4.73%
65+	1,225,733		44,634		1,181,099	3.64%
TOTAL	**2,557,617**		**107,636**		**2,449,981**	4.21%

	Total Whatcom Resident Patient Days in Whatcom Hospitals	+	Total Whatcom Resident Patient Days in Other Washington State Hospitals	=	Total Whatcom Resident Patient Days	+	Whatcom Resident Patient Days Provided in Oregon	=	Total Whatcom Resident Patient Days - All Settings
0-64	22,406		9,787		32,193		1		32,194
65+	31,120		4,888		36,008		1		36,009
TOTAL	**53,526**		**14,675**		**68,201**		**2**		**68,203**

	Total Other Washington State Resident Patient Days in Whatcom Hospitals	+	Total Other Washington State Resident Patient Days in Other Washington State Hospitals	=	Total Other Washington State Resident Patient Days	+	Other Washington State Resident Patient Days Provided in Oregon	=	Total Other Washington State Resident Patient Days - All Settings
0-64	3,792		1,259,095		1,262,887		1		1,262,888
65+	5,900		1,176,211		1,182,111		1		1,182,112
TOTAL	**9,692**		**2,435,306**		**2,444,998**		**2**		**2,445,000**

Prepared by CN Staff, October 2023

Whatcom Acute Care Bed Need
Steps 5 & 6

MARKET SHARES

PERCENTAGES OF PATIENT DAYS

Whatcom RESIDENT PATIENT DAYS

	In Whatcom Hospitals	In Other Washington State Hospitals	In Oregon Hospitals
0-64	69.60%	30.40%	0.00%
65+	86.42%	13.57%	0.00%

OTHER WASHINGTON STATE RESIDENT PATIENT DAYS

	In Whatcom Hospitals	In Other Washington State Hospitals	In Oregon Hospitals
0-64	0.30%	99.70%	0.00%
65+	0.50%	99.50%	0.00%

HOSPITAL PATIENT DAYS
POPULATION BY PLANNING AREA

	Whatcom County	Other Washington State
0-64	182,206	6,301,331
65+	41,720	1,259,866
TOTAL	223,926	7,561,197

STEP #6
USE RATE BY PLANNING AREA

	Whatcom County	Other Washington State
0-64	176.69	200.42
65+	863.11	938.28

Whatcom
Acute Care Bed Need
Step 7A

USE RATE BY PLANNING AREA
2021
Whatcom County

0-64	**176.69**
65+	**863.11**

PROJECTED POPULATION Whatcom COUNTY

PROJECTION YEAR	**2028**
0-64	186,017
65+	50,812
TOTAL	236,829

PROJECTED USE RATE

PROJECTION YEAR	**2028**
USE RATES	
0-64 Using HSA #1 Trend	196.66
0-64 Using Statewide Trend	**197.95**
65+ Using HSA #1 Trend	883.09
65+ Using Statewide Trend	**884.37**

Prepared by CN Staff, October 2023

Whatcom Acute Care Bed Need
Step 8

PROJECTED USE RATE

PROJECTION YEAR	**2028**
USE RATES	
0-64	196.66
65+	883.09

PROJECTED POPULATION

PROJECTION YEAR	**2028**
0-64	186,017
65+	50,812
TOTAL	**236,829**

PROJECTED NUMBER OF PATIENT DAYS

PROJECTION YEAR	**2028**
0-64	36,583
65+	44,871
TOTAL	**81,454**

Prepared by CN Staff, October 2023

East King Acute Care Bed Need
Step 9

PROJECTED NUMBER OF PATIENT DAYS

PROJECTION YEAR **2028**

	Whatcom COUNTY RESIDENTS	ALL OTHER WASHINGTON STATE	TOTAL WASHINGTON STATE
0-64	36,583	1,583,201	1,619,784
65+	44,871	1,770,258	1,815,129
TOTAL	**81,454**	**3,353,459**	**3,434,913**

MARKET SHARE (% PATIENT DAYS FROM STEP 5)

Whatcom RESIDENT PATIENT DAYS

	In Whatcom Hospitals	In Other Washington State Hospitals	In Oregon Hospitals
0-64	69.60%	30.40%	0.00%
65+	86.42%	13.57%	0.00%

OTHER WASHINGTON STATE RESIDENT PATIENT DAYS

	In Whatcom Hospitals	In Other Washington State Hospitals	In Oregon Hospitals
0-64	0.30%	99.70%	0.00%
65+	0.50%	99.50%	0.00%

Prepared by CN Staff, June 2023

East King Acute Care Bed Need
Step 9

PROJECTED RESIDENT PATIENT DAYS BY LOCATION, WITH MARKET SHARE ASSIGNED

Whatcom RESIDENT PATIENT DAYS

	In Whatcom Hospitals	In Other Washington State Hospitals	In Oregon Hospitals
0-64	25,460	11,121	1
65+	38,779	6,091	1
TOTAL	**64,240**	**17,212**	**2**

OTHER WASHINGTON STATE RESIDENT PATIENT DAYS

	In Whatcom Hospitals	In Other Washington State Hospitals	In Oregon Hospitals
0-64	4,754	1,578,446	1
65+	8,835	1,761,421	1
TOTAL	**13,589**	**3,339,867**	**3**

NUMBER OF PATIENT DAYS PROJECTED IN Whatcim HOSPITALS

0-64	30,214
65+	47,615
TOTAL	**77,829**

NUMBER OF PATIENT DAYS PROJECTED IN ALL OTHER WASHINGTON STATE HOSPITALS

3,357,079

NUMBER OF WASHINGTON STATE PATIENT DAYS PROJECTED IN OREGON HOSPITALS

5

PERCENTAGE OF OUT OF STATE RESIDENT PATIENT DAYS IN WASHINGTON STATE HOSPITALS

Whatcom

0-64	2.21%
65+	1.88%

Prepared by CN Staff, June 2023

East King Acute Care Bed Need
Step 9

ALL OTHER WASHINGTON STATE

0-64	4.73%
65+	3.64%

East King Acute Care Bed Need
Step 9

PROJECTED NUMBER OF PATIENT DAYS IN PROJECTION YEAR, PLUS OUT OF STATE RESIDENTS

PROJECTION YEAR **2028**

PATIENT DAYS IN Whatcom IN PROJECTION YEAR

		Ratio - Projected Patient Days in Planning Area Hospitals over Planning Area Resident Patient Days
0-64	30,881	0.84413511
65+	48,508	1.081047933
TOTAL	**79,389**	

Prepared by CN Staff, June 2023

Whatcom Acute Care Bed Need
Step 10A

Whatcom PLANNING AREA	2021	2022	2023	2024	2025	2026	2027	Target 2028	2029	2030
POPULATION 0-64	182,206	183,037	183,868	184,298	184,728	185,157	185,587	186,017	186,447	186,877
0-64 USE RATE	176.69	179.54	182.40	185.25	188.10	190.96	193.81	196.66	199.52	202.37
POPULATION 65+	41,720	43,102	44,484	45,750	47,015	48,281	49,546	50,812	52,078	53,343
65+ USE RATE	863.11	865.97	868.82	871.67	874.53	877.38	880.23	883.09	885.94	888.79
TOTAL POPULATION	223,926	226,139	228,352	230,047	231,743	233,438	235,134	236,829	238,524	240,220
TOTAL PA RESIDENT DAYS	68,203	70,188	72,186	74,020	75,864	77,718	79,581	81,454	83,337	85,229
TOTAL DAYS IN PA HOSPITALS	66,104	68,091	70,091	71,931	73,780	75,640	77,510	79,389	81,278	83,177
AVAILABLE BEDS PER MOST RECENT DATA AVAILABLE - EITHER ACUTE CARE SURVEY OR YEAR-END FINANCIAL REPORT										
St. Joseph Medical Center	207	207	207	207	207	207	207	207	207	207
	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
TOTAL	**207**	**207**	**207**	**207**	**207**	**207**	**207**	**207**	**207**	**207**
Market Share By Hospital										
St. Joseph Medical Center	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Occupancy Standard by Hospital										
St. Joseph Medical Center	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
WEIGHTED OCCUPANCY STANDARD	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
GROSS BED NEED	**241.47**	**248.73**	**256.04**	**262.76**	**269.52**	**276.31**	**283.14**	**290.01**	**296.91**	**303.84**
NET BED NEED/(SURPLUS)	**34**	**42**	**49**	**56**	**63**	**69**	**76**	**83**	**89.91**	**96.84**

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Whatcom Acute Care Bed Need
Step 10B

Whatcom PLANNING AREA	2021	2022	2023	2024	2025	2026	2027	Target 2028	2029	2030
POPULATION 0-64	182,206	183,037	183,868	184,298	184,728	185,157	185,587	186,017	186,447	186,877
0-64 USE RATE	176.69	179.54	182.40	185.25	188.10	190.96	193.81	196.66	199.52	202.37
POPULATION 65+	41,720	43,102	44,484	45,750	47,015	48,281	49,546	50,812	52,078	53,343
65+ USE RATE	863.11	865.97	868.82	871.67	874.53	877.38	880.23	883.09	885.94	888.79
TOTAL POPULATION	223,926	226,139	228,352	230,047	231,743	233,438	235,134	236,829	238,524	240,220
TOTAL PA RESIDENT DAYS	68,203	70,188	72,186	74,020	75,864	77,718	79,581	81,454	83,337	85,229
TOTAL DAYS IN PA HOSPITALS	66,104	68,091	70,091	71,931	73,780	75,640	77,510	79,389	81,278	83,177
AVAILABLE BEDS PER MOST RECENT DATA AVAILABLE - EITHER ACUTE CARE SURVEY OR YEAR-END FINANCIAL REPORT										
St. Joseph Medical Center	207	207	207	207	207	207	252	252	287	287
	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
TOTAL	**207**	**207**	**207**	**207**	**207**	**207**	**252**	**252**	**287**	**287**
Market Share By Hospital										
St. Joseph Medical Center	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Occupancy Standard by Hospital										
St. Joseph Medical Center	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
WEIGHTED OCCUPANCY STANDARD	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
GROSS BED NEED	**241.47**	**248.73**	**256.04**	**262.76**	**269.52**	**276.31**	**283.14**	**290.01**	**296.91**	**303.84**
NET BED NEED/(SURPLUS)	**34**	**42**	**49**	**56**	**63**	**69**	**31**	**38**	**9.91**	**16.84**

Prepared by CN Staff, October 2023

Whatcom
Acute Care Bed Need
Population Summary-2021

Whatcom

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
0-64	173,064	173,895	174,726	175,557	176,388	177,219	178,050	178,882	179,713	180,544	181,375	182,206	183,037	183,868	184,298	184,728	185,157	185,587	186,017	186,447	186,877
65+	26,517	27,899	29,281	30,663	32,045	33,427	34,809	36,192	37,574	38,956	40,338	41,720	43,102	44,484	45,750	47,015	48,281	49,546	50,812	52,078	53,343
TOTAL	**199,581**	**201,794**	**204,007**	**206,220**	**208,434**	**210,647**	**212,860**	**215,073**	**217,286**	**219,499**	**221,713**	**223,926**	**226,139**	**228,352**	**230,047**	**231,743**	**233,438**	**235,134**	**236,829**	**238,524**	**240,220**

HSA #1 POPULATION

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
0-64	3,710,587	3,731,464	3,752,341	3,773,218	3,794,096	3,814,973	3,861,024	3,907,076	3,953,128	3,999,179	4,114,963	4,134,599	4,154,236	4,173,873	4,193,509	4,213,146	4,232,783	4,252,419	4,272,056	4,291,693	4,312,241
65+	493,947	518,051	542,155	566,259	590,363	614,467	646,501	678,536	710,570	742,604	749,820	779,638	809,456	839,273	869,091	898,909	928,727	958,545	988,362	1,018,180	1,052,149
TOTAL	**4,204,534**	**4,249,515**	**4,294,496**	**4,339,478**	**4,384,459**	**4,429,440**	**4,507,526**	**4,585,612**	**4,663,697**	**4,741,783**	**4,864,783**	**4,914,237**	**4,963,692**	**5,013,146**	**5,062,601**	**5,112,055**	**5,161,509**	**5,210,964**	**5,260,418**	**5,309,873**	**5,364,390**
		44,981	44,981	44,981	44,981	44,981	78,086	78,086	78,086	78,086	123,000	49,454	49,454	49,454	49,454	49,454	49,454	49,454	49,454	49,454	54,517

WASHINGTON STATE POPULATION

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
0-64	5,896,863	5,924,242	5,951,621	5,979,000	6,006,379	6,033,758	6,098,852	6,163,946	6,229,040	6,294,134	6,452,523	6,483,537	6,514,551	6,545,565	6,576,579	6,607,593	6,638,607	6,669,621	6,700,635	6,731,649	6,771,072
65+	827,677	867,672	907,667	947,662	987,657	1,027,652	1,077,960	1,128,269	1,178,578	1,228,886	1,253,787	1,301,586	1,349,385	1,397,185	1,444,984	1,492,783	1,540,582	1,588,381	1,636,181	1,683,980	1,731,715
TOTAL	**6,724,540**	**6,791,914**	**6,859,288**	**6,926,662**	**6,994,036**	**7,061,410**	**7,176,813**	**7,292,215**	**7,407,618**	**7,523,020**	**7,706,310**	**7,785,123**	**7,863,936**	**7,942,750**	**8,021,563**	**8,100,376**	**8,179,189**	**8,258,002**	**8,336,816**	**8,415,629**	**8,502,787**
		67,374	67,374	67,374	67,374	67,374	115,403	115,403	115,403	115,403	183,290	78,813	78,813	78,813	78,813	78,813	78,813	78,813	78,813	78,813	87,158

Prepared by CN Staff, June 2023

ZIPCODE	CTYNAME	GEONAME	POP_0_4_Z	POP_5_9_Z	POP_10_14Z
00072	Whatcom County	National Forest/I	0	0	0
98220	Whatcom County	Acme	30	26	29
98225	Whatcom County	Bellingham	1715	1621	1461
98226	Whatcom County	Bellingham	2481	2437	2573
98229	Whatcom County	Bellingham	1633	1681	1902
98230	Whatcom County	Blaine	920	913	976
98240	Whatcom County	Custer	173	173	240
98244	Whatcom County	Deming	178	191	199
98247	Whatcom County	Everson	662	595	670
98248	Whatcom County	Ferndale	1525	1561	1806
98262	Whatcom County	Lummi Island	20	44	45
98264	Whatcom County	Lynden	1369	1364	1452
98266	Whatcom County	Maple Falls	215	262	278
98276	Whatcom County	Nooksack	68	57	63
98281	Whatcom County	Point Roberts	29	49	83
98295	Whatcom County	Sumas	203	172	182
			11,221	**11,146**	**11,959**

POP_15_17Z	POP_18_20Z	POP_21_24Z	POP_25_34Z	POP_35_44Z	POP_45_54Z
0	0	0	0	0	0
26	21	21	50	61	74
861	6789	7197	6917	4535	4644
1684	1798	2455	5618	5078	5821
1137	1386	2307	4072	3841	4325
574	510	547	1610	1860	2429
166	115	103	312	406	538
142	119	125	363	432	512
440	371	441	1089	1106	1229
1121	935	962	2623	3054	3459
22	23	10	49	95	168
941	750	840	2209	2234	2601
158	165	146	452	485	541
45	38	42	118	106	123
31	34	27	53	161	249
139	134	146	350	302	361
7,487	**13,188**	**15,369**	**25,885**	**23,756**	**27,074**

POP_55_64Z	POP_65_74Z	POP_75_84Z	POP_85P_Z	POP_0_4_C	POP_5_9_C
0	0	0	0	0	0
83	37	11	4	26	28
4814	2341	1524	1119	1491	1650
5424	3134	1950	871	2462	2646
4535	2363	1290	437	1492	1610
2531	1714	730	217	1027	1074
505	262	100	28	152	165
529	251	95	22	145	162
1028	533	273	89	591	574
3007	1648	835	293	1551	1627
244	150	81	13	18	20
2147	1505	1048	585	1557	1616
456	203	74	12	233	252
116	52	27	10	96	101
285	224	75	14	23	25
275	165	89	19	207	204
25,979	**14,582**	**8,202**	**3,733**	**11,071**	**11,754**
173,064			26,517		

POP_10_14C	POP_15_17C	POP_18_20C	POP_21_24C	POP_25_34C	POP_35_44C
0	0	0	0	0	0
30	18	15	19	80	51
1759	1688	5339	6955	6130	7170
2776	1644	1601	2412	7389	6414
1681	1148	1266	2319	4843	4382
1111	601	571	835	2556	2054
176	96	94	140	503	314
169	96	91	134	465	372
601	331	306	434	1478	1135
1759	940	892	1326	4279	3050
22	18	18	35	87	56
1663	900	837	1167	3575	2677
257	148	149	221	687	560
100	53	47	68	245	195
28	19	24	47	136	66
204	119	106	136	479	410
12,336	**7,819**	**11,356**	**16,248**	**32,932**	**28,906**

POP_45_54C	POP_55_64C	POP_65_74C	POP_75_84C	POP_85P_C	POP_0_4_F
0	0	0	0	0	0
58	70	71	27	2	24
4836	4374	4861	2238	1104	1405
5556	5479	5665	2919	1095	2462
3941	4314	4413	1920	580	1471
2146	2797	3284	1300	350	1086
373	483	452	183	49	152
412	456	456	179	37	141
1012	1045	1018	407	104	596
3163	3353	3258	1374	378	1592
108	206	227	93	19	18
2489	2404	2601	1339	625	1618
515	507	515	181	34	244
157	168	172	67	17	101
134	266	300	99	22	25
308	316	295	120	34	213
25,208	**26,238**	**27,588**	**12,446**	**4,450**	**11,148**
	183,868			44,484	

POP_5_9_F	POP_10_14F	POP_15_17F	POP_18_20F	POP_21_24F	POP_25_34F
0	0	0	0	0	0
26	28	15	16	19	70
1547	1711	1725	5094	5346	7451
2557	2755	1681	1474	1849	7832
1544	1658	1180	1105	1580	5355
1103	1143	661	573	675	2831
153	163	100	85	103	503
146	164	97	87	109	460
576	582	335	285	352	1479
1593	1660	1009	868	1028	4496
18	21	12	13	19	108
1587	1680	947	805	970	3835
247	270	154	132	167	775
101	104	59	49	60	254
23	26	17	15	23	159
216	206	117	105	129	485
11,437	**12,171**	**8,109**	**10,706**	**12,429**	**36,093**

POP_35_44F	POP_45_54F	POP_55_64F	POP_65_74F	POP_75_84F	POP_85P_F
0	0	0	0	0	0
61	54	65	78	29	11
7081	6093	4325	5408	2634	1181
6997	6120	5336	6498	3136	1242
4717	4159	4161	5210	2073	686
2323	2249	2559	4067	1404	428
375	336	431	537	189	61
408	392	429	541	188	50
1277	1035	985	1156	472	118
3592	3121	3176	3865	1518	446
67	65	207	265	93	21
3020	2652	2236	2904	1445	645
615	574	498	623	228	50
232	182	161	211	80	18
97	85	261	356	101	28
456	366	293	337	138	43
31,318	**27,483**	**25,123**	**32,056**	**13,728**	**5,028**
		186,017			50,812

Planning Area Population Projections
Whatcom
Source: 2023 Claritas Estimates

	2010	2023	2028
Age 0 - 4	**11,221**	**11,071**	**11,148**
Age 5 - 9	**11,146**	**11,754**	**11,437**
Age 10 - 14	**11,959**	**12,336**	**12,171**
Age 15 - 17	**7,487**	**7,819**	**8,109**
Age 18 - 20	**13,188**	**11,356**	**10,706**
Age 21 - 24	**15,369**	**16,248**	**12,429**
Age 25 - 34	**25,885**	**32,932**	**36,093**
Age 35 - 44	**23,756**	**28,906**	**31,318**
Age 45 - 54	**27,074**	**25,208**	**27,483**
Age 55 - 64	**25,979**	**26,238**	**25,123**
Age 65 - 74	**14,582**	**27,588**	**32,056**
Age 75 - 84	**8,202**	**12,446**	**13,728**
Age 85+	**3,733**	**4,450**	**5,028**
Total	**199,581**	**228,352**	**236,829**

	2010	2011	2012	2013	2014	2015	2016
0-64	173,064	173,895	174,726	175,557	176,388	177,219	178,050
65+	26,517	27,899	29,281	30,663	32,045	33,427	34,809

Prepared by Mark Thomas Summer 2019

2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
178,882	179,713	180,544	181,375	182,206	183,037	183,868	184,298	184,728	185,157
36,192	37,574	38,956	40,338	41,720	43,102	44,484	45,750	47,015	48,281

2027	2028
185,587	186,017
49,546	50,812

Whatcom Acute Care Bed Need
Hospital Patient Day Data

HOSPITAL PATIENT DAY DATA
2021

Total Patient Days in Whatcom Hospitals

	SJMC	TOTAL
Total 0-64	26,198	**26,198**
Total 65+	37,728	**37,728**

Out of State (OOS) Resident Patient Days in Whatcom Hospitals

	SJMC	TOTAL
OOS 0-64	591	**591**
OOS 65+	708	**708**

Whatcom Resident Patient Days in Whatcom Hospitals

	SJMC	TOTAL
0-64	**22,406**	**22,406**
65+	**31,120**	**31,120**

Whatcom Resident Patient Days in All Other Washington State Hospitals

0-64	9,787
65+	4,888

Whatcom Resident Patient Days in Oregon Hospitals*

0-64	1
65+	1

** Oregon data was excluded since it has very little impact on WHATCOM*

Total Washington State Resident Patient Days in Washington State Hospitals

0-64	1,295,082
65+	1,218,121

Total Out of State Resident Patient Days Within Washington State

0-64	63,593
65+	45,342

Prepared by CN Staff June 2023

USED IN TAB 'HOSPITAL PATIENT DAY DATA'

PATIENT DAYS BY HOSPITAL IN WHATCOM, TOTAL PATIENTS

data pivoted from 2021 CHARS

Row Labels	Sum of Patient Days
PeaceHealth St. Joseph Medical Center	**64712**
0-64	26984
65+	37728
Grand Total	**64712**

USED IN TAB 'HOSPITAL PATIENT DAY DATA'

PATIENT DAYS BY HOSPITAL IN WHATCOM, w/ PATIENTS FROM OOS

data pivoted from 2021 CHARS

Patient County	Other

Row Labels	Sum of Patient Days
PeaceHealth St. Joseph Medical Center	**1299**
0-64	591
65+	708
Grand Total	**1299**

USED IN TAB 'HOSPITAL PATIENT DAY DATA'

PATIENT DAYS BY HOSPITAL IN WHATCOM, w/ PATIENTS FROM WHATCOM

data pivoted from 2021 CHARS

Patient Zip	(Multiple Items)

Row Labels	Sum of Patient Days
PeaceHealth St. Joseph Medical Center	**53505**
0-64	22551
65+	30954
Grand Total	**53505**

USED IN TAB 'HOSPITAL PATIENT DAY DATA'

PATIENT DAYS BY HOSPITAL NOT IN WHATCOM w/ PATIENTS FROM WHATCOM

data pivoted from 2021 CHARS

Patient Zip	(Multiple Items)

Sum of Patient Days	**Column Labels**		
Row Labels	**0-64**	**65+**	**Grand Total**
Capital Medical Center	1	26	27
Cascade Behavioral Health	36	35	71
Cascade Valley Hospital and Clinics	11	1	12
Confluence Health/Central Washington Hospital	6	5	11
EvergreenHealth Kirkland	64	71	135
EvergreenHealth Monroe	215	4	219
Fairfax Behavioral Health Everett-BCH North	17		17
Fairfax Behavioral Health Kirkland-BCH	20		20
Grays Harbor Community Hospital	6	3	9
Harrison Medical Center	3	14	17
Highline Medical Center	4	42	46
Island Hospital	18	15	33
Jefferson Healthcare	3		3
Kadlec Regional Medical Center	3		3
Kindred Hospital Seattle	59	68	127
Legacy Salmon Creek Medical Center		4	4
Mid-Valley Hospital		3	3
MultiCare Deaconess Hospital	4		4
MultiCare Good Samaritan Hospital	3	32	35
MultiCare Tacoma General/Allenmore Hospital	43	2	45
Olympic Medical Center	2	1	3
Overlake Medical Center	37	30	67
PeaceHealth Southwest Medical Center	26	5	31
PeaceHealth St. John Medical Center	5	8	13
PeaceHealth United General Medical Center	1441	1420	2861
Providence Centralia Hospital	2		2
Providence Holy Family Hospital	2	1	3
Providence Regional Medical Center Everett	476	265	741
Providence Sacred Heart Medical Center & Children’s Hospital	119	30	149
Providence St. Mary Medical Center	3		3
Providence St. Peter Hospital	9	19	28
Rainier Springs Hospital	43		43
Samaritan Healthcare	2	6	8
Seattle Cancer Care Alliance	57	26	83
Seattle Children’s	2039		2039
Skagit Valley Hospital	591	434	1025
Smokey Point Behavioral Hospital	8		8
South Sound Behavioral Hospital	2		2
St. Anthony Hospital	11	50	61
St. Elizabeth Hospital		7	7

St. Francis Hospital	13		13
St. Joseph Medical Center	34	1	35
St. Luke's Rehabilitation Institute	11		11
Swedish Cherry Hill	322	207	529
Swedish Edmonds	23	8	31
Swedish First Hill/Ballard	683	62	745
Swedish Issaquah	25	2	27
UW Medicine/Harborview Medical Center	1958	999	2957
UW Medicine/University of Washington Medical Center	1719	1490	3209
UW Medicine/Valley Medical Center	36	46	82
Virginia Mason Medical Center	276	519	795
Virginia Mason Memorial	3	7	10
Grand Total	**10494**	**5968**	**16462**

PATIENT DAYS TOTAL PATIENTS FROM WHATCOM

data pivoted from 2021 CHARS

Patient Zip	(Multiple Items)

	Column Labels		
	0-64	65+	Grand Total
Sum of Patient Days	**33295**	**36864**	**70159**

USED IN TAB 'HOSPITAL P

PATIENT DAYS TOTAL, w/A

data pivoted from 2021 CHA

Patient County
Sum of Patient Days

ATIENT DAY DATA'
ALL WA PATIENTS
RS

(Multiple Items)

Column Labels			
	0-64	65+	Grand Total
0	1325922	1249202	2575124

USED IN TAB 'HOSPITAL PATIENT DAY DATA'
PATIENT DAYS TOTAL, w/ ALL OOS PATIENTS
data pivoted from 2021 CHARS

Patient County	Other

	Column Labels
	0-64
Sum of Patient Days	65082

65+	Grand Total
46830	111912

Hospital License	CHARS Unit Type	Hospital Name	Hospital County	Hospital HSA
145	#REF!	PeaceHealth St. Joseph	Whatcom	#REF!
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Patient Zip	Patient County	Patient HSA	Discharges	Patient Days	Age Cohort
98826	CHELAN	#REF!	1	9	0-64
98363	CLALLAM	#REF!	2	7	0-64
98642	CLARK	#REF!	1	8	0-64
98802	DOUGLAS	#REF!	1	3	0-64
98857	GRANT	#REF!	1	1	0-64
99349	GRANT	#REF!	1	1	0-64
98520	GRAYS HARBOR	#REF!	1	10	0-64
98239	ISLAND	#REF!	2	9	0-64
98249	ISLAND	#REF!	1	7	0-64
98260	ISLAND	#REF!	3	4	0-64
98277	ISLAND	#REF!	38	268	0-64
98278	ISLAND	#REF!	1	2	0-64
98282	ISLAND	#REF!	7	27	0-64
98277	ISLAND	#REF!	1	6	0-64
98001	KING	#REF!	1	3	0-64
98011	KING	#REF!	1	5	0-64
98027	KING	#REF!	1	3	0-64
98029	KING	#REF!	1	1	0-64
98031	KING	#REF!	1	2	0-64
98033	KING	#REF!	1	4	0-64
98040	KING	#REF!	1	3	0-64
98055	KING	#REF!	1	3	0-64
98059	KING	#REF!	1	1	0-64
98072	KING	#REF!	2	7	0-64
98073	KING	#REF!	1	1	0-64
98101	KING	#REF!	1	4	0-64
98103	KING	#REF!	2	5	0-64
98105	KING	#REF!	1	1	0-64
98112	KING	#REF!	1	2	0-64
98116	KING	#REF!	1	38	0-64
98122	KING	#REF!	1	2	0-64
98148	KING	#REF!	1	4	0-64
98155	KING	#REF!	3	8	0-64
98199	KING	#REF!	1	1	0-64
98311	KITSAP	#REF!	2	5	0-64
98672	KLICKITAT	#REF!	1	4	0-64
98841	OKANOGAN	#REF!	1	9	0-64
98846	OKANOGAN	#REF!	1	2	0-64
98855	OKANOGAN	#REF!	1	1	0-64
Other	Other	#REF!	105	591	0-64
98375	PIERCE	#REF!	1	4	0-64
98387	PIERCE	#REF!	1	2	0-64
98407	PIERCE	#REF!	1	1	0-64
98465	PIERCE	#REF!	1	1	0-64
98243	SAN JUAN	#REF!	2	4	0-64
98245	SAN JUAN	#REF!	23	92	0-64

98250	SAN JUAN	#REF!	59	259	0-64
98261	SAN JUAN	#REF!	9	23	0-64
98279	SAN JUAN	#REF!	1	1	0-64
98280	SAN JUAN	#REF!	2	4	0-64
98221	SKAGIT	#REF!	28	179	0-64
98232	SKAGIT	#REF!	20	55	0-64
98233	SKAGIT	#REF!	81	289	0-64
98235	SKAGIT	#REF!	4	15	0-64
98237	SKAGIT	#REF!	59	346	0-64
98238	SKAGIT	#REF!	1	1	0-64
98255	SKAGIT	#REF!	7	42	0-64
98257	SKAGIT	#REF!	10	46	0-64
98263	SKAGIT	#REF!	5	26	0-64
98267	SKAGIT	#REF!	2	15	0-64
98273	SKAGIT	#REF!	70	240	0-64
98274	SKAGIT	#REF!	27	138	0-64
98283	SKAGIT	#REF!	5	68	0-64
98284	SKAGIT	#REF!	260	1107	0-64
98020	SNOHOMISH	#REF!	1	7	0-64
98021	SNOHOMISH	#REF!	2	8	0-64
98026	SNOHOMISH	#REF!	1	5	0-64
98036	SNOHOMISH	#REF!	1	1	0-64
98043	SNOHOMISH	#REF!	3	28	0-64
98082	SNOHOMISH	#REF!	1	2	0-64
98201	SNOHOMISH	#REF!	1	5	0-64
98203	SNOHOMISH	#REF!	3	4	0-64
98208	SNOHOMISH	#REF!	1	1	0-64
98223	SNOHOMISH	#REF!	11	48	0-64
98241	SNOHOMISH	#REF!	2	2	0-64
98252	SNOHOMISH	#REF!	2	5	0-64
98258	SNOHOMISH	#REF!	8	29	0-64
98270	SNOHOMISH	#REF!	7	10	0-64
98271	SNOHOMISH	#REF!	6	12	0-64
98290	SNOHOMISH	#REF!	1	1	0-64
98292	SNOHOMISH	#REF!	6	26	0-64
98296	SNOHOMISH	#REF!	1	2	0-64
99001	SPOKANE	#REF!	1	93	0-64
99004	SPOKANE	#REF!	1	1	0-64
99202	SPOKANE	#REF!	1	3	0-64
99114	STEVENS	#REF!	1	3	0-64
99129	STEVENS	#REF!	1	1	0-64
98501	THURSTON	#REF!	1	9	0-64
98502	THURSTON	#REF!	1	13	0-64
98503	THURSTON	#REF!	1	2	0-64
98507	THURSTON	#REF!	5	15	0-64
98512	THURSTON	#REF!	1	1	0-64
98516	THURSTON	#REF!	2	8	0-64

99323	WALLA WALLA	#REF!	1	8	0-64
98901	YAKIMA	#REF!	1	2	0-64
98937	YAKIMA	#REF!	1	2	0-64
98951	YAKIMA	#REF!	1	2	0-64
				4,389	

HSA's Defined: 1987 State Health Plan

HSA #1:	Clallam, Island, Jefferson, King, Kitsap, Pierce, San Juar
HSA #2:	Clark, Cowlitz, Grays Harbor, Klickitat, Lewis, Mason, Pa
HSA #3:	Benton, Chelan, Douglas, Franklin, Grant, Kittitas, Okan
HSA #4:	Adams, Asotin, Columbia, Ferry, Garfield, Lincoln, Pend

County	HSA
Adams	4
Asotin	4
Benton	3
Chelan	3
Clallam	1
Clark	2
Columbia	4
Cowlitz	2
Douglas	3
Ferry	4
Franklin	3
Garfield	4
Grant	3
Grays Harbor	2
Island	1
Jefferson	1
King	1
Kitsap	1
Kittitas	3
Klickitat	2
Lewis	2
Lincoln	4
Mason	2
Okanogan	3
Pacific	2
Pend Oreille	4
Pierce	1
San Juan	1
skagit	1
Skamania	2
Snohomish	1
Spokane	4
Stevens	4
Thurston	2

Wahkiakum	2
Walla Walla	4
Whatcom	1
Whitman	4
Yakima	3

Oreille, Spokane, Stevens, Walla Walla, Whitman

Patient County	Patient Zip	Patient HSA	Discharges	Patient Days	Age Cohort
ADAMS	99169	#REF!	1	1	0-64
ADAMS	99344	#REF!	2	8	0-64
ASOTIN	99403	#REF!	3	33	0-64
ASOTIN	99403	#REF!	3	18	65+
BENTON	99320	#REF!	3	55	0-64
BENTON	99320	#REF!	1	6	65+
BENTON	99336	#REF!	9	53	0-64
BENTON	99336	#REF!	3	27	65+
BENTON	99337	#REF!	7	26	0-64
BENTON	99337	#REF!	7	14	65+
BENTON	99338	#REF!	2	6	0-64
BENTON	99338	#REF!	2	5	65+
BENTON	99346	#REF!	6	20	0-64
BENTON	99346	#REF!	2	5	65+
BENTON	99350	#REF!	3	9	65+
BENTON	99352	#REF!	13	60	0-64
BENTON	99352	#REF!	5	72	65+
BENTON	99353	#REF!	8	63	0-64
BENTON	99354	#REF!	3	4	0-64
BENTON	99354	#REF!	2	7	65+
CHELAN	98801	#REF!	4	16	0-64
CHELAN	98807	#REF!	1	6	0-64
CHELAN	98815	#REF!	2	6	0-64
CHELAN	98815	#REF!	1	8	65+
CHELAN	98816	#REF!	3	19	0-64
CHELAN	98816	#REF!	1	2	65+
CHELAN	98822	#REF!	2	3	0-64
CHELAN	98826	#REF!	1	1	65+
CHELAN	98831	#REF!	2	13	0-64
CHELAN	98831	#REF!	1	1	65+
CHELAN	98847	#REF!	1	7	0-64
CLALLAM	98331	#REF!	1	0	0-64
CLALLAM	98331	#REF!	1	3	65+
CLALLAM	98362	#REF!	2	5	65+
CLALLAM	98363	#REF!	1	4	0-64
CLALLAM	98363	#REF!	1	2	65+
CLALLAM	98382	#REF!	6	25	65+
CLARK	98601	#REF!	32	116	0-64
CLARK	98601	#REF!	16	80	65+
CLARK	98604	#REF!	351	1494	0-64
CLARK	98604	#REF!	155	679	65+
CLARK	98606	#REF!	98	294	0-64
CLARK	98606	#REF!	49	161	65+
CLARK	98607	#REF!	313	1044	0-64
CLARK	98607	#REF!	183	840	65+
CLARK	98622	#REF!	3	13	0-64

CLARK	98622	#REF!	1	1	65+
CLARK	98629	#REF!	84	425	0-64
CLARK	98629	#REF!	50	203	65+
CLARK	98642	#REF!	191	646	0-64
CLARK	98642	#REF!	96	473	65+
CLARK	98660	#REF!	138	632	0-64
CLARK	98660	#REF!	56	225	65+
CLARK	98661	#REF!	555	2524	0-64
CLARK	98661	#REF!	178	750	65+
CLARK	98662	#REF!	392	1531	0-64
CLARK	98662	#REF!	179	780	65+
CLARK	98663	#REF!	171	758	0-64
CLARK	98663	#REF!	81	445	65+
CLARK	98664	#REF!	243	1075	0-64
CLARK	98664	#REF!	166	630	65+
CLARK	98665	#REF!	276	1182	0-64
CLARK	98665	#REF!	159	715	65+
CLARK	98666	#REF!	23	89	0-64
CLARK	98666	#REF!	5	22	65+
CLARK	98668	#REF!	21	99	0-64
CLARK	98668	#REF!	14	60	65+
CLARK	98671	#REF!	298	1147	0-64
CLARK	98671	#REF!	153	473	65+
CLARK	98675	#REF!	87	367	0-64
CLARK	98675	#REF!	23	112	65+
CLARK	98682	#REF!	643	2708	0-64
CLARK	98682	#REF!	281	1191	65+
CLARK	98683	#REF!	361	1540	0-64
CLARK	98683	#REF!	246	919	65+
CLARK	98684	#REF!	304	1262	0-64
CLARK	98684	#REF!	159	619	65+
CLARK	98685	#REF!	323	1329	0-64
CLARK	98685	#REF!	161	708	65+
CLARK	98686	#REF!	175	662	0-64
CLARK	98686	#REF!	83	398	65+
CLARK	98687	#REF!	21	81	0-64
CLARK	98687	#REF!	12	35	65+
COLUMBIA	99328	#REF!	4	8	0-64
COLUMBIA	99328	#REF!	4	14	65+
COWLITZ	98581	#REF!	5	6	65+
COWLITZ	98603	#REF!	6	33	0-64
COWLITZ	98603	#REF!	4	19	65+
COWLITZ	98609	#REF!	2	2	0-64
COWLITZ	98611	#REF!	63	290	0-64
COWLITZ	98611	#REF!	67	283	65+
COWLITZ	98616	#REF!	3	12	0-64
COWLITZ	98616	#REF!	1	7	65+

COWLITZ	98625	#REF!	55	258	0-64
COWLITZ	98625	#REF!	48	212	65+
COWLITZ	98626	#REF!	223	1329	0-64
COWLITZ	98626	#REF!	132	707	65+
COWLITZ	98632	#REF!	431	2240	0-64
COWLITZ	98632	#REF!	279	1379	65+
COWLITZ	98645	#REF!	8	16	0-64
COWLITZ	98645	#REF!	6	29	65+
COWLITZ	98649	#REF!	10	63	0-64
COWLITZ	98649	#REF!	5	40	65+
COWLITZ	98674	#REF!	121	482	0-64
COWLITZ	98674	#REF!	90	450	65+
DOUGLAS	98802	#REF!	1	2	0-64
DOUGLAS	98802	#REF!	2	7	65+
FERRY	99138	#REF!	1	3	65+
FRANKLIN	99301	#REF!	16	66	0-64
FRANKLIN	99301	#REF!	3	7	65+
FRANKLIN	99326	#REF!	3	6	0-64
FRANKLIN	99343	#REF!	1	6	65+
GARFIELD	99347	#REF!	1	1	0-64
GARFIELD	99347	#REF!	1	23	65+
GRANT	98823	#REF!	1	7	0-64
GRANT	98823	#REF!	1	2	65+
GRANT	98837	#REF!	5	31	0-64
GRANT	98837	#REF!	4	14	65+
GRANT	98851	#REF!	1	1	0-64
GRANT	99123	#REF!	1	1	65+
GRANT	99349	#REF!	1	2	0-64
GRANT	99349	#REF!	1	3	65+
GRAYS HARBOR	98520	#REF!	8	32	0-64
GRAYS HARBOR	98520	#REF!	2	6	65+
GRAYS HARBOR	98541	#REF!	1	1	0-64
GRAYS HARBOR	98550	#REF!	3	10	0-64
GRAYS HARBOR	98550	#REF!	1	7	65+
GRAYS HARBOR	98557	#REF!	2	22	0-64
GRAYS HARBOR	98563	#REF!	3	15	0-64
GRAYS HARBOR	98563	#REF!	3	20	65+
GRAYS HARBOR	98568	#REF!	1	1	0-64
GRAYS HARBOR	98569	#REF!	3	5	65+
GRAYS HARBOR	98595	#REF!	1	2	0-64
GRAYS HARBOR	98595	#REF!	1	3	65+
ISLAND	98236	#REF!	1	3	0-64
ISLAND	98239	#REF!	1	5	65+
ISLAND	98260	#REF!	1	3	0-64
ISLAND	98260	#REF!	1	2	65+
ISLAND	98277	#REF!	2	3	0-64
ISLAND	98282	#REF!	2	12	0-64

ISLAND	98282	#REF!	1	1	65+
JEFFERSON	98320	#REF!	1	2	0-64
JEFFERSON	98320	#REF!	1	2	65+
JEFFERSON	98325	#REF!	3	32	65+
JEFFERSON	98339	#REF!	1	1	0-64
JEFFERSON	98339	#REF!	2	6	65+
JEFFERSON	98365	#REF!	2	2	0-64
JEFFERSON	98365	#REF!	1	9	65+
JEFFERSON	98368	#REF!	1	6	0-64
JEFFERSON	98368	#REF!	1	3	65+
KING	98001	#REF!	2	12	65+
KING	98002	#REF!	2	8	0-64
KING	98004	#REF!	1	3	0-64
KING	98004	#REF!	4	11	65+
KING	98005	#REF!	1	1	0-64
KING	98006	#REF!	2	8	0-64
KING	98006	#REF!	3	7	65+
KING	98007	#REF!	2	3	0-64
KING	98008	#REF!	3	8	65+
KING	98009	#REF!	1	24	65+
KING	98010	#REF!	1	11	65+
KING	98011	#REF!	4	9	0-64
KING	98019	#REF!	2	9	0-64
KING	98022	#REF!	2	2	0-64
KING	98022	#REF!	3	6	65+
KING	98023	#REF!	5	23	0-64
KING	98023	#REF!	3	5	65+
KING	98024	#REF!	1	2	0-64
KING	98027	#REF!	2	6	0-64
KING	98027	#REF!	2	11	65+
KING	98028	#REF!	1	1	0-64
KING	98028	#REF!	1	3	65+
KING	98030	#REF!	1	6	0-64
KING	98031	#REF!	3	12	0-64
KING	98032	#REF!	2	5	0-64
KING	98033	#REF!	4	21	65+
KING	98034	#REF!	5	26	0-64
KING	98034	#REF!	4	34	65+
KING	98038	#REF!	3	10	0-64
KING	98040	#REF!	1	2	0-64
KING	98040	#REF!	5	81	65+
KING	98042	#REF!	3	3	0-64
KING	98042	#REF!	2	3	65+
KING	98045	#REF!	2	9	0-64
KING	98052	#REF!	3	44	0-64
KING	98052	#REF!	5	14	65+
KING	98053	#REF!	2	8	0-64

KING	98056	#REF!	3	24	65+
KING	98057	#REF!	2	8	0-64
KING	98058	#REF!	3	12	0-64
KING	98058	#REF!	3	9	65+
KING	98062	#REF!	1	6	65+
KING	98064	#REF!	1	13	0-64
KING	98064	#REF!	1	1	65+
KING	98065	#REF!	4	9	0-64
KING	98065	#REF!	1	4	65+
KING	98070	#REF!	2	3	0-64
KING	98072	#REF!	1	1	0-64
KING	98072	#REF!	2	10	65+
KING	98074	#REF!	1	3	0-64
KING	98075	#REF!	1	1	0-64
KING	98077	#REF!	1	3	0-64
KING	98092	#REF!	7	49	0-64
KING	98092	#REF!	6	16	65+
KING	98101	#REF!	2	4	0-64
KING	98101	#REF!	1	1	65+
KING	98102	#REF!	1	2	0-64
KING	98102	#REF!	1	6	65+
KING	98103	#REF!	3	72	0-64
KING	98103	#REF!	3	32	65+
KING	98104	#REF!	4	12	0-64
KING	98104	#REF!	1	3	65+
KING	98106	#REF!	1	4	65+
KING	98107	#REF!	2	3	0-64
KING	98108	#REF!	1	3	0-64
KING	98109	#REF!	7	22	0-64
KING	98109	#REF!	1	2	65+
KING	98115	#REF!	5	64	0-64
KING	98115	#REF!	1	6	65+
KING	98117	#REF!	8	18	0-64
KING	98117	#REF!	2	15	65+
KING	98118	#REF!	2	22	0-64
KING	98118	#REF!	1	1	65+
KING	98121	#REF!	2	2	0-64
KING	98122	#REF!	5	32	0-64
KING	98124	#REF!	1	2	65+
KING	98125	#REF!	2	55	0-64
KING	98125	#REF!	2	7	65+
KING	98126	#REF!	1	1	0-64
KING	98133	#REF!	6	25	0-64
KING	98133	#REF!	2	5	65+
KING	98134	#REF!	1	3	0-64
KING	98144	#REF!	1	3	0-64
KING	98146	#REF!	1	3	0-64

KING	98155	#REF!	1	2	0-64
KING	98166	#REF!	3	6	65+
KING	98168	#REF!	3	11	0-64
KING	98177	#REF!	3	12	0-64
KING	98178	#REF!	1	3	0-64
KING	98188	#REF!	2	8	65+
KING	98198	#REF!	1	2	0-64
KITSAP	98110	#REF!	2	6	0-64
KITSAP	98110	#REF!	2	12	65+
KITSAP	98310	#REF!	1	12	0-64
KITSAP	98310	#REF!	3	11	65+
KITSAP	98311	#REF!	2	8	0-64
KITSAP	98311	#REF!	1	2	65+
KITSAP	98312	#REF!	2	15	0-64
KITSAP	98312	#REF!	2	3	65+
KITSAP	98359	#REF!	3	9	0-64
KITSAP	98366	#REF!	1	1	0-64
KITSAP	98366	#REF!	2	5	65+
KITSAP	98367	#REF!	6	20	0-64
KITSAP	98367	#REF!	2	16	65+
KITSAP	98370	#REF!	1	14	0-64
KITSAP	98370	#REF!	3	7	65+
KITSAP	98383	#REF!	3	12	0-64
KITTITAS	98926	#REF!	1	14	65+
KITTITAS	98934	#REF!	1	1	0-64
KITTITAS	98934	#REF!	1	11	65+
KITTITAS	98941	#REF!	1	3	65+
KLICKITAT	98602	#REF!	7	43	0-64
KLICKITAT	98602	#REF!	7	20	65+
KLICKITAT	98605	#REF!	42	144	0-64
KLICKITAT	98605	#REF!	15	56	65+
KLICKITAT	98613	#REF!	6	13	0-64
KLICKITAT	98613	#REF!	4	9	65+
KLICKITAT	98617	#REF!	47	240	0-64
KLICKITAT	98617	#REF!	41	157	65+
KLICKITAT	98619	#REF!	9	60	0-64
KLICKITAT	98619	#REF!	16	81	65+
KLICKITAT	98620	#REF!	223	870	0-64
KLICKITAT	98620	#REF!	158	816	65+
KLICKITAT	98623	#REF!	16	54	0-64
KLICKITAT	98623	#REF!	7	25	65+
KLICKITAT	98628	#REF!	19	61	0-64
KLICKITAT	98628	#REF!	25	121	65+
KLICKITAT	98635	#REF!	43	118	0-64
KLICKITAT	98635	#REF!	39	178	65+
KLICKITAT	98650	#REF!	29	136	0-64
KLICKITAT	98650	#REF!	26	75	65+

KLICKITAT	98670	#REF!	3	15	0-64
KLICKITAT	98670	#REF!	1	3	65+
KLICKITAT	98672	#REF!	146	406	0-64
KLICKITAT	98672	#REF!	88	372	65+
KLICKITAT	98673	#REF!	10	28	0-64
KLICKITAT	98673	#REF!	8	36	65+
KLICKITAT	99356	#REF!	6	75	0-64
KLICKITAT	99356	#REF!	5	20	65+
LEWIS	98336	#REF!	1	2	0-64
LEWIS	98336	#REF!	1	10	65+
LEWIS	98356	#REF!	2	12	0-64
LEWIS	98356	#REF!	1	2	65+
LEWIS	98361	#REF!	3	12	65+
LEWIS	98377	#REF!	2	145	0-64
LEWIS	98377	#REF!	2	5	65+
LEWIS	98531	#REF!	14	123	0-64
LEWIS	98531	#REF!	7	17	65+
LEWIS	98532	#REF!	13	38	0-64
LEWIS	98532	#REF!	5	23	65+
LEWIS	98539	#REF!	1	5	65+
LEWIS	98542	#REF!	4	19	0-64
LEWIS	98564	#REF!	3	40	0-64
LEWIS	98565	#REF!	1	1	0-64
LEWIS	98570	#REF!	3	71	0-64
LEWIS	98570	#REF!	1	9	65+
LEWIS	98572	#REF!	1	1	0-64
LEWIS	98585	#REF!	1	4	0-64
LEWIS	98591	#REF!	23	133	0-64
LEWIS	98591	#REF!	13	79	65+
LEWIS	98593	#REF!	7	20	0-64
LEWIS	98593	#REF!	4	13	65+
LEWIS	98596	#REF!	13	63	0-64
LEWIS	98596	#REF!	11	106	65+
LINCOLN	99122	#REF!	1	3	0-64
MASON	98524	#REF!	2	6	0-64
MASON	98528	#REF!	1	1	65+
MASON	98548	#REF!	1	2	0-64
MASON	98584	#REF!	8	29	0-64
MASON	98584	#REF!	1	8	65+
OKANOGAN	98855	#REF!	1	1	0-64
OKANOGAN	98855	#REF!	1	5	65+
OKANOGAN	98856	#REF!	1	3	0-64
OKANOGAN	98856	#REF!	1	5	65+
OKANOGAN	99155	#REF!	1	1	0-64
PACIFIC	98527	#REF!	1	1	0-64
PACIFIC	98527	#REF!	2	7	65+
PACIFIC	98561	#REF!	1	6	65+

PACIFIC	98577	#REF!	2	13	0-64
PACIFIC	98577	#REF!	2	11	65+
PACIFIC	98586	#REF!	5	34	0-64
PACIFIC	98586	#REF!	5	53	65+
PACIFIC	98590	#REF!	1	8	0-64
PACIFIC	98614	#REF!	22	77	0-64
PACIFIC	98614	#REF!	27	145	65+
PACIFIC	98624	#REF!	29	80	0-64
PACIFIC	98624	#REF!	24	123	65+
PACIFIC	98631	#REF!	84	476	0-64
PACIFIC	98631	#REF!	81	364	65+
PACIFIC	98637	#REF!	2	3	0-64
PACIFIC	98637	#REF!	4	46	65+
PACIFIC	98638	#REF!	40	116	0-64
PACIFIC	98638	#REF!	34	155	65+
PACIFIC	98640	#REF!	103	483	0-64
PACIFIC	98640	#REF!	145	681	65+
PACIFIC	98641	#REF!	1	3	0-64
PACIFIC	98641	#REF!	12	44	65+
PACIFIC	98644	#REF!	20	101	0-64
PACIFIC	98644	#REF!	21	117	65+
PEND OREILLE	99156	#REF!	2	3	65+
PIERCE	98321	#REF!	2	3	0-64
PIERCE	98327	#REF!	6	27	0-64
PIERCE	98328	#REF!	2	5	0-64
PIERCE	98332	#REF!	4	12	0-64
PIERCE	98332	#REF!	6	35	65+
PIERCE	98335	#REF!	2	8	0-64
PIERCE	98335	#REF!	2	2	65+
PIERCE	98338	#REF!	1	3	0-64
PIERCE	98354	#REF!	1	4	0-64
PIERCE	98371	#REF!	1	1	0-64
PIERCE	98372	#REF!	7	35	0-64
PIERCE	98373	#REF!	5	13	0-64
PIERCE	98374	#REF!	2	9	65+
PIERCE	98375	#REF!	2	4	0-64
PIERCE	98375	#REF!	2	3	65+
PIERCE	98385	#REF!	1	2	65+
PIERCE	98387	#REF!	2	4	0-64
PIERCE	98387	#REF!	1	3	65+
PIERCE	98388	#REF!	1	2	0-64
PIERCE	98388	#REF!	1	7	65+
PIERCE	98390	#REF!	2	3	0-64
PIERCE	98391	#REF!	5	39	0-64
PIERCE	98394	#REF!	1	21	65+
PIERCE	98396	#REF!	1	1	0-64
PIERCE	98402	#REF!	1	1	65+

PIERCE	98403	#REF!	1	8	65+
PIERCE	98404	#REF!	4	30	0-64
PIERCE	98405	#REF!	3	15	0-64
PIERCE	98405	#REF!	1	10	65+
PIERCE	98406	#REF!	6	18	0-64
PIERCE	98406	#REF!	1	6	65+
PIERCE	98407	#REF!	1	1	0-64
PIERCE	98407	#REF!	2	3	65+
PIERCE	98408	#REF!	1	6	65+
PIERCE	98409	#REF!	2	118	0-64
PIERCE	98422	#REF!	2	10	65+
PIERCE	98424	#REF!	1	2	0-64
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PIERCE	98433	#REF!	1	5	0-64
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PIERCE	98444	#REF!	3	42	0-64
PIERCE	98444	#REF!	2	5	65+
PIERCE	98445	#REF!	4	13	0-64
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PIERCE	98446	#REF!	1	2	0-64
PIERCE	98466	#REF!	4	18	0-64
PIERCE	98466	#REF!	3	21	65+
PIERCE	98467	#REF!	1	2	0-64
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PIERCE	98498	#REF!	1	2	65+
PIERCE	98499	#REF!	1	2	0-64
PIERCE	98499	#REF!	2	81	65+
PIERCE	98580	#REF!	1	2	0-64
SAN JUAN	98245	#REF!	1	4	0-64
SAN JUAN	98245	#REF!	1	4	65+
SAN JUAN	98250	#REF!	1	1	0-64
SAN JUAN	98250	#REF!	1	2	65+
SAN JUAN	98261	#REF!	1	7	65+
SKAGIT	98221	#REF!	1	5	0-64
SKAGIT	98232	#REF!	1	2	0-64
SKAGIT	98233	#REF!	1	2	0-64
SKAGIT	98257	#REF!	1	4	65+
SKAGIT	98273	#REF!	3	10	0-64
SKAGIT	98274	#REF!	4	15	65+
SKAGIT	98284	#REF!	4	21	0-64
SKAGIT	98284	#REF!	3	19	65+
SKAMANIA	98610	#REF!	78	241	0-64
SKAMANIA	98610	#REF!	59	316	65+
SKAMANIA	98639	#REF!	35	158	0-64
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SKAMANIA	98648	#REF!	74	289	0-64
SKAMANIA	98648	#REF!	52	283	65+

SKAMANIA	98651	#REF!	28	93	0-64
SKAMANIA	98651	#REF!	28	167	65+
SNOHOMISH	98012	#REF!	7	36	0-64
SNOHOMISH	98012	#REF!	2	6	65+
SNOHOMISH	98020	#REF!	1	4	65+
SNOHOMISH	98026	#REF!	4	14	0-64
SNOHOMISH	98043	#REF!	3	12	0-64
SNOHOMISH	98043	#REF!	1	4	65+
SNOHOMISH	98087	#REF!	6	62	0-64
SNOHOMISH	98087	#REF!	1	3	65+
SNOHOMISH	98203	#REF!	2	12	0-64
SNOHOMISH	98203	#REF!	3	7	65+
SNOHOMISH	98204	#REF!	4	27	0-64
SNOHOMISH	98208	#REF!	4	8	0-64
SNOHOMISH	98223	#REF!	5	15	0-64
SNOHOMISH	98223	#REF!	1	1	65+
SNOHOMISH	98251	#REF!	1	4	0-64
SNOHOMISH	98258	#REF!	1	1	0-64
SNOHOMISH	98258	#REF!	2	2	65+
SNOHOMISH	98270	#REF!	2	4	0-64
SNOHOMISH	98270	#REF!	3	26	65+
SNOHOMISH	98271	#REF!	4	12	0-64
SNOHOMISH	98272	#REF!	4	8	0-64
SNOHOMISH	98272	#REF!	4	25	65+
SNOHOMISH	98275	#REF!	2	7	0-64
SNOHOMISH	98275	#REF!	7	39	65+
SNOHOMISH	98290	#REF!	3	40	0-64
SNOHOMISH	98290	#REF!	4	10	65+
SNOHOMISH	98292	#REF!	2	6	0-64
SNOHOMISH	98292	#REF!	1	3	65+
SNOHOMISH	98294	#REF!	2	4	0-64
SNOHOMISH	98294	#REF!	1	3	65+
SNOHOMISH	98296	#REF!	1	3	0-64
SNOHOMISH	98296	#REF!	1	8	65+
SPOKANE	99005	#REF!	1	7	0-64
SPOKANE	99005	#REF!	2	5	65+
SPOKANE	99006	#REF!	1	3	65+
SPOKANE	99016	#REF!	1	5	0-64
SPOKANE	99019	#REF!	2	9	0-64
SPOKANE	99021	#REF!	1	4	0-64
SPOKANE	99022	#REF!	1	6	0-64
SPOKANE	99022	#REF!	1	1	65+
SPOKANE	99025	#REF!	2	7	0-64
SPOKANE	99026	#REF!	1	3	0-64
SPOKANE	99026	#REF!	1	25	65+
SPOKANE	99031	#REF!	1	5	65+
SPOKANE	99201	#REF!	2	3	0-64

SPOKANE	99202	#REF!	1	1	0-64
SPOKANE	99203	#REF!	1	4	0-64
SPOKANE	99203	#REF!	1	2	65+
SPOKANE	99204	#REF!	2	3	0-64
SPOKANE	99205	#REF!	3	13	0-64
SPOKANE	99205	#REF!	4	11	65+
SPOKANE	99206	#REF!	3	7	0-64
SPOKANE	99206	#REF!	1	2	65+
SPOKANE	99207	#REF!	1	9	65+
SPOKANE	99208	#REF!	4	12	0-64
SPOKANE	99208	#REF!	3	14	65+
SPOKANE	99212	#REF!	1	1	0-64
SPOKANE	99216	#REF!	6	15	65+
SPOKANE	99217	#REF!	1	4	0-64
SPOKANE	99223	#REF!	4	81	0-64
SPOKANE	99223	#REF!	2	7	65+
SPOKANE	99224	#REF!	1	4	0-64
SPOKANE	99224	#REF!	2	4	65+
STEVENS	99110	#REF!	1	13	65+
STEVENS	99114	#REF!	1	4	0-64
STEVENS	99141	#REF!	1	2	0-64
STEVENS	99148	#REF!	1	1	65+
STEVENS	99157	#REF!	3	16	0-64
STEVENS	99173	#REF!	1	1	65+
THURSTON	98501	#REF!	10	39	0-64
THURSTON	98501	#REF!	6	24	65+
THURSTON	98502	#REF!	7	29	0-64
THURSTON	98502	#REF!	2	11	65+
THURSTON	98503	#REF!	6	24	0-64
THURSTON	98503	#REF!	3	23	65+
THURSTON	98506	#REF!	1	2	0-64
THURSTON	98507	#REF!	3	15	0-64
THURSTON	98509	#REF!	1	23	0-64
THURSTON	98512	#REF!	14	44	0-64
THURSTON	98512	#REF!	7	32	65+
THURSTON	98513	#REF!	2	5	0-64
THURSTON	98513	#REF!	1	1	65+
THURSTON	98516	#REF!	4	22	0-64
THURSTON	98516	#REF!	6	12	65+
THURSTON	98576	#REF!	2	3	0-64
THURSTON	98579	#REF!	7	27	0-64
THURSTON	98579	#REF!	3	19	65+
THURSTON	98589	#REF!	1	11	0-64
THURSTON	98597	#REF!	7	24	0-64
THURSTON	98597	#REF!	3	16	65+
WAHKIAKUM	98612	#REF!	25	97	0-64
WAHKIAKUM	98612	#REF!	15	60	65+

WAHKIAKUM	98621	#REF!	7	171	0-64
WAHKIAKUM	98621	#REF!	4	10	65+
WAHKIAKUM	98643	#REF!	8	32	0-64
WAHKIAKUM	98643	#REF!	23	114	65+
WAHKIAKUM	98647	#REF!	3	9	0-64
WAHKIAKUM	98647	#REF!	3	11	65+
WALLA WALLA	99323	#REF!	1	1	0-64
WALLA WALLA	99323	#REF!	1	5	65+
WALLA WALLA	99324	#REF!	4	10	0-64
WALLA WALLA	99324	#REF!	5	42	65+
WALLA WALLA	99348	#REF!	1	1	65+
WALLA WALLA	99360	#REF!	1	5	65+
WALLA WALLA	99361	#REF!	1	16	65+
WALLA WALLA	99362	#REF!	27	181	0-64
WALLA WALLA	99362	#REF!	18	99	65+
WHATCOM	98220	#REF!	1	2	0-64
WHATCOM	98225	#REF!	11	53	0-64
WHATCOM	98225	#REF!	2	11	65+
WHATCOM	98226	#REF!	1	24	0-64
WHATCOM	98226	#REF!	5	25	65+
WHATCOM	98227	#REF!	1	2	0-64
WHATCOM	98227	#REF!	3	9	65+
WHATCOM	98229	#REF!	4	16	0-64
WHATCOM	98229	#REF!	1	2	65+
WHATCOM	98230	#REF!	2	9	0-64
WHATCOM	98230	#REF!	1	5	65+
WHATCOM	98248	#REF!	3	6	0-64
WHATCOM	98264	#REF!	11	66	0-64
WHATCOM	98264	#REF!	2	117	65+
WHATCOM	98281	#REF!	1	4	0-64
WHITMAN	99163	#REF!	9	181	0-64
WHITMAN	99163	#REF!	3	11	65+
YAKIMA	98901	#REF!	6	32	0-64
YAKIMA	98901	#REF!	1	8	65+
YAKIMA	98902	#REF!	4	8	0-64
YAKIMA	98902	#REF!	4	20	65+
YAKIMA	98903	#REF!	2	13	0-64
YAKIMA	98903	#REF!	4	9	65+
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YAKIMA	98908	#REF!	7	44	0-64
YAKIMA	98908	#REF!	4	15	65+
YAKIMA	98909	#REF!	2	16	65+
YAKIMA	98930	#REF!	9	35	0-64
YAKIMA	98933	#REF!	2	7	0-64
YAKIMA	98933	#REF!	2	15	65+
YAKIMA	98935	#REF!	2	77	0-64
YAKIMA	98935	#REF!	1	3	65+

YAKIMA	98936	#REF!	1	25	0-64
YAKIMA	98937	#REF!	1	7	0-64
YAKIMA	98937	#REF!	1	7	65+
YAKIMA	98938	#REF!	2	4	65+
YAKIMA	98942	#REF!	8	37	0-64
YAKIMA	98942	#REF!	2	12	65+
YAKIMA	98944	#REF!	4	11	0-64
YAKIMA	98948	#REF!	8	19	0-64
YAKIMA	98951	#REF!	5	9	0-64
YAKIMA	98952	#REF!	1	3	0-64
YAKIMA	98953	#REF!	1	7	0-64
YAKIMA	98953	#REF!	1	4	65+

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Row Labels	Sum of Patient Days
1	**2965**
0-64	1776
65+	1189
2	**50427**
0-64	31551
65+	18876
3	**1162**
0-64	812
65+	350
4	**981**
0-64	623
65+	358
Grand Total	**55535**

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Patient Zip	(Multiple Items)

Row Labels	Sum of Patient Days
0-64	20
65+	24
Grand Total	**44**