

February 28, 2025

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

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

Dear Mr. Hernandez:

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

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

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

Spenser Troiano	Executive Director, Strategy and Business Development, Swedish Health Services	Spenser.Troiano@swedish.org
Lisa Crockett	VP, System Strategy & Planning Providence	Lisa.Crockett@providence.org
Matt Moe	Director, System Strategy & Planning Providence	Matthew.Moe@providence.org

Sincerely,



Spenser Troiano
Executive Director, Strategy and Business Development
Swedish Health Services



Certificate of Need Hospital Application Packet

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Application submission must include:

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

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

Mail or deliver the application and review fee to:

Mailing Address:

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

Other Than By Mail:

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

Contact Us:

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

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



Application Instructions

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

General Instructions:

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

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

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



Certificate of Need Application Hospital Projects

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

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

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

<p>Signature and Title of Responsible Officer Spenser Troiano, Executive Director</p> <div style="text-align: center; margin: 10px 0;"> </div> <p>Email Address Spenser.Troiano@swedish.org</p>	<p>Date 2/27/2025</p> <p>Telephone Number 206-628-2571</p>
<p>Legal Name of Applicant Swedish Health Services – d/b/a Swedish Issaquah.</p> <p>Address of Applicant and Operator Swedish Issaquah 751 NE Blakely Drive Issaquah, WA 98209</p>	<p><input type="checkbox"/> New hospital <input type="checkbox"/> Expansion of existing hospital (identify facility name and license number)</p> <p>Provide a brief project description, including the number of beds and the location.</p> <p>Adult Elective PCI Program</p> <p>Estimated capital expenditure: \$ <u>0</u></p>

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

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

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

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

Certificate of Need Application

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

February 2025

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Introduction and Summary

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

The existing emergent PCI program at Swedish Issaquah is part of the SHVI and draws on the experience and expertise of the Seattle program. Swedish Issaquah has performed emergent PCIs since late 2011, soon after the hospital opened. Approving the provision of elective PCI procedures at Swedish Issaquah complements the existing emergent PCI program, thereby improving access, quality of care, and patient safety while keeping residents close to home.

Beyond the provision of elective PCIs, there are no planned changes in services at Swedish Issaquah and, consequently, the proposed project will not impact existing services at the Swedish Issaquah campus. Finally, the proposed project is not a phased project. We expect to provide elective PCI services beginning January 1, 2026, subject to CN approval.

High Outmigration Rates for PCI Services Indicate a Lack of Access

An examination of PCI outmigration from the planning area reveals alarmingly high rates from 2017-2023. Our analysis demonstrates the total outmigration for both inpatient and outpatient PCIs historically falls between 31% to 33%. More pronounced — and particularly concerning from a patient access perspective — are the outpatient migration rates, which historically range between 42% to 46%. These high outmigration rates reflect a lack of access and suggest King East residents are underserved for elective PCI services. Our proposed elective PCI program will immediately help address this longstanding lack of access.

King East Residents Are Underserved and Lack Access to Elective PCI Services

The absence of an elective PCI program at Swedish Issaquah has long been a significant barrier for patients in the King East planning area, forcing many residents to travel outside the area for necessary PCI procedures. This high outmigration adversely impacts health care delivery by causing delays, reducing continuity of care, and exacerbating inequities, particularly for low-income and vulnerable populations who face greater financial impacts and feasibility issues with long travel times. Extended travel requirements increase risks associated with delayed medical interventions and strain patients and their families. Swedish Issaquah's third application in five years aims to

address this access issue by reducing outmigration and improving health care outcomes and quality of life for King East residents.

Swedish Issaquah Has a Long-Established Emergent PCI Program

Since 2011, Swedish Issaquah has operated a fully staffed and equipped emergent PCI program, ensuring 24/7, year-round services. With more than 13 years of successful operation, the program has established itself as a reliable provider of emergent PCI procedures. Establishing an elective PCI program would leverage the existing infrastructure, including fully equipped cath labs and a dedicated, experienced staff, without requiring additional resources. This integration of emergent and elective PCI services would enhance operational efficiencies, streamline patient care, and optimize resource utilization.

The Proposed PCI Program Will Not Adversely Impact Other PCI Programs

The projected growth at Swedish Issaquah's new elective PCI program will not adversely affect the volumes at the five other hospitals in the King East planning area that provide both emergent and elective PCI services. Many residents from King East seek elective PCI services outside the planning area. Swedish Issaquah's projection of adding a total of 76 elective PCI procedures by 2028 aims to address access issues within King East while still leaving substantial volume for other elective PCI providers in the area. In addition, a PCI origin zip code analysis demonstrates that establishing and operating an adult elective PCI program at Swedish Issaquah will not impact the University of Washington Medical Center Cardiovascular Disease and Interventional Cardiology Fellowship Training programs.

Delaying Approval of a New Elective PCI Program Continues to Place Quality Health Care Access at Risk

The King East history and legal proceedings support approving a new elective PCI program. To review Swedish's current application fairly and equitably, the CN Program must consider the key legal and policy determinations made by the Department in 2024, including Swedish's appeal of their 2023 PCI application denial and the Notice of Intent to Revoke the joint PCI CN held by MultiCare Auburn and St. Francis due to longstanding volume standard non-compliance at MultiCare Auburn. These determinations are crucial in terms of providing elective PCI services in the King East Planning Area and reflect the Department's duty to consistently administer the certificate of need program in alignment with public policy goals. Finally, as we elaborate in the application, the failure of an existing program to meet the annual PCI volume standard for more than a decade and the failure by the Department to effectively enforce the standards has repeatedly prevented the approval of Swedish's proposed PCI program in both the 2019 and 2023 application cycles, jeopardizing quality health care access and placing patients at risk.

Swedish Issaquah is Compelled to Apply Now Due to Terms of a Settlement Agreement

In 2024, the CN Program, MultiCare Auburn, and St. Francis entered a Settlement Agreement to resolve the CN Program's Notice of Intent to Revoke CN #1407, which resulted in the issuance of two new PCI CNs for MultiCare Auburn and St. Francis. As a condition of the settlement, MultiCare Auburn and St. Francis agreed not to oppose the

approval of a new PCI provider in the King East Planning Area #9 during the 2025 or 2026 application cycles. As a party directly impacted by the Settlement Agreement, Swedish Issaquah has applied for a new PCI program during the current PCI application cycle in order to move as expeditiously as possible to be responsive to the terms of the Settlement Agreement and address the longstanding health care access issues for elective PCI services in the King East planning area.

Current PCI Rulemaking Has Affirmed the Need for Changes to Address Health Equity and Access

On October 6, 2023, Providence Health & Services – Washington (“Providence”) contacted the Department pursuant to RCW 34.05.330 and WAC 82-05-200 with a petition to undertake PCI rulemaking to address inherent shortcomings in the rules that have prevented the approval of new elective PCI programs that can address health care access and health equity issues. The Department accepted the petition and commenced rulemaking efforts in 2024. The rulemaking has been an open public process that has been well-communicated and garnered the widespread participation of stakeholders throughout the State of Washington. Ongoing, substantial progress has been made to update the PCI rules in a manner that will address fundamental shortcomings and modernize the rules to address health equity and access issues in alignment with public policy goals. The rulemaking remains on-track to conclude during the pendency of evaluating the Swedish Issaquah PCI CN application and provides an opportunity to apply the rules in a timely manner to resolve the access issues that continue to adversely impact the King East planning area.

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

Swedish Issaquah is dedicated to providing health care services to everyone, regardless of income, race, ethnicity, gender, disability, or any other factor, and ensures care for those unable to pay. Since 1910, Swedish Health Services has been a long-standing provider deeply committed to the local community. Beyond patient care, Swedish focuses on charity care, research, community health, and education. In 2023, Swedish contributed \$299 million in community benefit, reflecting our unwavering commitment to serving the community.

In summary, Swedish Issaquah is seeking approval to establish an elective PCI program, complementing its existing emergent PCI services. With a strong history in cardiac care, Swedish Health Services, through its Swedish Heart and Vascular Institute, aims to improve access and quality of care for King East residents, who have historically faced high outmigration rates for PCI procedures. The proposed program leverages Swedish Issaquah's established infrastructure and experienced staff, promising enhanced patient care without impacting existing services or other regional PCI programs. Approval of this program aligns with the DOH public policy goals and addresses critical health care access issues, particularly for underserved populations. Swedish's long-standing commitment to the community is evident in its extensive health care and community benefit initiatives, ensuring inclusive and equitable care for all.

Applicant Description

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

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

Swedish Issaquah
751 NE Blakely Drive
Issaquah, WA 98029

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

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

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

The contact person for this application is provided below:

Spenser Troiano, Executive Director
Strategy and Business Development
Swedish Health Services, Swedish First Hill
747 Broadway Seattle, WA 98122
Spenser.Troiano@swedish.org

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

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

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

The applicant's legal name is Swedish Health Services d/b/a Swedish Issaquah. Please see Exhibit 2 that includes an organizational chart for Swedish Issaquah. In addition, for the purposes of this CN application, the Providence Health & Services legal structure has been provided in Exhibit 3. Finally, a copy of the Washington State Department of Health Hospital Acute Care License for Swedish Issaquah is provided in Exhibit 4.

Facility Description

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

The existing facility is the following:

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

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

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

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

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

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

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

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

- Det Norske Veritas Accreditation, exp. 11/9/2026
- DOH Level 1 Cardiac Center, exp. 6/16/2027 (WA DOH Categorization)
- American College of Radiology in Mammography, College of Radiology Accredited Facility, exp. 8/15/2027
- American College of Radiology, Breast MR Imaging Services, exp. 10/31/2026
- American College of Radiology, Breast Biopsy Accreditation, exp. 8/15/2027
- American College of Radiology, Breast Ultrasound Accreditation, exp. 8/7/2027
- College of American Pathologists lab certification, exp. 3/1/2027

- Comprehensive Bariatric Center with Obesity Medicine Qualification, exp. 2/8/2027.
- Commission on Cancer Certificate, exp. 6/20/2026
- DOH Licensure Survey, exp. 10/31/2026

5. Is the facility operated under a management agreement?

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

6. Provide the following scope of service information:

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

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

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

Source: Swedish Issaquah

Project Description

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

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

The existing PCI program at Swedish Issaquah is part of the Swedish Heart and Vascular Institute and draws on the experience and expertise of the Seattle program. Swedish Issaquah began providing emergent PCIs in late 2011, soon after the hospital opened more than 13 years ago. Care received at either the Seattle or Issaquah facilities is of the same high quality since both are part of the Swedish Heart and Vascular Institute, and staff and physicians are exposed to very high volumes with very complex cases and advanced circulatory support devices. Allowing elective PCI procedures at Swedish Issaquah complements the provision of emergent PCIs, improving access, quality of care and patient safety for all patients regardless of payor status while keeping East King County residents close to home.

The Swedish Issaquah emergent PCI program consistently achieves top scores in quality metrics, including data reported by the Foundation for Health Care Quality – Cardiac Care Outcomes Assessment Program (“COAP”). In addition to having excellent outcomes with the existing PCI program, Swedish Issaquah operates an 18-bed Intensive Care Unit that works seamlessly with the Swedish Heart and Vascular Institute to deliver outstanding outcomes. Thus, patients receiving PCI services at Issaquah are able to receive all of their care at the Swedish Issaquah facility.

Outside of the provision of elective PCIs, there are no planned changes in services at Swedish Issaquah and, consequently, the proposed project will not impact existing services. In addition, there are no capital costs related to this project. Finally, the proposed project is not a phased project. We expect to provide elective PCI services beginning January 2026, subject to CN approval.

- 2. If your project involves the addition or expansion of a tertiary service, confirm you included the applicable addendum for that service. Tertiary services are**

outlined under WAC 246-310-020(1)(d)(i).

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

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

Swedish Issaquah is licensed for 175 beds, including 160 general inpatient acute beds and 15 NICU Level II beds. The proposed adult elective PCI project will not impact the current and proposed bed types at Swedish Issaquah. There is no change in bed types or bed totals as a result of the proposed project. Please see Table 2.

Table 2. Swedish Issaquah Current and Proposed Bed Type

Bed Type	Current	Proposed
General Inpatient Acute Care	160	160
Dedicated or PPS Exempt Psychiatric	0	0
Dedicated or PPS Exempt Rehabilitation	0	0
Long Term Care/Nursing Home Beds	0	0
NICU Level II	15	15
NICU Level III	0	0
NICU Level IV	0	0
Total	175	175

Source: Swedish Issaquah

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

Swedish Issaquah is licensed for 175 beds. As of February 2025, 168 beds are set-up, staffed, and available for immediate use. These include 153 general inpatient acute beds and 15 Level II NICU beds. The other 7 beds are not set up, as the 168 set-up beds are meeting the current demand for the hospital. If the need for additional beds arises, Swedish Issaquah is positioned to set-up additional beds, as needed, up to its licensed capacity of 175 beds.

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

We anticipate that the Department will complete its evaluation by approximately November 2025, allowing eight to nine months for the review of the application. This timeline provides sufficient time for the facility to prepare and complete licensure in

December 2025. Under this timeframe, we expect to initiate elective PCI services on January 1, 2026. Please refer to Table 3 for the estimated project timeline from the application date to the initiation of health services, marking the date of project completion.

Table 3. Estimated Project Timeline

Event	Month/Year
CN Application Filed	February 28, 2025
Anticipated CN Approval	November 2025
Design Complete	N/A
Construction Commenced	N/A
Construction Completed	N/A
Facility Prepared for Survey	December 2025
Facility Licensed - Project Complete WAC 246-310-010(47)	January 1, 2026

Source: Swedish Issaquah

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

The proposed project will serve adult patients diagnosed with coronary artery disease in which appropriate use criteria outlined by the American College of Cardiology (“ACC”) demonstrate such patients would benefit from a PCI in comparison to another care modality, including medical management. Patients will be cared for regardless of their ability to pay, and without regard to income, race, ethnicity, gender, sexual orientation, disability, religion, or any other factor at Swedish Issaquah.

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

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

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

Please see Exhibit 6 for single line drawings for the Swedish Issaquah hospital including the location of the two existing cath labs. Since there is no construction or change in floor plans, the single line drawings both before and after the project completion are the same.

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

The gross square footage (“GSF”) of the hospital is 362,033 GSF. Since there is no

construction or alteration of floor plans involved in the proposed project, there is no change in GSF with and without the project.

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

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

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

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

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

Certificate of Need Review Criteria

A. Need (WAC 246-310-210)

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

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

Table 4. King East Planning Area

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

Source: DOH

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

Table 5. Affected Hospitals in Planning Area

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

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

*MultiCare Auburn Medical Center and St. Francis Hospital previously operated a joint PCI program pursuant to CN #1407 (issued in 2009). However, they now operate separate programs pursuant to two CNs issued by the Department as the result of a settlement of the Department's 2023 revocation action with respect to CN #1407. This action is discussed below in Swedish's response to Question 8 of the Addendum.

2. For projects proposing to add acute care beds, provide a numeric need methodology that demonstrates need in this planning area. The numeric need methodology steps can be found in the Washington State Health Plan (sunset in 1989).

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

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

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

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

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

Table 6. Swedish Issaquah Historical Utilization, 2022-2024

Project Specific Only	2022	2023	2024
Licensed beds	N/A	N/A	N/A
Available beds	N/A	N/A	N/A
Discharges	N/A	N/A	N/A
Patient days	N/A	N/A	N/A
Entire Hospital	2022	2023	2024
Licensed beds	175	175	175
Available beds	168	168	168
Discharges	6,619	7,248	7,638
Patient days	28,514	29,719	33,129

Source: Swedish Issaquah

5. Provide projected utilization of the proposed facility for the first seven full years of operation if this project proposes an expansion to an existing hospital. Provide projected utilization for the first ten full years if this project proposes new facility. For existing facilities, also provide the information for intervening years between historical and projected. The first table should only include the

type(s) of beds that will increase with the project, the second table should include the entire hospital. Include all assumptions used to make these projections.

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

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

The proposed project intends to provide an adult elective PCI program to the Swedish Issaquah facility. Please see Table 7 for a patient origin analysis for PCI procedures performed at Swedish Issaquah for the full year of 2024.

Table 7. Swedish Issaquah Patient Origin by Zip Code, 2024

Zip Code	Count	Zip Code	Count	Zip Code	Count
98074	12	98077	2	85260	1
98075	11	98021	2	85641	1
98027	10	98087	2	95336	1
98029	10	98203	2	98043	1
98053	7	98204	2	98107	1
98006	6	98003	1	98118	1
98045	6	98004	1	98119	1
98059	6	98005	1	98144	1
98012	6	98011	1	98155	1
98208	6	98014	1	98188	1
98052	4	98019	1	98282	1
98038	3	98030	1	98290	1
98056	3	98031	1	98362	1
98058	3	98051	1	98366	1
98065	3	98057	1	98391	1
98040	3	98288	1	98587	1
98007	2	08003	1	98922	1
98008	2	14425	1	98943	1
98024	2	80110	1		
Total					147

Source: Swedish Issaquah

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

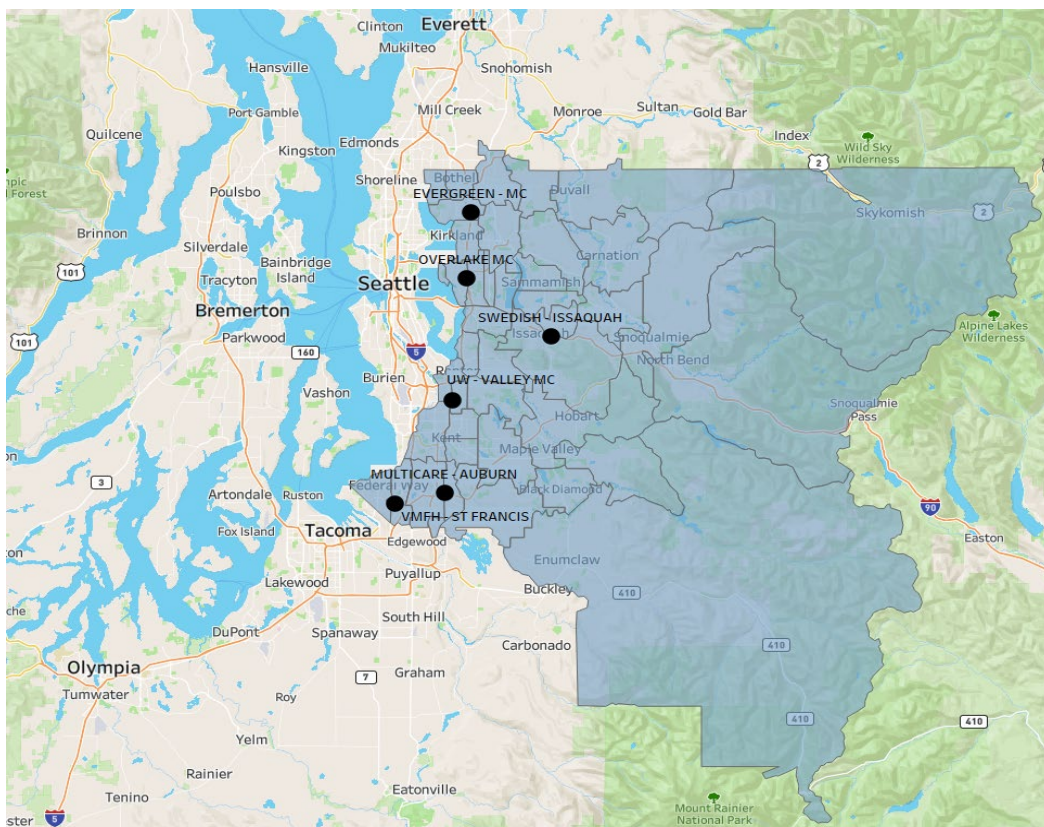
The absence of an elective PCI program at Swedish Issaquah has been a significant and longstanding barrier to patients being able to access these essential services. Swedish Issaquah has consistently recognized and documented this issue and raised consistent concerns to the Department for many years about the lack of sufficient elective PCI issues in the King East planning area. Evidence shows that a substantial portion of planning area

residents, including those living in near Swedish Issaquah, frequently leave the planning area to receive elective PCI procedures elsewhere. Swedish remains dedicated to addressing this barrier to access and, with this third application in a five-year period, aims to reduce the need for outmigration to seek essential health care services.

For a perspective on the challenges King East residents face in accessing elective PCI services, consider that the Swedish Issaquah campus represents the easternmost hospital in the King East planning area. Residents living east of Swedish Issaquah face higher commute times and longer travel distances, as they must travel past Swedish Issaquah to access other elective PCI services available in King East or King County. This situation exacerbates the burden on these residents, as extended travel times can delay or even prevent essential medical interventions and increase the overall risk associated with cardiovascular conditions.

Furthermore, the lack of local elective PCI services places additional strain on patients and their families, who must coordinate transportation and may experience added logistical challenges and inconvenience. Addressing this gap by establishing an elective PCI program within a more accessible range would significantly improve health care outcomes and quality of life for residents in the King East planning area. Please see Figure 1.

Figure 1. King East Hospitals and Planning Area



Source: Swedish Issaquah

Our past and current analyses of total outmigration for PCI services, including both inpatient and outpatient procedures, reveal that outmigration has consistently remained above 30% for the past several years. More alarming, and relevant for the proposed project, outmigration for outpatient PCI services has remained between 41% and 45%.

- In 2017, there was a 41.6% outmigration rate: Out of the 900 outpatient PCI procedures conducted on King East planning area residents, 374 were provided by hospitals outside the King East and 526 were provided at King East hospitals.¹
- In 2021, there was a 45.5% outmigration rate: Out of the 675 outpatient PCI procedures conducted on King East planning area residents, 307 were provided by hospitals outside the King East and 368 were provided at King East hospitals.²
- In 2023, there was a 44.0% outmigration rate: Out of the 714 outpatient PCI procedures conducted on King East planning area residents, 314 were provided by hospitals outside the King East and 400 were provided at King East hospitals.

These consistently high rates clearly demonstrate that current and past planning area residents have faced significant barriers in accessing elective PCI services. The persistent outmigration highlights the inadequacy of local options to meet the needs of residents, which may lead to delays in receiving timely care, increased travel burden, and higher out-of-pocket costs. Additionally, patients having to travel outside their local area for PCI services may experience fragmented care and lower continuity of care. By addressing these barriers through the establishment of an elective PCI program at Swedish Issaquah, we aim to improve access to care, reduce outmigration, and enhance overall patient outcomes within the King East planning area. Please see Table 8 for King East planning area historic PCI outmigration rates for both outpatient and inpatient PCIs.

Table 8. Trends in King East PCI Outmigration: 2017, 2021, and 2023³

Year		PCIs at King East Hospitals	PCIs at Non-King East Hospitals	Total PCIs (King East + Non-King East)	Outmigration Rates
2017 ¹	PCI Outpatient	526	374	900	41.6%
	PCI Inpatient	707	221	928	23.8%
	Total (OP + IP)	1233	595	1828	32.5%
2021 ²	PCI Outpatient	368	307	675	45.5%
	PCI Inpatient	641	182	823	22.1%
	Total (OP + IP)	1009	489	1498	32.6%
2023 ³	PCI Outpatient	400	314	714	44.0%
	PCI Inpatient	656	153	809	18.9%
	Total (OP + IP)	1056	467	1523	30.7%

Sources (1) Swedish Issaquah Application, 2019, Table 9, Table 10, pp13-14.; (2) Swedish

¹ Swedish Issaquah PCI CN Application, 2019, Table 9, Table 10, pp13-14.

² Swedish Issaquah PCI CN Application, 2023, Table 8, pp18-19.

³ Years 2017 and 2021 are chosen in this table because these years correspond to past analyses conducted specifically for the Swedish Issaquah 2019 and 2023 applications, respectively. Year 2023 is selected as it is the most recent year with complete market-level data available at the time of writing this application in February 2025.

For full transparency, as we have included in our two previous applications, Table 9 provides the same detailed analysis for King East hospitals. To clarify, the volumes represented in Table 8 and Table 9 include only PCI procedures received by residents of the planning area. *They do not include PCI procedures for individuals residing outside the planning area.* Consequently, these tables neither represent all PCIs conducted within the planning area nor the total PCI volumes at each hospital.

Table 9. King East PCI Outmigration, 2023

Hospital Facility	PCI Outpatient	PCI Inpatient	Hospital Total	Market Share
Overlake Medical Center	156	164	320	21.0%
EvergreenHealth Kirkland	85	117	202	13.3%
UW Medicine/Valley Medical Center	60	128	188	12.3%
MultiCare Auburn Medical Center	36	91	127	8.3%
St. Francis Hospital	50	70	120	7.9%
Swedish Issaquah	0	99	99	6.5%
King East Hospital Subtotal	387	669	1,056	69.3%
Non-King East Hospital Subtotal	314	153	467	30.7%
Total (King East and Non-King East Hospitals)	701	822	1,523	100%

Source: PNWPop data, 2023 data for patients with East King Zip for IP PCI Procedures (246-251 MSDRGs) and OP PCI procedures (Procedure Codes 92920, 92924, 92928, 92933, 92937, 92943, C9600, C9602, C9604, C9607)

In summary, high outmigration rates indicate insufficient access to services within a planning area. The high King East outmigration rate for PCI services reveals a barrier to accessing elective PCI services within King East. Approval of the proposed elective PCI project would provide much-needed services closer to home, addressing the inadequacy of local options and supporting better health care access for planning area residents. An elective PCI program at Swedish Issaquah will improve access to care, lessen outmigration, and may help decrease delays in care, alleviate travel burdens, and reduce fragmentation of care.

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

As a long-established provider serving the region since 1910, Swedish Health Services has deep roots in and is fully committed to the local community. Our enduring presence reflects a dedication to improving the health and well-being of the region beyond standard patient care. This commitment is exemplified through our robust efforts in charity care, pioneering research, and comprehensive community health and education initiatives. We view these services not just as part of our mission, but as our responsibility to the community, a responsibility we approach with the utmost seriousness and dedication.

At Swedish, we are unwavering in our commitment to providing health care services to all persons, without regard to income, race, ethnicity, gender, race, ethnicity, gender, sexual orientation, disability, religion, or any other factor at Swedish Issaquah. We are dedicated to caring for each person who needs care, regardless of one’s ability to pay. This ethos of inclusivity and accessibility is at the heart of our operations and guides our

service delivery. For instance, Swedish Health Services has established comprehensive charity care programs, diverse hiring practices, robust language services, and extensive community outreach initiatives. These efforts are complemented by ongoing cultural competency training for our staff and accessibility initiatives to ensure all individuals, regardless of their background or financial status, receive the care they need.

Expanding our services to include elective PCI is a natural extension of this commitment. We are dedicated to ensuring these services are available and accessible to all, especially underserved groups. As we elaborate further in this application, the King East planning area has historically experienced high outmigration rates for elective (outpatient) PCI services. These high outmigration rates reflect a lack of access and suggest King East residents are underserved for elective PCI services. Our proposed elective PCI program will immediately help address this lack of access.

Importantly, Swedish's commitment to underserved populations extends beyond treating chronic conditions and is evident through its efforts to reduce health disparities and improve access among these communities. For instance, Swedish's Cultural Navigation Program in King County and the Puget Sound region helps individuals access services and reduces care disparities. Consider the following examples of initiatives led by the Swedish Cultural Navigation Team:

Hypertension Program: This initiative aims to reduce disparities in hypertension treatment by engaging underserved populations in preventive blood pressure screenings and distributing blood pressure ("BP") monitors for home self-monitoring. These efforts have led to hundreds of screenings and the distribution of numerous BP monitors. Notably, 66% of participants are uninsured, and 38% lack a primary care provider ("PCP"). The program predominantly serves minority populations, with 36% of participants being Hispanic, 32% Black/African, 17% Middle Eastern, and 9% Asian.

Non-Emergent Transportation Program: Transportation is a critical social determinant of health that can hinder patients' access to health care services. In partnership with Lyft, Swedish has established a non-emergent transportation program aimed at reducing missed specialist appointments, helping patients secure and navigate transportation, and overcoming challenges, such as language barriers. In 2024, the program facilitated 305 transportation referrals for specialized appointments, including heart and vascular care, mammograms, surgeries, and other diagnostic services. Data shows significant use by individuals whose primary languages include Spanish, Amharic, Cambodian, Somali, Chinese, and Portuguese, among other minority languages.

Preventative Mobile Mammogram Screenings: Enhancing access to mammogram screenings for Black, Indigenous, and People of Color ("BIPOC") communities is crucial for addressing breast cancer outcome disparities. This program seeks to improve the prevention and early diagnosis of breast cancer and reduce disparities by raising awareness, addressing social determinants of health, and improving health care access. To date, the program has provided more than 200 mammogram screenings, with demographic data indicating high utilization among Hispanic, Middle Eastern, and Black/African populations.

In addition to its targeted programs addressing specific health disparities, Swedish is committed to enhancing the overall health of the region through a broader spectrum of initiatives. This dedication extends beyond direct patient care to encompass charity care, research, community health, and education. We view this service as a vital responsibility to our community, and we take this commitment seriously.

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

In 2023, Swedish Health Services provided a combined \$299 million in community benefit. Of the \$299 million, the Swedish Issaquah campus provided \$22 million in community benefit. Please see Table 9 and Exhibit 7 for additional details on Swedish’s commitment to providing community benefit. In addition, we have included the Swedish Community Health Improvement Program, 2022-2024 in Exhibit 8.

Table 9. Swedish Health Services – Community Benefit, 2023⁴

Service	Amount
Unfunded portion of Government-sponsored medical care	\$208 million
Free and Discounted Medical Care	\$32 million
Community health, grants and donations	\$10 million
Education and research programs	\$35 million
Subsidized services	\$14 million
Total	\$299 Million

Source: Swedish Health Services 2023 Community Benefit Report.

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

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

⁴ The categories of community benefit are defined as follows:

- (a) Unfunded Portion of Government-sponsored Medical Care. This is the difference between the actual cost of care and what is paid by the state and federal governments. It does not include Medicare.
- (b) Free and Discounted Medical Care. This includes financial assistance for those who are uninsured, underinsured, or otherwise unable to pay for their health care.
- (c) Community Health, Grants and Donations. This includes free services such as patient education, health screenings, immunizations and support groups, as well as grants and donations to support community partners.
- (d) Education and Research Programs. This includes subsidies for medical residency programs, education for nursing and other health professions, and medical research.
- (e) Subsidized Services. This includes clinical and social services provided despite a financial loss because they meet identified needs not met elsewhere in the community.

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

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

11. Provide a copy of the following policies:

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

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

- 1. Provide documentation that demonstrates the immediate and long-range capital and operating costs of the project can be met. This should include but is not limited to:**
 - **Utilization projections. These should be consistent with the projections provided under the Need section. Include all assumptions.**
 - **A current balance sheet at the facility level.**
 - **Pro forma balance sheets at the facility level throughout the projection period.**
 - **Pro forma revenue and expense projections for at least the first three full calendar years following completion of the project. Include all assumptions.**
 - **For existing facilities, provide historical revenue and expense statements, including the current year. Ensure these are in the same format as the pro forma projections. For incomplete years, identify whether the data is annualized.**

Utilization Projections

Swedish Issaquah currently provides emergent PCIs and, in 2024, performed 147 PCI procedures. The proposed project aims to establish an adult elective PCI program at the Swedish Issaquah facility. The assumptions and rationale behind the PCI utilization projections ensure a balanced approach to meeting increasing demands and leveraging existing capacities while not impacting existing providers in the planning area. The utilization projections are based on the following assumptions and rationale.

Emergent PCI Assumptions and Rationale

Utilization projections assume that emergent PCI cases will increase incrementally by three cases per year from 2025 to 2028, resulting in an approximate average annual growth rate of 2.0% over the projected period.

- The number of emergent PCIs is projected to grow by 3 cases each year, leading to totals of 150 in 2025, 153 in 2026, 156 in 2027, and 159 in 2028.
- The rationale for this assumption is informed by population trends in the King East planning area, where the population aged 45 and older is expected to grow by 1.71% over the forecast period of 2024-2029.⁵ Our reasoning for focusing on the 45+ population is based on internal estimates of King East residents receiving an emergent PCI, which indicate that 95% of emergent PCIs conducted on King East residents are aged 45 years or older.
- The increment of three additional emergent cases per year reflects the population growth rate, while acknowledging that procedural estimates need to be whole numbers, rather than fractional, to provide a more practical and actionable forecast. Finally, this assumption presumes that the severity of coronary artery disease and the treatment modalities and technologies will remain steady in the near term.

⁵ King East planning area residents aged 45 years and older grew from 511,503 in 2021 to an estimated forecast of 556,733 in 2029, representing an annual growth rate of 1.71%. Source: ESRI.

Elective PCI Assumptions and Rationale

It is estimated that elective PCI cases will grow to 52 procedures in 2026, the first year of operations. This represents an additional one case per week for scheduled outpatient (elective) PCIs during the initial full year. In subsequent years, volumes are expected to build on the first year volumes and grow modestly, adding an additional 12 cases in 2027 and another 12 cases in 2028, translating to one additional case per month in the second and third full years of operations, respectively. Swedish anticipates that by the end of the third year of operations, Swedish Issaquah will achieve a total of 76 elective PCI cases by 2028.

Three key factors were considered when forecasting elective PCI volumes at Swedish Issaquah:

- (1) High outmigration of PCIs from the planning area. An examination of PCI outmigration from the planning area reveals alarmingly high rates from 2017-2023. Our analysis shows that the total outmigration for both inpatient and outpatient PCIs historically falls between 31% to 33%. More pronounced — and particularly concerning from a patient access perspective — are the outpatient migration rates, which historically range between 42% to 46%.
- (2) Swedish Issaquah has capacity to provide elective PCIs. Swedish Issaquah currently has a fully staffed emergent PCI program utilizing two fully equipped cath labs. The existing staffing levels are sufficient to accommodate the addition of elective PCIs *without* compromising the emergent PCI program. In summary, Swedish Issaquah has the present capacity to integrate elective PCIs without notable changes to its current operations.
- (3) No impact on existing elective PCI programs. The modest incremental growth projected by Swedish Issaquah will not adversely affect the volumes at the five other hospitals in the King East planning area that provide both emergent and elective PCI services. In 2023, more than 314 residents from King East sought elective PCI services outside the King East planning area. Swedish Issaquah's projection of adding a total of 76 elective PCI procedures by 2028 aims to address access issues within King East while still leaving substantial volume for other elective PCI providers in the area. Moreover, as previously highlighted, Swedish Issaquah is the easternmost located hospital in the expansive planning area, so that hospital draws patients from areas that differ in comparison to the other PCI providers in the King East planning area.

Swedish Issaquah's intent is to address a well-documented access issue to help stem the outmigration of PCIs, while not adversely impacting existing PCI programs in the King East planning area. WAC 246-310-715(2) requires that a new elective program must reach a volume standard of 200 cases by end of the third full year of operations. WAC 246-310-220(2) requires that the project not result in an unreasonable impact on the costs and charges of health care services. And finally, WAC 246-310-230(1) and WAC 246-310-230(4) require that the program be adequately staffed and have an appropriate relationship with the planning area's existing health care system.

To summarize, the projected growth reflects a balance of historical trends and anticipated future needs, ensuring that the facility is well-prepared to address the known access issues in the planning area and meet the demands of its patient population efficiently. The assumptions and rationale behind the elective PCI utilization projections ensure a balanced approach to managing increasing demands while leveraging existing capacities and maintaining harmony with other providers in the region. Please see Table 10 for the Swedish Issaquah 2024 actuals, 2025 projected, and 2026-2028 forecast for both emergent and elective PCIs.

Table 10. Swedish Issaquah Actual, Projected, and Forecast PCIs, 2024-2028

	2024	2025		2026		2027		2028	
	Actual	Projected		Forecast					
	Total	Incremental	Total	Incremental	Total	Incremental	Total	Incremental	Total
PCI Emergent	147	3	150	3	153	3	156	3	159
PCI Elective	0	0	0	52	52	12	64	12	76
PCI Total	147	3	150	55	205	15	220	15	235

Source: Swedish Issaquah

Since the proposed project aims solely to add a CN approved elective PCI program at Swedish Issaquah without introducing any additional services to the hospital, we have maintained hospital utilization at a consistent rate, holding steady at 2024 levels. This approach simplifies the comparison and understanding of the project's overall impact on the hospital and aligns with past accepted practice in CN applications. Please refer to Table 11 for the utilization forecast of Swedish Issaquah hospital from 2025 to 2028.

Table 11. Swedish Issaquah Hospital Utilization, Forecast 2025-2028

Project Specific Only	2025	2026	2027	2028
Licensed beds	N/A	N/A	N/A	N/A
Available beds	N/A	N/A	N/A	N/A
Discharges	N/A	N/A	N/A	N/A
Patient days	N/A	N/A	N/A	N/A
Entire Hospital	2025	2026	2027	2028
Licensed beds	175	175	175	175
Available beds	168	168	168	168
Discharges	7,638	7,638	7,638	7,638
Patient days	33,129	33,129	33,129	33,129

Source: Swedish Issaquah

Balance Sheet

Swedish Health Services does not maintain balance sheets at the facility level and typically uses a business pro forma for financial analysis of new ventures. However, to satisfy the Department's specific requirements for this application, Swedish Issaquah has extrapolated information from the pro forma statements to construct a pro forma balance sheet. This balance sheet is presented in Exhibit 16, covering the current year and the first three years of operation.

This balance sheet was created exclusively for the Department's review of this application and will not be used in the general financial operations of Swedish Issaquah. Long-term debt is assumed to remain constant over the forecast period, as there is no need for additional debt funding to implement the proposed elective PCI project or any other planned projects at Swedish Issaquah. Additionally, to facilitate a clearer comparison and to isolate the project's impact, the hospital's pro forma financials have been held constant.

Pro Forma Revenue and Expense Statements

Please see Exhibit 17 for pro forma revenue and expense statements, including all assumptions. Exhibit 17 includes pro forma revenue and expense statements for the proposed project, the hospital as a whole (excluding the project), and a combined view that includes both the proposed project and the hospital as a whole.

Historical Revenue and Expense Statements

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

2. Identify the hospital's fiscal year.

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

3. Provide the following agreements/contracts:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Please refer to Table 12 below for the projected payor mix for Swedish Issaquah across the entire hospital. The payor mix is expected to remain consistent with the 2024 levels throughout the forecast period. With the addition of the elective PCI program, we do not anticipate any significant changes to the overall payor mix, as this program will draw patients from the existing planning area that the hospital already serves.⁶

Table 12. Swedish Issaquah Payor Mix, 2024 and Forecast

Payor Mix (% of Gross Service Revenue)		
Revenue Source	2024	Forecast
Medicare	38.86%	38.86%
Medicaid	10.56%	10.56%
Commercial	46.71%	46.71%
Other Government (L&I, VA, etc.)	2.57%	2.57%
Self-Pay	1.27%	1.27%
Other	0.03%	0.03%
Total	100.0%	100.0%

Payor Mix (% Patients)		
Revenue Source	2024	Forecast
Medicare	29.60%	29.60%
Medicaid	10.20%	10.20%
Commercial	56.70%	56.70%
Other Government (L&I, VA, etc.)	2.10%	2.10%
Self-Pay	1.30%	1.30%
Other	0.10%	0.10%
Total	100.0%	100.0%

Source: Swedish Issaquah

⁶ Our rationale regarding a steady-state payor mix forecast is based on the belief that we do not expect any changes in the insurance profile of residents in the planning area in the near term. Demographic and economic conditions within the planning area have remained stable, with no significant shifts in employment rates, income levels, or population growth that might alter insurance coverage patterns in the short term.

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

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

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

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

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

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

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

16. Provide the most recent audited financial statements for:

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

Please see Exhibit 21 for the most recent audited financial statements for Providence St. Joseph Health (2023), the parent entity. Separate audited financial statements are not available at the entity level for the applicant, thus neither Swedish Health Services nor Swedish Issaquah have audited financial statements.

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

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

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

Table 13: Swedish Health Services – Owned and Managed Facilities

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

Source: Swedish Health Services

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

The proposed project is focused solely on the addition of elective PCI services, which will be provided using the two existing cath labs at Swedish Issaquah. No other services will be altered as a result of this proposed project. The current cath lab staff, including cardiologists, technologists, nurses, management, and other personnel, are adequate to support the additional elective PCI services. The cath lab is fully staffed to deliver emergent PCIs 24/7, 365 days a year. Being fully staffed ensures that there is sufficient time to accommodate an elective program without impacting the emergent services.

Please see Table 14 for details on the current, projected, and forecasted cath lab FTEs.

Table 14: Swedish Issaquah Cath Lab FTEs, Current 2024, Projected 2025, and Forecast 2026-2028⁷

	2024	2025		2026		2027		2028	
Staff Position	Actual	Projected		Forecast					
	Total	Incremental	Total	Incremental	Total	Incremental	Total	Incremental	Total
Cardiologists	4.0	0.0	4.0	0.0	4.0	0.0	4.0	0.0	4.0
Technologists	6.5	0.0	6.5	0.0	6.5	0.0	6.5	0.0	6.5
Nurses	2.0	0.0	3.0	0.0	4.0	0.0	4.0	0.0	4.0
Management	0.7	0.0	1.0	0.0	1.0	0.0	1.0	0.0	1.0
Other	3.0	0.0	2.0	0.0	1.0	0.0	1.0	0.0	1.0
Total	16.2	0.0	16.5	0.0	16.5	0.0	16.5	0.0	16.5

Source: Swedish Issaquah

As noted, the cath labs at Swedish Issaquah are currently fully staffed for emergent PCI procedures, both during business hours and on-call. Table 14 provides an overview of the current and proposed staffing for the combined emergent and elective PCI program. While the current staffing profile at Swedish Issaquah cath labs includes two RNs hired through an agency, we anticipate transitioning to fully Swedish-employed RNs by the end of 2025.⁸

In 2024, the Swedish Issaquah cath lab streamlined its management structure. Rather than utilizing a technologist supervisor to lead the cath lab, Swedish changed its structure to rely upon a clinical RN manager. Table 14 includes the projected 1.0 FTE for management in a lead RN role for 2025 and beyond.

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

Our assumption that the new PCI project does not require additional staff, rests on the

⁷ Definitions

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

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

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

Manager: An individual who oversees operations.

Other: Includes scheduling and any support staff. In these projections it also includes RN agency staff in years 2024 and 2025.

⁸ Employing agency staff in the cath lab is a testament to Swedish Issaquah’s dedication to maintaining a fully staffed facility. Although hiring agency staff incurs additional costs, it provides Swedish Issaquah with the flexibility to ensure the cath lab is always fully staffed, thereby guaranteeing comprehensive care for emergent PCI patients.

fact the current lab staff at Swedish Issaquah are sufficient to provide elective PCI services. The cath lab is already fully staffed to handle emergent PCIs 24/7, which means we have the necessary personnel and infrastructure in place. By leveraging these existing efficiencies, we can seamlessly integrate the elective PCI program without the need for additional hires or interrupting the emergent program.

Additionally, since the cath lab must be fully staffed at all times to meet the demands of emergent cases and diagnostic services, there is already built-in capacity that can be optimized. This open capacity allows us to utilize our existing skilled staff more effectively. Consequently, the current and projected staff levels are identical, reflecting our ability to meet the new service demand within the existing team structure.

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

Please see Table 15 that identifies key staff at the Swedish cath lab. This table includes Interventional Cardiologists.

Table 15: Swedish Issaquah Cath Lab Staff

Caregiver Name	Credential	License #
Nurses		
Romela Wong (Cath Lab Manager)	RN	RN60449300
Patrick Logan	RN	RN00143274
Pearl Fadera	RN	RN61227187
Stephanie Ralph	RN	RN600446110
Michelle Rush	RN	RN0001234238
Technologists		
Tristan Case	Radiologic Technologist Certification	RT60036021
Darwin James	Cardiovascular Invasive Specialist Certification	IS60454574
Jake Almburg	Cardiovascular Invasive Specialist Certification	IS61152453
Ruth Knight	Cardiovascular Invasive Specialist Certification	IS60497012
Christine Pagulayan	Radiologic Technologist Certification	RT60068870
Vadim Merenovskiy	Radiologic Technologist Certification	RT61055748
Steven Swenson	Cardiovascular Invasive Specialist Certification	IS60294833
Ian Thurman	Radiologic Technologist Certification	RT60416192
Interventional Cardiologists		
Huang, Paul P., MD (Medical Director)	MD	MD00037376
Brown, Christopher L., MD	MD	MD61262198
Demopoulos, Peter A., MD	MD	MD00026532
Lewis, Howard S., MD	MD	MD00028676
Petersen, John L. II, MD	MD	MD60063791
Colin Raelson, MD	MD	MD61317426

Source: Swedish Health Services

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

The cath labs at Swedish Issaquah are currently fully staffed for emergency PCI, both during business hours and on-call. Table 15 provides both the current and proposed

staffing for the combined emergent and elective PCI program.

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

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

- Experienced system and local talent acquisition teams in King County to recruit qualified staff.
- Strong success in recruiting for critical-to-fill positions with recruiters that offer support on a national as well as local level.
- Ability to leverage our external recruiting solutions entity, Provider Solutions & Development⁹, where a team of recruiters work nationwide to support and serve providers in their recruiting efforts.
- Career listings on the Swedish web site and job listings on multiple search engines and listing sites (e.g. Indeed, Career Builders, Monster, NW Jobs).
- Educational programs with local colleges and universities.

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

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

⁹ Providence Solutions & Development specializes in healthcare recruitment and staffing solutions. They are typically involved in connecting healthcare providers, such as physicians, nurse practitioners, and physician assistants, with healthcare facilities that need their services. Their services may include candidate sourcing, interviewing, placement, and other recruitment-related support to help healthcare organizations meet their staffing needs effectively.

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

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

Swedish Issaquah is a full-service hospital that has been in operation since 2011. Swedish has well-established ancillary and support services required to effectively provide tertiary services such as PCI procedures. . Swedish Issaquah currently provides emergent PCI services. Thus, all services needed to successfully operate a new elective PCI program and the existing hospital are already in place. These services include, but are not limited to, the following:

- Ambulatory infusion
- Case management
- Clinical nutrition services
- Clinical nutrition services
- Echo cardio
- EKG
- Emergency department
- Environmental services
- Facility services
- Food and nutrition services
- Groundskeeping
- Health information services
- Imaging services (MRI, CT, radiology, ultrasound, PET CT)
- Infection control services
- Inpatient nursing services, including intensive care unit
- Interpretive services
- Laboratory services
- Patient registration, scheduling, and admitting services
- Pharmacy services
- Pre-and post-anesthesia care services
- Respiratory services
- Security services
- Social work
- Spiritual care services
- Volunteer services

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

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

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

With hospital operations beginning in late 2011, Swedish Issaquah has developed strong, long-standing relationships with various health care facilities in the planning area and the broader community. The hospital ensures continuity of care by coordinating patient access to a wide range of providers, including hospitals, hospice care, home care, long-term care facilities, psychiatric care, assisted living, and other specialized services. This comprehensive network facilitates smooth transitions during hospital discharges and transfers, ensuring patients receive seamless and integrated care.

The hospital maintains these relationships through close collaborations with local nursing and rehabilitation centers, community care providers, and other health care entities. Swedish Issaquah serves as the primary partner site for the Mill Creek and Redmond care locations and has a long-standing relationship with Issaquah Nursing and Rehab Center, which offers short and long-term post-acute care. Additionally, the hospital collaborates with LifeCenter Northwest in facilitating organ donations in the community. Finally, the Swedish Issaquah collaborates with various community partners to provide essential services and medical psychiatric care for complex patients.

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

No existing working relationships with health care facilities is expected to change as a result of the project.

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

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

12. Provide an explanation of how the proposed project will have an appropriate relationship to the service area's existing health care system as required in

WAC 246-310-230(4).

Swedish Issaquah has well-established and collaborative relationships with other health care providers to ensure access and continuity of appropriate care for residents of King County and the surrounding communities served by Swedish. Swedish coordinates patient access to other Swedish entities, as well as community providers, to ensure seamless care during hospital discharge to different levels of care and when other facilities need to transfer patients to Swedish for more advanced treatment. These providers include hospitals, hospice, home care, long-term care facilities, psychiatric care, assisted living, and other health care providers.

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

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

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

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

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

Swedish Issaquah is requesting certificate of need approval to operate an adult elective PCI program in planning area #9 (King East). The program will be based out of Swedish Issaquah's existing hospital facility located in Issaquah, WA. Swedish Issaquah began providing emergent PCIs in late 2011, soon after the Issaquah hospital opened. Establishing an elective PCI program will improve access, will not adversely impact the PCI volumes of existing providers, and will leverage a long-established emergent PCI program at Swedish Issaquah that has operated for more than 13 years.

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

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

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

Table 16. Alternative 1: Do Nothing or Postpone Action

Decision Making Criteria	Analysis
Access to Health Care Services	Maintaining the status quo does not address the lack of access for an additional elective PCI program in planning area #9. It does not address the access to care issues that currently exist. There is no advantage to maintaining the status quo in terms of improving access. (D)

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

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

Decision Making Criteria	Analysis
Access to Health Care Services	The requested project meets current and future access issues identified in planning area #9. It increases access to care. (A)

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

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

Decision Making Criteria	Analysis
Access to Health Care Services	Depending on the partnership, this alternative would have the potential to meet current and future access issues identified in planning area #9. (A)
Quality of Care	Partnering with another entity may adversely impact quality of care when compared to the proposed project, as it adds additional layers of operational complexity. (D)
Cost and Operating Efficiency	A partnership would increase operating complexity and may add other partnership-related costs. In this scenario, costs may increase due to additional efforts required to establish the governance and ownership structure, establish a new staffing structure, and accommodate partner preferences about how to deliver care. (D)
Staffing Impacts	Partnering with another entity would create less staffing flexibility from the perspective of Swedish Issaquah. In this scenario, Swedish Issaquah would have to build and establish additional management processes and structures. (D)
Legal Restrictions	Partnering with another entity introduces a high degree of operational complexity. Under this scenario, a new governance structure would have to be established in addition to obtaining agreement on operational processes. (D) The principal disadvantage is that it requires CN approval, which requires time and expense. (D)
Capital Costs	It is unclear if there would be capital costs associated with a JV, as a JV may include new construction or purchasing of new equipment. (N)

Final Assessment	This alternative was <u>not</u> selected. It adds increased operating costs, decreased staffing flexibility, is unclear as far as capital costs requirements, and will likely contribute to increased operating complexity.
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- 3. If the project involves construction, provide information that supports conformance with WAC 246-310-240(2):**
- **The costs, scope, and methods of construction and energy conservation are reasonable; and**
 - **The project will not have an unreasonable impact on the costs and charges to the public of providing health services by other persons.**

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

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

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

Quality Assurance

- The proposed adult elective PCI project supports the standard of care and best practices for appropriately treating coronary artery disease at the time of diagnosis. This reduces any detrimental impacts from delaying care or staging treatment due to lack of access to elective PCI service.
- All cardiac and vascular services at Swedish, including those at Swedish Issaquah, are under the oversight and governance of the Swedish Heart and Vascular Institute (“SHVI”), one of the top heart and vascular programs in the State of Washington. As a quaternary care center for heart and vascular care, SHVI has significant experience performing both elective and emergent PCIs.
- Importantly, SHVI is fully committed to optimizing patient outcomes, ensuring patient safety, and improving patient care processes. SHVI has established robust structures and initiatives to achieve these goals. Additionally, SHVI participates in data collection and analysis with the Cardiac Care Outcomes Assessment Program (“COAP”), AMI Core Measures (Joint Commission & CMS), and the National Cardiovascular Data Registry Cath-PCI (NCDR Cath-PCI) Registry. For additional details, please see the Swedish Issaquah Quality Performance Improvement Program.

Cost Effectiveness and Cost Containment

- Swedish Issaquah has operated an emergent PCI program since 2011. This long-established program is fully staffed and utilizes two fully equipped cath labs. Importantly, the existing cath lab staff have the capacity to provide elective PCI procedures.
- Leveraging the existing emergent PCI program at Swedish Issaquah improves cost-effectiveness by gaining operating efficiencies. The fixed costs of operating the existing cath labs and the emergent PCI program can be spread across both the current emergent and the proposed adult elective PCI programs.
- There are no capital costs, startup costs, or financing required for the proposed project. Consequently, the new elective PCI program will contribute to cost containment, as it does not increase the cost of delivering health services.

Improvements in Financing and Delivery of Health Services

- The proposed program will reduce barriers to patient access to care. In particular, it will lessen existing access barriers for residents who currently face longer travel distances for elective PCI services. The approval of the proposed adult elective PCI program at Swedish Issaquah would be responsive to the need for increasing access to needed services that are closer to home for planning area residents.
- Currently, approximately 30% of planning area residents, including many who live in close proximity to Swedish Issaquah, travel to facilities outside the King East planning area to receive elective PCI procedures.
- High outmigration rates can adversely impact the delivery of health care services by causing delays in care, reducing continuity of care, and exacerbating inequities in access to health care. These issues are particularly pronounced for low-income and vulnerable populations, for whom long travel times are less feasible and present greater financial impacts.
- The proposed PCI project improves access to elective PCI services, potentially reducing the risk of morbidity and mortality associated with delaying or staging procedural treatment for PCI services.

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

At the outset, it is important to emphasize Swedish Issaquah's reasoning for applying for an elective PCI program during the current PCI application cycle. We believe the Department has a pathway to approve the application and are seeking to move as expeditiously as possible to address the longstanding health care access issues for elective PCI services in the King East planning area.

In this third application in six years, Swedish's perseverance reflects its unwavering commitment to advocating for the health care needs of East King residents and addressing access issues for elective PCI services. For many years, the Department has not approved the addition of another elective PCI program in the King East planning area due to MultiCare Auburn, an existing CN-approved PCI program, failing to meet the minimum volume standards for more than a decade and the failure by the Department to effectively enforce the standards. Despite years-long efforts and the pursuit of multiple paths to rectify this situation and bring forth a timely solution, Swedish Issaquah has been prevented from addressing the health care access and health equity issues for elective PCI procedures in King East. This is not hyperbole but rather a conclusion of law by the Presiding Officer in the proceedings related to the CN Program's proposed revocation of the CN held by MultiCare Auburn.

King East History and Legal Proceedings Justify Re-applying for a New PCI Program.

To review Swedish's current application fairly and equitably, the CN Program must consider key legal and public policy determinations made in 2024. These include Swedish's appeal of the CN Program's denial of its 2023 PCI application and the CN Program's Notice of Intent to Revoke the joint PCI CN held by MultiCare Auburn and St. Francis due to longstanding volume standard non-compliance at MultiCare Auburn. These determinations are directly relevant to the provision of elective PCI services in the King East PCI Planning Area and reflect the Department's duty to administer the certificate of need program consistently with public policy goals. Further delaying approval of a new elective PCI program continues to jeopardize quality health care access and place patients at risk.

Ongoing PCI Rulemaking, Now in the Final Stages of Completion, Provides a Pathway for Approval of the PCI Application.

Swedish and the Department have long aimed to remove barriers to access. In 2023, the Department filed a petition for rulemaking to amend WAC 246-310-720(2)(b) but later withdrew the petition and elected not to move forward with rulemaking. Providence Health & Services - Washington then submitted its petition for rulemaking on October 6, 2023. The Department accepted the petition and commenced rulemaking efforts in 2024. The

rulemaking has been an open public process that has been well-communicated and garnered the widespread participation of stakeholders throughout the State of Washington. Ongoing, substantial progress has been made to update the PCI rules in a manner that will address fundamental shortcomings and modernize the rules to address health equity and access issues in alignment with public policy goals.

During the most recent workshop on January 20, 2025, the Department announced that it anticipates filing a CR-102 in May, with a hearing in June, and with the publication of final rules in a CR-103 expected in the August to September timeframe. The rulemaking remains on-track to conclude during the pendency of evaluating the Swedish Issaquah PCI CN application and provides an opportunity to apply the rules in a timely manner to resolve the access issues that continue to adversely impact the King East PCI Planning Area.

Swedish Issaquah is Compelled to Apply Now Due Settlement Terms of Which it Was Not a Party to.

The Settlement Agreement entered into between the CN Program, MultiCare Auburn, and St. Francis in order to resolve the CN Program's Notice of Intent to Revoke CN #1407, resulted in the issuance of two new PCI CNs for MultiCare Auburn and St. Francis. As a condition of the settlement, MultiCare Auburn and St. Francis agreed not to oppose the approval of a new PCI provider in the East King PCI Planning Area #9 during the 2025 or 2026 application cycles. To be clear, Swedish was not party to the settlement agreement and was not offered an opportunity to weigh in on the terms of the settlement. That said, as a party directly impacted by the Settlement Agreement, Swedish Issaquah has applied for a new PCI program during the current PCI application cycle.

To summarize, Swedish Issaquah is applying during the current PCI application cycle to address the longstanding issue of insufficient access to elective PCI services for East King residents. This third application in six years is driven by the failure of an existing PCI program to meet volume standards over a long-term period, which has compromised health care access in the planning area. Legal and policy determinations made in 2024, including Swedish's appeal of the 2023 PCI application denial and the Notice of Intent to Revoke the joint PCI CN of MultiCare Auburn and St. Francis, underscore the need for a new program. Moreover, ongoing rulemaking, now in its final stages, provides a pathway for this application's approval, focusing on timely, equitable access to PCI services. Despite not being party to a settlement agreement that resolved a Notice of Intent to Revoke CN #1407, Swedish is compelled to apply now in this current PCI application cycle. Ultimately, the Department has a path to approve this application, ensuring that King East residents have improved and adequate access to elective PCI services as soon as possible.

Facility Description

1. Is the applicant currently providing emergent PCI?

Yes, Swedish Issaquah is currently providing emergent PCIs. The PCI program at Swedish Issaquah represents a significant development in the hospital's cardiovascular services. Swedish Issaquah, part of the larger Swedish Health Services network, opened its doors in November 2011. Since its inception, the hospital has rapidly evolved to meet the growing health care needs of the Issaquah community and the broader Eastside region.

Issaquah has been operating an emergent PCI program beginning in late 2011, soon after the Issaquah Campus opened. The PCI program at Swedish Issaquah was established as part of an ongoing commitment to expanding cardiovascular care services to the area. The implementation of the emergent PCI program was in response to the need for critical interventional cardiology services, such as angioplasty and stenting, for patients experiencing heart attacks or severe coronary artery disease. This program aimed to reduce the need for patients to be transferred to other facilities for emergent cardiac interventions, thereby improving patient outcomes and saving lives.

Throughout the years, Swedish Issaquah's emergent PCI program has consistently been recognized for its quality of care and patient outcomes. The program has benefited from the robust clinical frameworks and quality improvement initiatives championed by the Swedish Heart and Vascular Institute. The hospital's adherence to rigorous clinical protocols and its emphasis on continuous improvement have contributed to high patient satisfaction and strong clinical results.

Furthermore, Swedish Issaquah is committed to the community, not only providing high-quality medical care but also engaging in numerous community outreach programs. These initiatives include health education workshops, free screenings, and partnerships with local organizations to promote cardiovascular health and general wellness. The ongoing success of the program underscores Swedish Issaquah's role as a vital health care provider in the region, dedicated to improving the health and well-being of its community through advanced medical care and compassionate service.

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

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

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

Please see Table 19 for Swedish Issaquah's most recent emergent PCI volume from

2022-2024.

Table 19. Swedish Issaquah Emergent PCIs, 2022-2024

	2022	2023	2024
Emergent PCI	133	134	147

Source: Swedish Issaquah

Project Description

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

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

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

Swedish Issaquah currently provides emergent PCI services and has been providing emergent PCI services since 2011 in its cath labs. The cath labs are fully equipped and currently capable of providing emergent and elective PCI services. We do not expect any need for additional equipment in order to provide elective PCIs. Please see Exhibit 22 for a list of key equipment in the existing cath lab that demonstrates that the proposed project meets the requirements of WAC 246-310-715(4).

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

Swedish Issaquah is currently staffed to perform emergent PCIs 24 hours a day, seven days a week. The proposed addition of elective PCIs will not affect the existing emergent PCI program. Today and historically, Swedish Issaquah's cardiac teams staff the Cath Lab from 7:00 a.m. to 5:30 p.m., Monday through Friday. After 5:30 p.m. on weekdays and throughout the weekends, an on-call team is available to handle emergent cases. This on-call team is prepared to address emergency cardiovascular incidents during non-clinical hours and consists of a minimum of one nurse and two technicians.

Certificate of Review Criteria

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

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

We confirm the understanding that the Department will use the posted need forecasting methodology available as of the application submission date as part of, but not the sole factor, in its evaluation process. For this elective PCI Certificate of Need application submitted by Swedish Issaquah, the *application submission date* is February 28, 2025. As of February 28, 2025, the Department’s posted need methodology was updated in December 2024.¹⁰ Please see Exhibit 23 for a copy of the Department of Health 2024-2025 Percutaneous Coronary Intervention Numeric Need Methodology.

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

In response to question 1 in the Need section (pp.21-23) of the main body of the application, we provide a detailed narrative of the key assumptions and rationale for those assumptions. Overall, the projected growth reflects a balance of historical trends and anticipated future needs. This ensures the facility is well-prepared to address the known and well-documented access issues in the planning area, while also efficiently meeting the demands of the patient population. The assumptions and rationale for the elective PCI utilization projections ensure a balanced approach to managing increasing demands while leveraging existing capacities and maintaining harmony with other providers in the region. Please see Table 20 for the Swedish Issaquah 2024 actuals, 2025 projected, and 2026-2028 forecast for both emergent and elective PCIs.

Table 20. Swedish Issaquah Actual, Projected, and Forecast PCIs, 2024-2028

	2024		2025		2026		2027		2028	
	Actual		Projected		Forecast					
	Total	Incremental	Total	Incremental	Total	Incremental	Total	Incremental	Total	
PCI Emergent	147	3	150	3	153	3	156	3	159	
PCI Elective	0	0	0	52	52	12	64	12	76	
PCI Total	147	3	150	55	205	15	220	15	235	

Source: Swedish Issaquah

**8. WAC 246-310-720(2) states:
*The department shall only grant a certificate of need to new programs within the identified planning area if:***

¹⁰ The DOH website lists the file “2024-2025 percutaneous coronary interventions (PCI) final need forecast (PDF)” as the most recent PCI need methodology. The file pages are footnoted as ‘DOH 260-030 December 2024’.

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

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

With respect to WAC 246-310-720(2)(a), the Department's 2024-2025 Percutaneous Coronary Intervention Numeric Need Methodology shows no need for a new elective PCI program in PCI Planning Area #9 (King East).¹¹ With respect to WAC 246-310-720(2)(b), the available data appears to indicate that, in 2023, the existing PCI programs in the Planning Area all met the annual PCI minimum volume standard. However, as discussed below, **this does not preclude the CN Program from approving Swedish's application.**

In order to review Swedish's current application in a fair, reasonable, and thorough manner, the CN Program must take into account, and defer to, certain crucial legal and policy determinations made by the Department in 2024 in adjudicative proceedings relating to (1) Swedish's appeal of the CN Program's denial of the 2023 Swedish application to establish an elective PCI program at Swedish Issaquah and (2) the CN Program's 2023 Notice of Intent to Revoke the joint PCI CN held by MultiCare Auburn Medical Center ("MultiCare Auburn") and St. Francis Hospital ("St. Francis") due to the fact that the MultiCare Auburn PCI program had failed to meet the annual PCI minimum volume standard since the inception of the program in 2011.

These significant Department determinations are directly relevant (1) to the provision of elective PCI services in the King East PCI Planning Area and, importantly, (2) to the CN Program's recent history with respect to PCI CN matters, and how that history relates to the Department's duty to administer the certificate of need regulatory program in a consistent manner and in accordance with the public policy goals set forth in RCW Chapter 70.38.

In addressing a contention by MultiCare Auburn that the CN Program's proposed revocation of the MultiCare Auburn/St. Francis joint PCI program CN would purportedly jeopardize access to, and the quality of, PCI services in the King East PCI Planning Area, the Presiding Officer issued the following Conclusion of Law:

However, MultiCare's argument is by no means persuasive. In fact, MultiCare's ongoing non-compliance [with the annual PCI minimum volume standard] has already blocked a new PCI program proposed by Swedish

¹¹ A copy of the Methodology is attached as Exhibit 23.

from being CN approved in both the 2019 and 2023 application cycles.
Quality health care access is at risk.¹²

As we have demonstrated in this application, by providing elective PCI services at Swedish Issaquah, we will address the long-standing issue of lack of access to elective PCI services for a significant proportion of the residents of the King East PCI Planning Area, and the attendant outmigration of residents from the Planning Area in order to obtain PCI services. Swedish attempted to address the access and outmigration issues in our 2019 and 2023 CN applications, but the applications were not approved based solely upon the CN Program's position that the MultiCare Auburn PCI program's failure to meet the PCI minimum volume standard mandated denial of the applications pursuant to WAC 246-310-720(2)(b).¹³

As noted above, MultiCare Auburn appears to have met the PCI minimum volume standard in 2023,¹⁴ but this does not resolve the long-standing access and outmigration issues which Swedish's current application (like its 2019 and 2023 applications) addresses. The Presiding Officer's Conclusion of Law issued in 2024 is directly relevant to, and confirms and supports, the arguments made by Swedish in this application: "Quality health care access is at risk" in the King East PCI Planning Area due to the long-term failure of all elective PCI providers in the Planning Area to address the continuing access and outmigration issues.

¹² Prehearing Order No. 4: Order on Motions for Summary Judgment, pp. 8-9 (Conclusion of Law 2.11) (June 25, 2024) (emphasis added). A copy of the Order is attached as Exhibit 24. The Order was issued in two consolidated adjudicative proceedings commenced by MultiCare Auburn and St. Francis ("MultiCare Auburn/St. Francis Adjudicative Proceedings") in response to the CN Program's Notice of Intent to Revoke CN #1407, which was issued on August 2, 2023. The two proceedings are identified as Master Case No. M2023-936 (Lead) and Master Case No. M2023-937. A copy of the CN Program's Notice of Intent to Revoke CN #1407 is attached as Exhibit 25.

¹³ See *Evaluation Dated October 23, 2019, for the Certificate of Need Application Submitted by Swedish Health Services Proposing to Establish a Percutaneous Coronary Intervention Program* (2019); *Evaluation Dated October 27, 2023, for the Certificate of Need Application Submitted by Swedish Health Services Proposing to Establish an Adult, Elective Percutaneous Coronary Intervention Program* (2023).

¹⁴ The supposition that the MultiCare Auburn PCI program met the annual PCI minimum volume standard in 2023 is based upon the Certificate of Need Settlement Agreement ("Settlement Agreement") entered into between the CN Program, MultiCare Auburn, and St. Francis in order to resolve (1) the CN Program's Notice of Intent to Revoke CN #1407 and (2) the MultiCare Auburn/St. Francis Adjudicative Proceedings. A copy of the Settlement Agreement is attached as Exhibit 26. One of the "Recitals" to the Settlement Agreement states: "On October 16, 2024, the Program verified that [MultiCare] Auburn provided 209 PCIs in 2023, which satisfied the annual hospital volume requirement." (Settlement Agreement, p. 2.) Pursuant to the Settlement Agreement, the CN Program has apparently issued two new separate PCI program CNs to MultiCare Auburn and St. Francis in order to supplant CN #1407 (the joint PCI program CN issued in 2009). To the best of Swedish's knowledge, the CN Program has not posted copies of the two new PCI CNs on its web site, or otherwise made the CNs available to the public. However, Swedish has obtained copies of two CN Program letters (dated January 8, 2025) addressed to MultiCare Auburn and St. Francis setting forth the conditions to be appended to the to-be-issued CNs. Copies of the two letters are attached as Exhibit 27.

Of even greater importance to the CN Program's review of Swedish's current PCI CN application is the legal and policy statement made by the Department's Review Officer at the outset of his Final Order issued in Swedish's adjudicative proceedings appealing the CN Program's denial of the 2023 Swedish CN application to establish an elective PCI program at Swedish Issaquah. The Review Officer affirmed the Presiding Officer's Initial Order granting the CN Program's Motion for Summary Judgment upholding the CN Program's denial.¹⁵ However, the Review Officer prefaced his factual and legal analysis with the following remarkable and significant statement:

The Review Officer would like to take this opportunity to recognize the law should be applied and interpreted in a consistent manner for all CN applicants. The Department recognizes the need for improvement of the CN Program and intends to work closely with interested parties to make improvements, so CN supports all Washingtonians equitable access to high-quality care.^{16, 17}

The statement by the Review Officer is relevant to, and of great importance to, the CN Program's review of Swedish's PCI CN application for two reasons. First, it coincidentally articulates the motivation for Swedish's 6-year long effort to provide elective PCI services at Swedish Issaquah: to ensure that the residents of the King East PCI Planning Area have "equitable access to high-quality care." Second, it serves as a strong affirmation and reminder of the overall fundamental purpose of the certificate of need regulatory process, and of the CN Program's role and duty in that process. Specifically, in reviewing Swedish's application, the CN Program should proceed in a manner that will "promote, maintain, and assure the health of all citizens in the state" and "provide accessible health

¹⁵ As noted above, the CN Program's denial was based solely upon the applicability of WAC 246-310-720(2)(b) due to the fact that the MultiCare Auburn PCI program failed to meet the annual PCI minimum volume standard.

¹⁶ Master Case Nos. M2023-1034/M2024-222, Findings of Fact, Conclusions of Law, and Final Order on Summary Judgment (October 3, 2024), p. 4 (emphasis added). It should be noted that, as with all Final Orders issued by Review Officers, the Final Order was issued in the name of the Secretary of the Department of Health. A copy of the Findings of Fact, Conclusions of Law, and Final Order on Summary Judgment is attached as Exhibit 28.

¹⁷ It is reasonable to presume that the statement by the Review Officer is based upon the CN Program's inconsistent interpretation of WAC 246-310-720(b)(2). In Swedish's adjudicative proceedings appealing the CN Program's denial of Swedish's 2023 PCI CN application, Swedish showed that, contrary to the CN Program's position that WAC 246-310-720(2)(b) was "mandatory, not permissive," the CN Program had in fact interpreted the regulation in a permissive manner on two occasions in 2022 and 2023 in a situation which was exactly parallel with the circumstances of Swedish's 2023 application. The Presiding Officer agreed with Swedish that the CN Program had not consistently taken the position that the regulation was "mandatory, not permissive." The Presiding Officer concluded: "Swedish correctly points out that the Department has been inconsistent in the interpretation of WAC 246-310-720(2)(b)." Master Case Nos. M2023-1034/M2024-222, Findings of Fact, Conclusions of Law, and Initial Order on Summary Judgment (July 3, 2024), p. 10 (Conclusion of Law 2.17). Moreover, in the Swedish adjudicative proceedings the CN Program stated: "The Program now concedes its past interpretation of the rule as permissive, rather than mandatory, was a mistake." Master Case Nos. M2023-1034/M2024-222, Program's Reply in Support of Its Motion for Summary Judgment, p. 3.

services.¹⁸ This is exactly what Swedish intends to do in establishing an elective PCI program at Swedish Issaquah.

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

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

Please see Exhibit 17 that includes the revenue and expense pro forma statements for the cath lab cost center (with the project) for years 2026-2028. This statement includes the revenue and expense for the total emergent and elective PCI program in the cath lab cost center.

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

Please see Exhibit 17 that includes the revenue and expense pro forma statements for both the hospital and the cath lab cost center (with the project) for years 2026-2028. This statement includes the revenue and expense for the hospital and the total emergent and elective PCI program in the cath lab cost center.

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

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

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

In Table 21 we provide both the current payer mix and the forecasted payer mix for the project, based on gross service revenue. The assumption is that the payer mix for the proposed project will remain consistent with the current payer mix for PCIs in the two cath labs at Swedish Issaquah. With the addition of the elective PCI program at Swedish Issaquah, we do not anticipate any significant changes to the current payer mix. This is because the elective PCI program will attract patients from the same planning area that

¹⁸ RCW 70.38.015(1) (emphasis added).

the hospital already serves. Given that we do not foresee any shifts in the insurance profile of the planning area population in the near term, the payer mix is expected to remain stable.

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

Revenue Source	2024	Forecast
Medicare	43.3%	43.3%
Medicaid	9.3%	9.3%
Commercial	42.0%	42.0%
Other Government (L&I, VA, etc.)	2.7%	2.7%
Self-Pay	2.7%	2.7%
Other	0.0%	0.0%
Total	100.0%	100.0%

Source: Swedish Issaquah

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

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

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

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

Dr. Paul P. Huang, MD, an Interventional Cardiologist, is the Medical Director who oversees the cath labs at Swedish Issaquah. Upon CN approval to provide elective PCIs at Swedish Issaquah, Dr. Paul P. Huang will continue to serve as the Medical Director. His license number is MD00037376, and he is an employee of Swedish Health Services.

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

Dr. Paul P. Huang is an employee of Swedish Health Services. Please see Exhibit 29 for the Medical Director’s job description.

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

This question is not applicable. Dr. Paul P. Huang is an employee of Swedish Health

Services. Please see Exhibit 29 for the Medical Director’s job description.

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

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

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

Caregiver Name	Credential	License #
Nurses		
Romela Wong (Cath Lab Manager)	RN	RN60449300
Patrick Logan	RN	RN00143274
Pearl Fadera	RN	RN61227187
Stephanie Ralph	RN	RN600446110
Michelle Rush	RN	RN0001234238
Technologists		
Tristan Case	Radiologic Technologist Certification	RT60036021
Darwin James	Cardiovascular Invasive Specialist Certification	IS60454574
Jake Almburg	Cardiovascular Invasive Specialist Certification	IS61152453
Ruth Knight	Cardiovascular Invasive Specialist Certification	IS60497012
Christine Pagulayan	Radiologic Technologist Certification	RT60068870
Vadim Merenovskiy	Radiologic Technologist Certification	RT61055748
Steven Swenson	Cardiovascular Invasive Specialist Certification	IS60294833
Ian Thurman	Radiologic Technologist Certification	RT60416192
Interventional Cardiologists		
Huang, Paul P., MD (Medical Director)	MD	MD00037376
Brown, Christopher L., MD	MD	MD61262198
Demopoulos, Peter A., MD	MD	MD00026532
Lewis, Howard S., MD	MD	MD00028676
Petersen, John L. II, MD	MD	MD60063791
Colin Raelson, MD	MD	MD61317426

Source: Swedish Issaquah

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

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

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

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

- Exhibit 30. Cath Lab Competency Checklists
- Exhibit 31. Patient Transfer Agreement
- Exhibit 32. Swedish Issaquah PCI Quality Performance Improvement Plan

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

Please see Exhibit 33 for an analysis of the emergent and elective PCIs for King East planning area residents by zip code that are currently performed by the University of Washington Medical Center (“UWMC”).

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

It is important to recognize that prior to submitting this PCI application, Swedish Issaquah conducted an analysis of the proposed elective PCI program on UWMC volumes to ensure that the new program would not reduce volumes below the required standards. The outcome of that analysis was shared with Dr. Larry Dean who leads the UW Medical Regional Heart Center. Dr. Dean in response and respect to the proposed elective PCI program stated, “I acknowledge receipt and have no concerns about the impact on our training program.”¹⁹

UWMC performs a very large number of PCI cases for education and training purposes, which supports its Cardiovascular Disease and Interventional Cardiology Fellowship Training programs. In 2023, UWMC provided a total of 1,523 PCIs. Of these 1,523 PCIs in 2023, King East planning area residents received a total of 152 PCIs at UWMC with 118 being outpatient (elective) and 34 being emergent. Please see Exhibit 33 for an analysis of King East planning area PCIs by zip code at UWMC.

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

Please refer to Exhibit 34 for the correspondence between Dr. Howard Lewis of the Swedish Heart and Vascular Institute and Dr. Larry Dean of the UW Medicine Regional Heart Center. In Dr. Dean’s response, he confirms that the proposed project by Swedish Issaquah to operate a CN-approved elective PCI program at their facility will not affect the Interventional Cardiology Fellowship Training Program at the University of Washington.

¹⁹ See Exhibit 34 for the correspondence between Dr. Howard Lewis of the Swedish Heart and Vascular Institute and Dr. Larry Dean of the UW Medicine Regional Heart Center.

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

Please refer to Table 23, which presents the total PCI volumes for the current interventional cardiologists. As demonstrated, five of six cardiologists have consistently performed more than the minimum of fifty PCI procedures annually during the prior three years. The sixth cardiologist, Dr. Raelson, is a new interventionalist and has achieved a volume of more than fifty PCI procedures in each of the past two years. These total volumes include both emergent and elective PCIs, as the cardiologists also perform PCI procedures at Swedish Cherry Hill, which operates both an emergent and a CN-approved elective PCI program.

Table 23. Interventional Cardiologist Historic PCI Volume, 2021-2024

Interventional Cardiologist	2021	2022	2023	2024
Huang, Paul P., MD	87	82	70	80
Brown, Christopher L., MD	192	99	375	409
Demopulos, Peter A., MD	147	119	132	172
Lewis, Howard S., MD	117	114	141	81
Petersen, John L. II, MD	81	61	96	97
Colin Raelson, MD			70	99

Source: Swedish Issaquah

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

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

Table 24. Interventional Cardiologist Projected PCI Volume, 2025-2028

Interventional Cardiologist	2025	2026	2027	2028
Huang, Paul P., MD	84	88	93	97
Brown, Christopher L., MD	429	451	473	497
Demopoulos, Peter A., MD	181	190	199	209
Lewis, Howard S., MD	85	89	94	98
Petersen, John L. II, MD	102	107	112	118
Colin Raelson, MD	104	109	115	120

Source: Swedish Issaquah

In addition, please see Exhibit 35 for letters from the six interventional cardiologists listed in Table 24, committing to provide elective PCIs at Swedish Issaquah upon CN approval.

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

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

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

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

The cath labs at Swedish Issaquah are currently fully staffed for emergent PCI procedures, both during business hours and on-call. Table 22 provides an overview of

the current and proposed staffing for the combined emergent and elective PCI program. Swedish acknowledges the health care industry is facing unprecedented challenges, resulting in workforce shortages in many health care settings. However, Swedish also recognizes and embraces a unique opportunity during these times to attract diverse health care workers from non-traditional schools and community organizations, who have lived experiences similar to the families we serve.

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

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

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

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

All Registered Nurses ("RNs") are ACLS²⁰ certified through the American Heart Association. All RNs have extensive experience (at least 2 years) in a critical care environment. They also have at least one year of experience in a cath/interventional radiology lab that performs interventional and diagnostic cardiovascular/vascular imaging

²⁰ Advanced cardiac life support (ACLS) refers to a set of clinical interventions for the urgent treatment of cardiac arrest and other life threatening medical emergencies. Only specially trained providers can provide ACLS, as it requires the ability to manage the patient's airway, initiate IV access, read and interpret electrocardiograms and understand emergency pharmacology. Specialized pediatric life support is termed "PALS" (pediatric advanced life support).

procedures. They also have the capability for managing critically ill patients requiring advanced life support measures including ventilators; transcutaneous/transvenous pacing; intra-aortic balloon pump; vasoactive medications; and invasive monitoring (arterial, pulmonary, Central Venous Pressure).

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

Please see Exhibit 30 that includes orientation checklists for the cath lab staff.

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

Please see Exhibit 31 for the patient transfer agreement between Swedish Cherry Hill and Swedish Issaquah.

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

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

This requirement is addressed in Exhibit 31: Swedish Issaquah and Swedish/Cherry Hill Patient Transfer Agreement, page 2, Item 3.1.

(2) Assurance the backup surgical hospital can provide cardiac surgery during all hours that elective PCIs are being performed at the applicant hospital.

This requirement is addressed in Exhibit 31: Swedish Issaquah and Swedish/Cherry Hill Patient Transfer Agreement, page 2, Item 2.2.

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

This requirement is addressed in Exhibit 31: Swedish Issaquah and Swedish/Cherry Hill Patient Transfer Agreement, page 1, Item 1.3. Both the

Transferring Hospital and the Receiving Hospital share the same electronic medical record system, providing the same access for clinical data, including images and videos.

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

This requirement is addressed in Exhibit 31: Swedish Issaquah and Swedish/Cherry Hill Patient Transfer Agreement, page 2, Item 1.5.

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

This requirement is addressed in Exhibit 31: Swedish Issaquah and Swedish/Cherry Hill Patient Transfer Agreement, page 2, Item 2.1.

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

This requirement is addressed in Exhibit 31: Swedish Issaquah and Swedish/Cherry Hill Patient Transfer Agreement, page 2, Item 1.2.

In addition, please see Exhibit 36 for a signed Hospital Medical Transportation Agreement. This Hospital Medical Transportation Agreement includes the most recent amendment (number 11) renewing the agreement.

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

This requirement is addressed in Exhibit 31: Swedish Issaquah and Swedish/Cherry Hill Patient Transfer Agreement, page 1, Item 1.2.

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

This requirement is addressed in Exhibit 31: Swedish Issaquah and Swedish/Cherry Hill Patient Transfer Agreement, page 1, Item 1.2.

(9) *The hospital documenting the transportation time from the decision to transfer the patient with an elective PCI complication to arrival in the operating room of the backup hospital. Transportation time must be less*

than one hundred twenty minutes.

This requirement is addressed in Exhibit 31: Swedish Issaquah and Swedish/Cherry Hill Patient Transfer Agreement, page 2, Item 1.4.

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

This requirement is addressed in Exhibit 31: Swedish Issaquah and Swedish/Cherry Hill Patient Transfer Agreement, page 2, Item 1.7.

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

This requirement is addressed in Exhibit 31: Swedish Issaquah and Swedish/Cherry Hill Patient Transfer Agreement, page 1, Item 1.1.

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

This requirement is addressed in Exhibit 31: Swedish Issaquah and Swedish/Cherry Hill Patient Transfer Agreement, page 3, Item 3.2.

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

This requirement is addressed in Exhibit 31: Swedish Issaquah and Swedish/Cherry Hill Patient Transfer Agreement, page 3, Item 3.3.

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

Please see Exhibit 32 for the Swedish Issaquah PCI Performance Improvement Plan.

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

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

This requirement is addressed in Exhibit 32: Swedish Issaquah PCI Performance Improvement Plan, Sections I-VII, pages 1-4; Attachment A, page 5.

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

Patient selection is performed through the use of Appropriate Use Criteria (“AUC”), which is the national standard. This requirement is addressed in Exhibit 32: Swedish Issaquah PCI Performance Improvement Plan, Section VI, page 3; Attachment A, page 5; Attachment C, page 7.

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

Swedish uses a multidisciplinary Heart Team approach in attending to elective PCI cases. This includes partnership with the surgical team at Swedish Health Services d/b/a Swedish Cherry Hill. This requirement is addressed in Exhibit 32: Swedish Issaquah PCI Performance Improvement Plan, Section VI, page 3; Attachment A, page 5; Attachment C, page 6; and Attachment D, page 8.

- (4) *A description of the hospital's cardiac catheterization laboratory and elective PCI quality assurance reporting processes for information requested by the department or the department's designee. The department of health does not intend to require duplicative reporting of information.***

Swedish has already been reporting PCI data to the department via COAP, including those volumes from the Issaquah campus. This requirement is addressed in Exhibit 32: Swedish Issaquah PCI Performance Improvement Plan, Section VI, page 3; Attachment D, page 8.