



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

February 18, 2014

Lisa Crockett, Director of Strategy  
Providence Health and Services  
2024 Caton Way Southwest, #201  
Olympia, Washington 98502

DOR #14-09

Dear Ms. Crockett:

We have completed review of your letter and supporting documentation regarding the pediatric level of care for Providence Sacred Heart Medical Center based on the February 2013 level of care guidelines. Below is the information considered and the facts relied upon by the Certificate of Need Program in reaching the conclusion.

**INFORMATION CONSIDERED**

- Revised Code of Washington (RCW) 70.38
- Washington Administrative Code (WAC) 246-310
- Washington State Perinatal and Neonatal Level of Care Guidelines, February 2013
- Providence Sacred Heart Medical Center's September 8, 2013, Determination of Reviewability (DOR) request
- Providence Sacred Heart Medical Center supplemental information received on December 20, 2013
- Certificate of Need Program meeting notes from November 12, 2013, meeting with representative from Providence Sacred Heart Medical Center
- Data provided by Craig Jackson, MD received on October 31, 2013, November 8, 2013, December 2, 2013, January 23, 2014
- Data provided by Bat-Sheva Stein received on October 25, 2013, and February 10, 2013
- Certificate of Need historical files for Providence Sacred Heart Medical Center

**CONCLUSION**

Based on the totality of information considered, Providence Sacred Heart Medical Center is recognized as a level IV provider as described in the February 2013 level of care guidelines. The department further recognizes that Providence Sacred Heart Medical Center has 40 level III



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Page 2 of 2

neonatal intensive care beds at the hospital and all 40 beds would be available for level IV use. Please note that any increase in level IV pediatric beds beyond 40 requires prior Certificate of Need review and approval.

**APPEAL OPTION**

This decision may be appealed. You may request an adjudicative proceeding to contest this decision within 28 calendar days from the date of this letter. The notice of appeal must be filed according to the provisions of Revised Code of Washington 34.05 and Washington Administrative Code 246-310-610. A request for an adjudicative proceeding must be received within the 28 days at one of the following addresses:

Mailing Address:

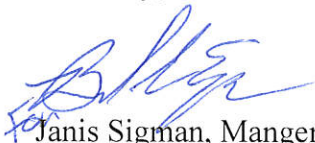
Department of Health  
Adjudicative Service Unit  
Mail Stop 47879  
Olympia, WA 98504-7879

Other Than By Mail

Department of Health  
Adjudicative Service Unit  
111 Israel Road SE  
Tumwater, WA 98501

Please call me directly at (360) 236-2955 if you have any questions or you would like to meet to discuss this determination.

Sincerely,



Janis Sigman, Manger  
Certificate of Need Program  
Community Health Systems

cc: Department of Health, Investigations and Inspections Office  
Bat-Sheva Stein, Department of Health  
Craig Jackson, MD