



Seattle Children's®

HOSPITAL • RESEARCH • FOUNDATION

July 30, 2021

RECEIVED

By CERTIFICATE OF NEED PROGRAM at 4:47 pm, Jul 30, 2021

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

CN22-02

Dear Mr. Hernandez:

Enclosed please find a copy of Seattle Children's Hospital certificate of need application proposing to add 16 Level IV NICU beds.

The required fee of \$40,470 was sent separately, along with the requested tracking information.

Should you have any questions, please do not hesitate to contact me. Seattle Children's looks forward to working with you and your staff in the coming months.

Sincerely,

Russ Williams,
SVP & Chief Operating Officer

**RECEIVED**


By CERTIFICATE OF NEED PROGRAM at 4:47 pm, Jul 30, 2021

**Certificate of Need Application
Hospital Projects****CN22-02**

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.

Signature and Title of Responsible Officer:  Russ Williams, SVP & Chief Operating Officer Email Address: russ.williams@seattlechildrens.org	Date: July 30, 2021 Telephone Number: (206) 987-1468										
Legal Name of Applicant: Seattle Children's Hospital Address of Applicant: 4800 Sand Point Way NE Seattle, WA 98105	<input type="checkbox"/> New hospital <input checked="" type="checkbox"/> Expansion of existing hospital (identify facility name and license number) Provide a brief project description, including the number of beds and the location. Add 16 Level IV NICU beds. Estimated capital expenditure: \$7,866,402										
Identify the Hospital Planning Area: The CN Program's defined service area for Seattle Children's bed projects is the Children's Hospital Planning Area. Geographically it includes the entirety of Washington state.											
Identify if this project proposes the addition or expansion of one of the following services: <table border="0"><tr><td><input type="checkbox"/> NICU Level II</td><td><input type="checkbox"/> NICU Level III</td><td><input checked="" type="checkbox"/> NICU Level IV</td><td><input type="checkbox"/> Specialized Pediatric (PICU)</td><td><input type="checkbox"/> Psychiatric (within acute care hospital)</td></tr><tr><td><input type="checkbox"/> Organ Transplant (identify)</td><td><input type="checkbox"/> Open Heart Surgery</td><td><input type="checkbox"/> Elective PCI</td><td><input type="checkbox"/> PPS-Exempt Rehab (indicate level)</td><td><input type="checkbox"/> Specialty Burn Services</td></tr></table>		<input type="checkbox"/> NICU Level II	<input type="checkbox"/> NICU Level III	<input checked="" 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 type="checkbox"/> Elective PCI	<input type="checkbox"/> PPS-Exempt Rehab (indicate level)	<input type="checkbox"/> Specialty Burn Services
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**CERTIFICATE OF NEED APPLICATION
PROPOSING TO
ADD 16 LEVEL IV NICU BEDS**

July 2021

SECTION 1

Applicant Description

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

The legal name of the applicant is Seattle Children's Hospital (Seattle Children's). Seattle Children's is controlled by its sole corporate member, Seattle Children's Healthcare System, and is a not-for-profit organization exempt from federal taxation under IRC Section 501(c)(3).

The address of Seattle Children's is:

4800 Sand Point Way NE
Seattle, WA 98105

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

Seattle Children's is a nonprofit corporation. The UBI number of Seattle Children's is: 178 019 356.

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

Russ Williams
Senior Vice President and Chief Operating Officer
Seattle Children's Hospital
4800 Sand Point Way NE, Mailstop: Administration RB.2.419
Seattle, WA 98105
(206) 987-1468
Email: russ.williams@seattlechildrens.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).

The consultant authorized to speak on behalf of the screening related to this application is:

Jody Carona
Health Facilities Planning & Development
120 1st Avenue West, Suite 100
Seattle, WA 98119
(206) 441-0971
(206) 441-4823 (fax)
Email: healthfac@healthfacilitiesplanning.com

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

The requested organizational chart is included in Exhibit 1.

SECTION 2

Facility Description

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

The address of Seattle Children's is:

4800 Sand Point Way NE
Seattle, WA 98105

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.

No new facility is proposed. This question is not applicable.

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.

This project proposes the expansion of an existing hospital specialty unit; the Level IV Neonatal Intensive Care Unit (NICU). The requested information for Seattle Children's is:

HAC.FS: 00000014
Medicare #: 50-3300
Medicaid #: 3306206

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

Seattle Children's is accredited by DNV GL. The effective date of accreditation is July 22, 2019. The expiration date is July 22, 2022.

5. Is the facility operated under a management agreement?

Yes _____ No **X** _____

If yes, provide a copy of the management agreement.

6. Provide the following scope of service information:

Table 1
Seattle Children's Hospital Scope of Services

Service	Currently Offered?	Offered Following Project Completion?
Alcohol and Chemical Dependency	<input type="checkbox"/>	<input type="checkbox"/>
Anesthesia and Recovery	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cardiac Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cardiac Care – Adult Open-Heart Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Care – Pediatric Open-Heart Surgery	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cardiac Care – Adult Elective PCI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cardiac Care – Pediatric Elective PCI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Diagnostic Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dialysis – Inpatient	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Food and Nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging/Radiology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Infant Care/Nursery	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Intensive/Critical Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Laboratory	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Medical Unit(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Neonatal – Level II	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Neonatal – Level III	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Neonatal – Level IV	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Obstetrics	<input type="checkbox"/>	<input type="checkbox"/>
Oncology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Organ Transplant - Adult (list types)	<input type="checkbox"/>	<input type="checkbox"/>
Organ Transplant - Pediatric (Heart, Kidney, Intestine, Multivesicular (Liver/Kidney, Herat/Kidney, Liver/Intestine)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pediatrics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pharmaceutical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Psychiatric	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing/Long Term Care (swing beds)	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation (Level 1 Pediatric Trauma Rehabilitation Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Respiratory Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Source: Applicant

SECTION 3

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.**

For more than 110 years, Seattle Children's has been delivering superior patient care, advancing new discoveries and treatments through research, and serving as an important educational resource for parents and healthcare professionals. Specializing in meeting the unique physical, emotional, and developmental needs of children from infancy through young adulthood, Seattle Children's is consistently ranked by *U.S. News & World Report* as one of the nation's best children's hospitals and is also one of only three hospitals in Washington State to receive Magnet Recognition for excellence in nursing services. Most recently, in 2020, Seattle Children's received rankings in all 10 specialties evaluated by *U.S. News & World Report* and was the only pediatric medical center in Washington State to be ranked. Additionally, Seattle Children's is verified as a Level I Children's Surgery Center by the American College of Surgeons and is the first children's hospital in Washington to earn this status.¹

With a Level IV NICU, over 46 regional and outreach clinics, and over 60 pediatric subspecialties, Seattle Children's serves as the pediatric and adolescent academic medical center for Washington, Alaska, Montana, and Idaho (WAMI) – the largest region of any children's hospital in the country. In this role, Seattle Children's continues to experience growing demand from patients who need the unique and highly specialized services we provide. While our average inpatient daily census across our hospital has grown by about 4% annually, this certificate of need application specifically addresses the increasing demand of neonatal patients, where the average daily census grew 7% annually over the same time period.² Our significant neonatal growth is a result of:

- 1. Improved survival of extremely premature (22-24 weeks gestation) and low birth weight babies.** These babies are often born with complications that require surgical and subspecialty care that is available only at Seattle Children's. These babies also tend to have much longer lengths of stay due to their complex medical needs, especially those babies with bronchopulmonary dysplasia and/or short gut/intestinal failure that may remain hospitalized through 12 months of age or longer. Our median length of stay for all NICU patients increased 9% from FY2018-2020, with the upward trajectory continuing.
- 2. Increased patient acuity and complexity that requires unique clinical services and collaboration across multiple pediatric sub-specialty teams.** Seattle Children's is the only Level IV hospital in the WAMI region that provides the full range of specialized multi-disciplinary services for neonates

¹ To become a Level I verified center, Seattle Children's met essential and rigorous criteria for staffing, training, and protocols for care.

² FY14-FY19

with complex medical and surgical conditions including: a) congenital diaphragmatic hernia (neonatology, pediatric surgery and cardiology), b) bronchopulmonary dysplasia (neonatology, pulmonary, cardiology), c) necrotizing enterocolitis with intestinal failure (neonatology, pediatric surgery, gastroenterology, hepatology), d) hypoxic ischemic encephalopathy, cerebral vascular malformations, post-hemorrhagic hydrocephalus and other neurologic conditions requiring neuro-critical care (neonatology, neurology, neurosurgery, neuroradiology, neuro-interventional radiology), severe acute kidney injury and/or failure (neonatology, nephrology, urology, interventional radiology), e) skeletal dysplasia (neonatology, genetics, pulmonary, orthopedics), f) premature infants with complex congenital heart disease (neonatology, cardiology, cardiac surgery, cardiac intensive care), g) neonatal diabetes, hypoglycemia, ambiguous genitalia, congenital hypopituitarism (neonatology, endocrinology, urology, pediatric surgery, h) neonatal liver failure (neonatology, hepatology, transplant surgery), i) inborn errors of metabolism (neonatology, biochemical genetics, endocrinology) and j) congenital immunologic diseases, cancers and blood dyscrasias (neonatology, hematology, immunology, infectious disease).

3. **Advanced technologies, such as neonatal extracorporeal membrane oxygenation (ECMO), that often result in longer hospital stays** (on average 60 days). Seattle Children's has the largest and most experienced ECMO program in the WAMI region, a form of life support that uses a heart-lung pump when a child's heart or lungs fail and therefore is lifesaving, and typically gets referred the most complicated cases. As part of its comprehensive extracorporeal life support program, Seattle Children's treats over 50 patients a year with an average of 12-15 of these patients being cared for in the NICU.

Since December 2017, when Seattle Children's secured CN approval (CN #16-29).³ to do so, we have operated a 32-bed, Level IV Neonatal Intensive Care Unit (NICU). Even with the moderate increase in beds approved in CN #16-29, and because Seattle Children's is the sole provider of several tertiary and quaternary services and on most occasions, is the only option for these critically ill neonates, we anticipated that during viral season and other surges, we would need to overflow neonatal patients into other critical care beds rather than diverting them to other facilities or delaying care.⁴ This plan was shared with the Certificate of Need Program (CN Program) in a letter dated November 8, 2017, (see Exhibit 2). Seattle Children's stated in the letter that if we were to experience prolonged and persistent high census, we would file a certificate of need application for additional Level IV NICU beds. That time has come.

³ In April 2017, Seattle Children's received certificate of need approval (CN #16-29) to expand our Level IV NICU to 32 beds and add 23 Acute Care beds. Specific to NICU, our initial plan was to expand the NICU in Fall 2019, which was based on our volume projections and facility plans, but given unexpected increases in demand and patient acuity, we expanded our NICU to 32 beds in December 2017, nearly two years ahead of schedule.

⁴ For neonatal patients, Seattle Children's is the sole provider or provides the vast majority of surgical repair for patients with congenital anomalies and/or acquired conditions, such as hypoplastic left heart, congenital diaphragmatic hernia, renal failure, tracheomalacia, and pelvic floor malformations.

Even with the impact of COVID, Seattle Children’s neonatal census across our hospital averages 52 patients per day.⁵ Of these patients, 28 are cared for in our Level IV NICU, an average of almost 5 overflow into our PICU, and the vast majority of the remaining 19 neonates are cared for on our Medical and Surgical units.⁶ While the Medical and Surgical units can be an appropriate site of care for some neonatal patients whose acuity has improved, early transfer out of the NICU to mitigate our capacity constraints has recently resulted in increased “bounce-backs” to the NICU due to Medical/Surgical nursing staff being challenged to fully meet the care needs of these complex infants.

Seattle Children’s is a strong proponent of providing care close to home and has worked to help support community regional hospitals retain appropriate neonates through Level III care. Despite this fact, Seattle Children’s physical NICU unit continues to *average* close to 90% occupancy. In fact, the Unit has operated at 97-100% occupancy for 8% of FY21 year to date. When our dedicated NICU beds are this full, access for neonatal patients, especially because Seattle Children’s is the sole provider of a number of Level IV services, is compromised. Seattle Children’s needs more dedicated Level IV NICU beds now.

At project completion, Seattle Children’s will have a 48-bed Level IV NICU. While these beds will significantly help us now, Seattle Children’s estimates that we will need even more Level IV NICU beds in the future because: 1) neonatal acuity is expected to climb due to increasing maternal age, a rise in the prevalence of comorbidity among reproductive-aged women, and persistent care gaps for vulnerable populations, and 2) innovative treatments, therapies, and technologies continue to advance, resulting in increased survivorship among complex neonates. At this time we do not have the space to expand further than 48 beds and need to wait until additional facilities are constructed on our Laurelhurst hospital campus.

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).

As described above, this project proposes the addition of 16 Level IV NICU beds. The required addendum is included with this submittal.

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

The requested information is in Table 2.

⁵ Average of CY2018 – CY2020.

⁶ CY2020 data. Of the neonatal patients cared for outside the NICU and PICU, 1.4 ADC are cared for in the CICU and these are largely patients with congenital heart disease that is uncomplicated and will require surgery.

Table 2
Seattle Children's Hospital
Current and Proposed Bed Configuration

	Current	Proposed
General Acute Care	318	318
Psych	41	41
Rehab	16	16
NICU Level IV	32	48
Specialized Pediatric		
Skilled Nursing		
Swing Beds (included in General Acute Care)		
Total	407	423

Source: Applicant

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.

Currently, all 32 Level IV NICU beds, 41 Psychiatric, and 16 Rehab beds are set-up. Of the 318 Acute Care beds, 276 are set-up, as some of our Medical and Surgical units are undergoing planned facility upgrade renovations. All 318 Acute Care beds are expected to be set-up as of July 2022.

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.

The requested information is provided in Table 3.

Table 3
Seattle Children's Hospital
Proposed Timeline for 16 Level IV NICU Bed Addition

Event	Anticipated Month/Year
Anticipated CN Approval	March 2022
Design Complete	June 2022
Construction Commenced	October 2022
Construction Completed	June 2023
Facility Prepared for Survey	July 2023
Facility Licensed – Project Complete WAC 246-310-010(47)	September 2023

Source: Applicant

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

Seattle Children's Level IV NICU cares for newborns and premature babies with complex medical and surgical conditions, who require life-saving treatments, therapies, and surgical procedures. On some occasions, these complex conditions are present at birth and other times, they develop soon after delivery. The highly specialized services we provide include complicated post-surgical care, ventilator support, high frequency ventilation, extra-corporeal membrane oxygenation (ECMO), and nitric oxide. Additionally, Seattle Children's provides care for babies with neurologic conditions using the latest technology including video electroencephalography (EEG), near-infrared spectroscopy (NIRS), and body cooling.

Seattle Children's Level IV NICU represents an important resource in overall regional healthcare delivery and is supported by highly specialized multi-disciplinary staff and equipment and by a regional transport system. The unique role we play is demonstrated by the number of neonatal patients that are transferred from other Level III and Level IV NICUs in Washington. For example, in 2020, 241 patients, or 64% of our outside referrals, were transferred from other Level III and Level IV NICUs because they required the providers, resources, and expertise only Seattle Children's can provide.

Some of the rare and complex conditions treated at Seattle Children's Level IV NICU include:

Airway birth defects that interfere with breathing	Meconium aspiration
Birth asphyxia	Meningitis
Birth defects of the heart	Metabolic disorders and genetic problems
Bladder and genital defects	Micrognathia (Robin sequence)
Bone tumors and soft tissue tumors	Myelomeningocele and all other birth defects of the brain and spine
Brain malformations including arteriovenous malformations (AVM)	Necrotizing enterocolitis
Congenital diaphragmatic hernia	Neonatal seizures
Conjoined twins	Neonatal stroke
Gastroschisis	Neuroblastoma
Hydrocephalus	Omphalocele
Infections of the bloodstream	Respiratory distress syndrome
Intestinal atresia	Respiratory failure
Kidney and urinary birth defects	Short bowel syndrome
	Tracheoesophageal fistula

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

See Exhibit 3 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.

See Exhibit 4 for a copy of the single-line drawings before and after project completion. Currently, the space that the proposed incremental 16 Level IV NICU beds will occupy is a 16-bed inpatient Medical Unit. The existing medical unit beds will be partially relocated to River A 3 and the rest will be relocated to River B 3. It is located on the 3rd floor of our Forest A building. The existing Level IV NICU is located directly above this space, on the 4th floor; so, the total 48 bed Level IV will be located on two floors and accessible via elevator and back of house stairway.

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

Currently, the gross square footage of the hospital is 1,198,000 SF. In July 2022, the gross square footage of the hospital will increase to 1,526,924 SF when a new building that adds operating room capacity and other clinical services (e.g., pharmacy, laboratory, outpatient clinic) opens. Since our plans are to convert an existing inpatient Medical Unit to a Level IV NICU, the gross square footage of the hospital will not change with or 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 project does not require any new construction. This question is not applicable.

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 presubmission conference for any construction projects in excess of \$250,000.

Seattle Children's has not yet met with CRS. We anticipate initiating consultation with the CRS Unit in the Fall of 2021.

SECTION 4

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.**

Our 407-bed hospital campus is physically located in the North King Hospital Planning Area. However, for more than three decades, the CN Program has used a distinct Planning Areas for Seattle Children's that is referred to as the "Children's Hospital Planning Area". This Planning Area includes the entirety of Washington State. Seattle Children's is the only hospital in the "Children's Hospital Planning Area." This Planning Area definition has been consistently used in each of our acute care bed *expansion* certificate of need applications since 2003 (so, 2003, 2010, and 2016).⁷ In addition, when the 13 NICU beds were approved as a result of the 2016 application, the same planning area was assumed.

- 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).**

Prior to submitting this application, Seattle Children's requested a Technical Assistance (TA) consultation with the CN Program to discuss NICU methodologies. During this TA, Seattle Children's reminded CN Program staff that the methodologies that is has used in the past to approve NICU beds significantly underestimates the need for Seattle Children's NICU bed need; in large part because our NICU volume is 100% transferred to us from birthing hospitals since we do not operate an obstetrics service.

Seattle Children's first presented data to the CN Program about the differences in how our NICU patients are coded/assigned DRGs in our 2016 application resulting in the approval of 13 additional NICU beds. As discussed in that application and as depicted in Table 4, only 36% of our NICU patient days, on average, are coded to a DRG that is contained within MDC 15; the definition that the CN Program has historically and consistently used to determine NICU bed need in hospitals with inborn neonates. The remaining patient days in our NICU are coded to DRGs that the CN Program has historically included in its Acute Care Bed Need Projection Methodology. Many of the neonates we care for require surgical repair of complex conditions such as congenital diaphragmatic hernia, bronchopulmonary dysplasia, complex renal failure, tracheomalacia, and myelomeningocele; and the discharge is coded to a surgical procedure rather than to the general neonate DRGs. When Seattle Children's applied to become the State's first Level IV NICU in the State in 2013, we also indicated the range of clinical services provided that determined it met the requirements for a Level IV.

⁷ The use of this Planning Area definition for this project was reaffirmed during an April 21, 2021, meeting with the CN Program.

During the TA, CN Program staff requested that Seattle Children’s include data in its application that depicts the NICU days at the hospital that are coded to a DRG outside of MDC 15. This data is provided in Table 4. As Table 4 demonstrates, anywhere from 60-68% of Seattle Children’s NICU days fall outside of MDC 15. The APR-DRGs associated with these neonates are included in Exhibit 5.

Table 4
Seattle Children's Level IV NICU Days Occurring in the 32 Bed Physical NICU Unit
by MDC Classification
CY2017-2020 (6 months)

	CY 2017	CY 2018	CY 2019	CY2020- COVID
Total NICU Days	8,828	10,658	10,400	9,482
Neonatal/NICU Days Coded to an MDC 15 DRG	2,880	3,694	4,185	3,044
% of Total NICU Days Coded to MDC 15	33%	35%	40%	32%
Neonatal/ NICU Days Coded to a Non- MDC 15 DRG	5,948	6,964	6,215	6,438

Source: Applicant internal data

Clearly, an analysis of bed need based on MDC 15 would significantly understate the need for additional NICU beds at Seattle Children’s. The 2019 data in Table 4 confirms an MDC 15 ADC of only 11.5 and, at 65% occupancy (the target occupancy the CN Program has used in other CN reviews for NICU beds), this census does not even support the 32 beds we have today on the physical NICU unit. However, if 100% of our NICU patient days in 2019 were included, the ADC on the unit would be 28.5 and Seattle Children’s could have supported 44 beds at 65% target occupancy.

Beyond these statistics, Seattle Children’s regularly uses the Pediatric Intensive Care Unit (PICU) to overflow NICU patients. In 2019, this represented an *additional* census of ADC of 3.7 (or a need for an additional 5.6 bassinets today). At the current CN Program occupancy target of 65%, Seattle Children’s can support all 48 beds today. The specific methodology and assumptions used to calculate need is detailed in response to a question later in *the Need Section*. Table 5 summarizes the patient days.

Table 5
Projected Level IV NICU Patient Days, 2021-2027

	CY2021	CY2022	CY2023	CY2024	CY2025	CY2026	CY2027
Neonatal ADC in NICU	28.6	29.6	32.0				
Neonatal Overflow onto PICU	3.7	3.8	2.6				
Total Neonatal ADC in NICU/PICU⁸	32.3	33.4	34.6	35.9	37.2	37.9	38.6
Total NICU Patient Days⁹	10,426	10,801	12,631	13,124	13,562	13,820	14,082

Source: Applicant.

As has been discussed throughout this application, demand for NICU care at Seattle Children's has grown due to increased case complexity and acuity. The uniqueness of Seattle Children's is demonstrated by the number of neonatal patients that are transferred to our NICU from other Level III and Level IV NICUs in Washington. For example, in 2020, 241 patients, or 64% of our outside referrals, were transferred from other Level III and Level IV NICUs. More importantly, because so many NICU patients are transfers from other Level III and IV NICUs, these patients have no other meaningful option for care.

In the highly unlikely scenario that the CN Program finds no need, or should the CN Program, contrary to its prior practice related to Seattle Children's NICU bed expansions, determine that Seattle Children's NICU bed need should be limited to MDC 15 utilization data, Seattle Children's request for additional capacity is also warranted under *Criterion 2*. This would be consistent with the 2016 evaluation in which the CN Program approved additional NICU bassinets⁹:

Criteria 2 of the State Health Plan

Seattle Children's requested that if the department did not find need for more beds under the numeric bed need methodology, that the department apply Criterion 2 under the State Health Plan to approve its request.

An evaluation of Seattle Children's reported historical available beds (set-up and staffed) would not support adding general acute care beds under this criterion. However, the department will evaluate whether additional NICU beds are justified under this criterion.

⁸ Excludes neonatal patients on acute care units

Prior to NICU expansion in 23, total neonatal days in the NICU does not include the neonatal patients who overflow into the PICU.

⁹ Seattle Children's Hospital, Certificate of Need Evaluation Dated April 3, 2017, of the Certificate of Need Application Submitted by Seattle Children's Hospital Proposing to Add Forty Acute Care Beds to Seattle Children's Hospital in King County, p. 25.

The department recognizes that Seattle Children's NICU is different from other NICU Level IVs in the state. Typically, a portion of a hospital's NICU admits, and patient days are the result of babies born at their facility and subsequently in need of that level of care. The 1987 State Health suggests that a hospital have a minimum of 1,200 births per year for a level II or level III NICU. Level III was the highest level of care at the time the 1987 State Health Plan was produced.

The hospitals where these other level IVs are located have an active birthing program. The table below shows the number of births each of the department approved NICU Level IV facilities reported to the department in 2015.

2015 Births Reported at Department Approved NICU Level IV Facilities

	Seattle Children's	Tacoma General	Providence Sacred Heart	University of Washington	Swedish First Hill
2015 Reported Births	0	3,073	3,233	2,043	7,667

As shown in the Table, all the approved NICU Level IV facilities meet this birth standard except Seattle Children's. Since at least the 1980 State Health Plan, Seattle Children's has been recognized as a specialty hospital. Based on this factor alone, Seattle Children's with 5,091 MDC 15 patient days is different than the other approved NICU Level IV facilities.

Children's reports that between 33-38% of its actual NICU days fall outside of MDC 15. The department calculated this figure to be 73% for 2015 based on Seattle Children's reported total NICU days compared to MDC 15 days reported through CHARS. This difference would equate to be about 8 NICU beds in 2015 increasing to 9 by 2022.

Seattle Children's is correct when it states that there are some services that only it provides.... Based on the application materials reviewed the department concludes that additional NICU Level IV beds are justified under Criterion 2.

The scope of our services, coupled with our internationally and nationally recognized outcomes, demonstrates that, consistent with the *State Health Plan*, the approval of our bed request will allow for the “*expansion or maintenance of an institution which has staff who have greater training or skill, or which has wider range of important services.*”

Further, when we compare ourselves to peer hospitals nationally (the Children’s Hospital Neonatal Consortium (CHNC)), with only a 32 level IV NICU unit, Seattle Children’s ranks in the lowest of 5%, in terms of a dedicated bed unit, of major referral centers that serve similar neonatal populations to Seattle Children’s. Within the CHNC, the average number of NICU beds is 60 or greater. Given our over 575 annual admissions of medically and surgically complex

neonates who come from throughout the WAMI region, we currently do not have the appropriate bed number to timely receive and manage the care for these fragile neonates.¹⁰

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

This project proposes to add 16 Level IV NICU beds.

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.

Table 6 provides the historical utilization for 2017-2021 YTD for the NICU.

Table 6
Seattle Children's Level IV NICU Utilization and Actual Occupancy, 2017-2020

NICU	CY2017	CY2018	CY2019	CY2020-COVID
Licensed beds	29	32	32	32
Available beds*	26	32	32	32
Discharges	124	171	182	164
Patient days	8,828	10,658	10,424	9,484
Occupancy	93%	91%	89%	81%
Beds Needed to Maintain 65% Target Occupancy	37	45	44	40
Incremental Licensed Beds Needed Over Current 32 Bed Count	8	13	12	8

*Source: Applicant; *Available beds are an average throughout the calendar year. Available beds have been lower than licensed beds due to ongoing, planned facility upgrade renovations.*

Table 7 provides the historical utilization for 2017-2021 YTD for the entire hospital.

Table 7
Seattle Children's Hospital Total Utilization, 2017-2020

Entire Hospital	CY2017	CY2018	CY2019	CY2020-COVID
Licensed beds	379	407	407	407
Available beds*	348	361	359	356
Discharges	16,576	16,892	15,731	12,997
Patient days	96,568	108,498	104,046	93,351

*Source: Applicant; *Available beds are an average throughout the calendar year. Available beds have been lower than licensed beds due to ongoing, planned facility upgrade renovations.*

¹⁰ FY18-20 data

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.

Future NICU patient days, as shown in Table 8, are based on the following assumptions:

- NICU discharges are expected to grow at a modest rate of about 1.3% per year. This compares to 10%, on average, since 2017.
- Patient acuity, and hence ALOS is expected to continue to increase modestly in most years. The significant increase in ALOS from CY22 - 23 is based on the assumption that more neonatal days will occur in the NICU. Currently 53% of neonatal days are occurring in the NICU and ideally we would like that to be closer to 70%. While ALOS will also grow due to the factors outlined earlier in the application, this shift of more days into the NICU is the primary driver for the increase. These patients include a subset of those who are currently being transferred to acute care units, to maximize space in the NICU for higher acuity patients. By implementing this model we will be able to decrease bounce backs and improve clinical efficiencies.

Table 8
Seattle Children's Level IV NICU Projected Utilization, 2021-2027

NICU	CY2021	CY2022	CY2023	CY2024	CY2025	CY2026	CY2027
Licensed beds	32	32	37	48	48	48	48
Available beds*	32	32	37	48	48	48	48
Discharges	147	149	151	153	155	157	159
ALOS	71	72.5	83.6	85.7	87.5	88.0	88.5
% Change in ALOS		2.1%	15.3%	2.5%	2.1%	0.6%	0.6%
Patient days	10,426	10,801	12,631	13,124	13,562	13,820	14,082
Percentage Change in Days		3.5%	16.9%	3.9%	3.3%	1.9%	1.9%
Occupancy	89%	92.5%	93.5%	75%	77%	79%	80%

Source: Applicant

**Available beds is an average throughout the calendar year, the 16 new beds will be operational in Q4.*

Table 9
Seattle Children's Total Hospital Projected Utilization, 2021-2027

	CY2021	CY2022	CY2023	CY2024	CY2025	CY2026	CY2027
Licensed beds	407	407	412	423	423	423	423
Available beds*	349	374	389	411	423	423	423
Discharges	14,645	15,861	16,086	16,315	16,524	16,663	16,804
Patient days	102,369	109,188	112,568	116,391	119,241	121,116	123,027
Occupancy	80%	80%	79%	77%	77%	78%	80%

Source: Applicant

**Available beds is an average throughout the calendar year.*

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

See Exhibit 6 for patient origin data for Seattle Children's NICU patients in 2019. This includes those neonates outside of MDC 15.

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

If this proposed project is not approved, the impact would be significant. No new Level IV NICU beds at Seattle Children's would mean that more neonatal patients will be triaged to other units within the hospital and/or be held in community hospitals awaiting transfer, resulting in delayed care and potentially compromised quality and outcomes.

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

Seattle Children's has a long and demonstrated history of reaching beyond our hospital to provide programs and services to make children, teens, and families safer and healthier where they live. Our commitment to caring for the community and underserved is our passion, our duty, and our privilege.

Our standard of care is for NICU patients to have private rooms, with full bathrooms, and to create a healing environment for families. This is especially beneficial for families who are traveling from far away or have limited financial resources, because they can stay overnight with their baby and do not need to pay for a hotel or a short-term rental. Individual rooms are ideal for families as they provide space and privacy to be closely involved in their baby's care, breastfeeding, and practicing skin-to-skin bonding. We provide family-integrated care, which allows the families to be more present and more involved. For families with more prolonged stays or if they have additional children with them, they will be prioritized for lodging at the local Ronald McDonald House. Social work also provides both food and transportation vouchers for families with financial need.

Seattle Children's also has a robust interpreter and translation services program for families who do not speak English or who are deaf or hard of hearing. These can be provided in-person, via

video (available for over 25 spoken languages), or phone (available for over 200 spoken languages). Families that need additional support can be assigned a patient navigator to help them with ongoing care needs in the hospital as well as with coordination of care at and following discharge. Patient Navigators are bilingual and bi-cultural individuals knowledgeable about the health care system, who combine the roles of case manager, patient advocate and teacher for the families they serve. They are qualified to provide medical interpretation, but their primary function is to bridge the cultural gap between the health care system and the family.

Seattle Children's Neonatology group enjoys strong relationships with many smaller and generally lower acuity nurseries and NICUs (e.g., Levels I – III) throughout the State. Our Neonatology team provides Medical Direction, telemedicine consults, and direct care to several Level II-III NICUs. This allows a family whose baby has less complicated medical issues to be cared for in a NICU that is closer to their home, while the baby's care team can have access to the medical expertise of Seattle Children's Neonatologists. This strategy also helps keep our census down, as many of these neonates would otherwise be transferred to Seattle Children's.

Through our uncompensated care, health professional education, research and community programs and services, in FY20, Seattle Children's provided more than \$359,257,000 in community benefit activities:

- \$239,152,000 in uncompensated care
- \$37,457,000 in health professions education
- \$73,000,000 in research
- \$9,648,000 in community programs and services

In addition to the above, and as depicted in Table 10, Seattle Children's Medicaid payer mix is 80% higher than that of adult hospitals in King County, and 22% more than the State.

Table 10
Patient Day Payer Mix: Seattle Children's vs. All King County Hospitals, 2019

Payer	Seattle Children's	Average of Other King County Hospitals	State Average
Commercial	36.5%	58.3%	45.8%
HMO	4.5%	8.0%	5.5%
Medicaid	53.2%	29.6%	43.5%
Medicare	0.9%	0.1%	0.2%
Self-Pay/Other	4.9%	3.9%	4.9%
Total	100.0%	100.0%	100.0%

Source: WA State CHARS Data, For Other King County Hospitals only data for patients aged 0-14 is included, numbers may not add exactly due to rounding

- 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.

- 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.

- 11. Provide a copy of the following policies:**

- a. Admissions policy**
- b. Charity care or financial assistance policy**
- c. Patient rights and responsibilities policy**
- d. Non-discrimination policy**
- e. End of life policy**
- f. Reproductive health policy**
- g. Any other policies directly associated with patient access**

The requested policies are included in Exhibit 7.

SECTION 5

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.**

Each of these requested items is included in Exhibit 8.

- 2. Identify the hospital's fiscal year.**

Seattle Children's fiscal year is October 1 – September 30.

- 3. Provide the following agreements/contracts:**

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

There are no such agreements related to 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.**

Seattle Children's has owned and been located on our 4800 Sand Point Way NE property since 1953; this proposed project requires no new property and no new buildings. Included in Exhibit 9 is documentation from the King County Assessor's Office confirming that Seattle Children's owns the site on which the hospital is located.

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.

Included in Exhibit 9 is documentation from the King County Assessor's Office confirming that Seattle Children's owns the site on which the hospital is located and that its present use is a hospital.

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.

Table 11 details the capital expenditure associated with the requested 16 Level IV NICU beds.

Table 11
Total Estimated Capital Expenditures

Item	Cost
a. Land Purchase	\$ -
b. Utilities to Lot Line	\$ -
c. Land Improvements	\$ -
d. Building Purchase	\$ -
e. Residual Value of Replaced Facility	\$ -
f. Building Construction	\$4,080,224
g. Fixed Equipment (not already included in the construction contract)	\$663,746
h. Movable Equipment	\$1,671,810
i. Architect and Engineering Fees	\$568,080
j. Consulting Fees	\$282,900
k. Site Preparation	\$ -
l. Supervision and Inspection of Site	\$57,500
m. Any Costs Associated with Securing the Sources of Financing (include interim interest during construction)	
1. Land	\$ -
2. Building	\$ -
3. Equipment	\$ -
4. Other	\$ -
n. Washington Sales Tax	\$363,672
o. Other Project Costs	\$178,470
Total Estimated Capital Expenditure	\$7,866,402

Source: Applicant.

- 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.**

Seattle Children's partnered with Seneca Group, a real estate project management firm that has supported us on many capital projects, to determine the estimated capital costs for the project.

- 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.**

Since Seattle Children's currently operates a Level IV NICU, we do not anticipate any start-up expenses to support this proposed expansion.

- 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.**

As mentioned above, Seattle Children's does not anticipate any start-up expenses. This question is not applicable.

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

A copy of a signed nonbinding contractor's estimate is included in Exhibit 10.

- 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.**

Seattle Children's rates and charges are set independent of any capital expenditure. Therefore, this project will not have an impact on the costs and charges for health care services.

- 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."**

Seattle Children's total hospital payer mix will not change as a result of this project. Table 12 provides the current payer mix.

Table 12
Seattle Children's Hospital
Historical/Current Payer Mix- Total Hospital

Payer Mix	Percentage by Revenue	Percentage by Patient
Medicaid	47%	46%
Medicare	2%	2%
Commercial	47%	49%
Self-Pay	1%	1%
Other	3%	3%
Total	100%	100%

Source: Applicant % by Revenue: All services; % by Patient: Using inpatient as a proxy since we don't track for outpatient; FY21 data.

- 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.**

No change in payer mix is assumed with this project. The historical/current payer mix was provided in response to Question 12.

- 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.**

The equipment list, including estimated costs for the equipment, is included in Exhibit 11.

- 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 proposed project will be financed from existing reserves. Included in Exhibit 12 is a letter from Suzanne Beitel, Seattle Children's Chief Financial Officer, confirming this intent.

16. Provide the most recent audited financial statements for:

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

Appendix 1 includes the most recent audited financial statements for Seattle Children's.

SECTION 6

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.**

Seattle Children's does not operate any other healthcare facilities that have unique Medicare and/or Medicaid provider numbers. As previously mentioned, the Medicare provider number of Seattle Children's is 50-3300 and the Medicaid provider number of Seattle Children's is 3306206.

- 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.**

In our TA, the CN Program confirmed that they want NICU unit specific data (FTEs) here, and not the hospital at large. Table 13 provides the requested information:

Table 13
Historical, Current and Projected Staffing FTES by Year

	FY18	FY19	FY20	FY21 (Current)	FY22	FY23	FY24	FY25	FY26
# of Licensed Beds	32	32	32	32	32	33	48	48	48
# of Available Beds	31	32	32	32	32	33	48	48	48
ADC	27.8	28.3	26.5	28.3	29.3	30.4	35.5	36.8	37.7
Management Total	4.7	5.6	5.6	5.6	5.6	5.8	8.1	8.1	8.1
Director	1	1	1	1	1	1	1	1	1
Clinical Practice Manager	1.8	1.8	1.8	1.8	1.8	2.8	2.8	2.8	2.8
CNS	1	1	1	1	1	1.5	1.5	1.5	1.5
Educator	0.9	1.8	1.8	1.8	1.8	2.8	2.8	2.8	2.8
Providers	16	16	19	19	19	19	22	23	24
MD	8	8	8	8	8	8	9	9	9
APPs	8	8	11	11	11	11	13	14	14
Registered Nurses	119.9	133.2	118.3	121.3	125.6	130.3	152.2	157.7	161.6
Nursing Assistants	1.3	1.3	1.3	7	7	10.5	10.5	10.5	10.5
Other Staff Total	20.4	21.4	20.5	21.4	21.9	22.3	27.2	28.0	28.6
Pharmacist	2	2	2	2	2	2	2.2	2.3	2.4
Nutrition	2	2	2	2	2	2	2.2	2.3	2.4
Lactation Consultant	0.75	0.75	0.75	0.75	0.75	0.75	1.2	1.2	1.2
Discharge Coordinator	0	0.75	0.75	0.75	0.75	0.75	1.2	1.2	1.2
MSW	2	2	2	2	2	2	3	3	3
RT	13.6	13.9	13.0	13.9	14.4	14.9	17.4	18.0	18.5
Total	162.3	177.5	164.7	174.2	179.1	187.9	220.1	227.3	232.3

Source: Applicant

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

FTEs increase in accordance with the increase in average daily census.

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

The key clinical staff for Seattle Children's NICU include:

Table 14
Seattle Children's Hospital and NICU Key Staff

Name	Title	Professional License Number
Lori Chudnofsky	NICU Director	RN00107767
Andre Dick	SVP, Interim Surgeon-in-Chief	MD00045954
Robert DiGeronimo	NICU Medical Director	MD60666216
Bonnie Fryzlewicz	Interim SVP & Chief Clinical Officer and Chief Nursing Officer	RN00101863
Jeff Ojemann	SVP, Interim Chief Medical Officer	MD00037131
Catherine Wagner	NICU Clinical Practice Manager	RN00094566

Source: Applicant

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.

Over the years, Seattle Children's has enjoyed success in both recruitment and retention of staff. We believe, in large part, that this is attributable to Seattle Children's reputation as one of the nation's leading pediatric hospitals and research institutions, our commitment to provide family-centered care, and our dedication to serve as a resource for training and education.

Seattle Children's recognizes that meeting the needs of patients and families that need our care can be demanding. Accordingly, we have worked to engage, support, and develop our workforce so that our patients and families can receive the best care. This includes maintaining patient to staff ratios that facilitate a supportive work environment.

Underlying our work in employee engagement and recognition, is our mission that has defined us for over 100 years. As a result of our efforts, Seattle Children's has received several awards that recognize the quality of care we give our patients and families and the supportive work environment we provide for our nurses and other healthcare professionals. These awards, which are also attractive recruitment tools, include:

- The American Nurses Credentialing Center has awarded Seattle Children's Magnet designation every year since 2008. Seattle Children's is the only children's hospital in the northwest to receive Magnet recognition. The Magnet Recognition Program designates organizations worldwide wherein nursing leaders successfully align their nursing strategic goals to improve the organization's patient outcomes. This designation of

national distinction for nursing excellence is also an attractive recruitment and retention tool.

- Our Neonatal Intensive Care Unit was granted the Beacon Award for Excellence in 2020 from the American Association of Critical Care Nurses. For nurses, the Beacon award signifies a positive and supportive work environment with greater collaboration between colleagues and leaders, higher morale, and lower turnover. Applicants are judged in the areas of leadership, appropriate staffing, use of evidence-based practices, outcome measurement, effective communication and a focus on learning and development of nursing staff.
- Seattle Children's is verified as a Level I Children's Surgery Center by the American College of Surgeons (ACS), and the first children's hospital in Washington to earn this status. To become a Level I verified center, Seattle Children's met essential and rigorous criteria for staffing, training and protocols for care ensuring our ability to appropriately care for our surgical patients.
- Seattle Children's is consistently ranked by *U.S. News & World Report* and in 2021, we were nationally ranked in all 10 pediatric specialties, placing us among the nation's best children's hospitals. Seattle Children's is the top-ranked pediatric hospital in Washington and in the Pacific Northwest and among the top 3 pediatric hospitals in the Pacific Region, which includes Alaska, California, Hawaii, Oregon, and Washington.
- Our positive work environment has been recognized by third parties, including *Forbes* in its 2016 list of "America's Best Employers" and *Becker's Hospital Review* in its 2018 list of "150 Great Places to Work in Healthcare." The organizations on these lists were chosen for certain focuses including robust benefit packages, excellent employee recognition programs, and/or opportunities for professional development and continuing education.
- Since employee recruitment and retention of the best staff is critical to the success of Seattle Children's, we offer competitive salaries, a generous paid time off program, benefit packages, tuition assistance, and a variety of programs dedicated to caring for our employees' well-being. As an example of Seattle Children's recruitment and retention strategies include:
- Seattle Children's Tuition Assistance Program provides financial assistance to help staff members pursue education to advance toward, or develop in, a career within the organization.
- We support both internal and external learning opportunities, including participation in professional associations, continuing education, community activities, and pursuit of advance degrees. Our goal is to help Seattle Children's staff exceed in their roles and provide opportunities for leadership development and employee advancement.
- Seattle Children's offers sign on bonuses and relocation assistance for hard to fill positions.

- Seattle Children's regularly undertakes an employee engagement survey. The results of this survey are used at the department level to develop action plans to improve staff engagement. Engaged staff and faculty who are fully involved in their work are less likely to leave for another job and more likely to bring their best to work every day.
- Seattle Children's engages staff in the System for Daily Improvement (SDI) to provide an opportunity for the entire organization to begin managing their work visually and uniting under a common language of improvement. The System for Daily Improvement (SDI) provides a framework to visualize and manage our work in a way that drives our teams to succeed and improve every day.
- Seattle Children's also has a Talent Acquisition department that supports our management team in the recruitment and hiring process. Our Talent Acquisition department includes dedicated nurse recruiters who work largely to hire for hard-to-fill positions. These individuals conduct national searches and attend national conferences for pediatric nursing and sub-specialty nursing. In addition, they attend job fairs and reach out to local colleges and universities.

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

This proposed project does not propose a new facility. This question is not applicable.

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

The existing ancillary and support services to support the Level IV are already in place. We do not anticipate any expansion. Table 15 provides a listing of the key support services and a listing of the vendor (in-house or contracted).

Table 15
Ancillary and Support Services

Services Provided	Vendor
Linen service	Hospital Central Services Inc
Labs including pathology	Seattle Children's
Environmental services	Seattle Children's
Biomedical waste	Seattle Children's
OT / PT (PRN)	Seattle Children's
Dietary – Milk Lab	Seattle Children's
Respiratory Therapy	Seattle Children's
Pharmacy	Seattle Children's
Social Work / Therapy	Seattle Children's
Radiology	Seattle Children's
Clinical Engineering	Seattle Children's

Source: Applicant

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

None of the ancillary and support services required for NICU level care are expected to change as a result of this proposed project.

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

Seattle Children's has a robust network of referring providers and collaborating healthcare facilities throughout the WAMI region and beyond. For purposes of this application, Seattle Children's has limited this list to healthcare facilities that reside in Washington State, which include:

- Virginia Mason Franciscan Health: St. Joseph Medical Center, St. Francis Hospital, St. Elizabeth Hospital, St. Anne Hospital, and St. Michael Medical Center
- UW Medicine and University of Washington School of Medicine; UW Medicine-Valley, UW Medicine-Northwest and Harborview Medical Center
- MultiCare Mary Bridge Children's Hospital
- Providence Regional Medical Center Everett
- Seattle Cancer Care Alliance
- Providence St. Peter Hospital
- Skagit Valley Hospital
- Evergreen Health
- Overlake Medical Center
- Confluence Health
- Kadlec Regional Medical Center
- Lourdes Health

10. Identify whether any of the existing working relationships with healthcare facilities listed above would change as a result of this project.

No changes are anticipated.

11. For a new facility, provide a listing of healthcare facilities with which the facility would establish working relationships.

This proposed project does not include a new facility. This question is not applicable.

12. 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.

Once discharged, Seattle Children's has a long and extensive history of working with a variety of organizations in the Puget Sound and throughout the WAMI region to assure continuity of care for the patients and families we serve. For example, Seattle Children's operates regional clinics in Bellevue, Everett, Federal Way, Olympia, Tacoma, Tri-Cities, Wenatchee, Great Falls, MT and Anchorage, AK. Additionally, Seattle Children's sends our providers to over 35 hospitals and clinics throughout the WAMI region to provide care for patients closer to home. This includes our Hospitalists, who staff the pediatric inpatient units at four community hospitals, and our Neonatologists and Neonatal Nurse Practitioners, who provide neonatal leadership and in-hospital coverage for seven Level II/Level III NICUs throughout Washington. In each of these areas, Seattle Children's collaborates with local providers, state agencies, and others to ensure continuity of care, access, family support, and education.

Seattle Children's also operates a robust telehealth program that completed over 47,600 virtual visits in FY20 using videoconferencing technology to connect patients throughout the greater WAMI region with Seattle Children's providers. Our program allows patients and their families to have an appointment with a Seattle Children's provider, without unnecessary travel expenses, time constraints, and stress. In some cases, telemedicine allows patients to be seen sooner, resulting in earlier diagnosis and treatment and has allowed service lines, like Mental and Behavioral Health, to provide a greater range of services in the community. To ensure equitable access to telehealth, Seattle Children's has a loaner device program to better support patients throughout WA state with devices and internet capabilities. In FY20, we also completed over 5,100 asynchronous telehealth visits. In these visits, a diagnostic such as an ECHO, ECG, EKG, or EEG was completed at an external site, but the results were read by a Seattle Children's doctor. Specifically, for the NICU, we continue to expand our tele-rounding services, which consist of a Seattle Children's Neonatologist completing virtual visits with families who have a patient in a NICU outside of Seattle Children's.

In addition, Seattle Children's provides home care services so that families and caregivers are comfortable caring for their child and using medical equipment at home. As part of the healthcare team, our home care services staff work with our patients and their families and other

healthcare providers to make sure that their care is coordinated, comprehensive and safe. For example, for patients who receive infusion therapies, our pharmacists and nurses teach families how to administer medications, utilize the pumps, and follow up by phone to make sure therapy is on track and monitor the patient's progress. If needed, our nurses and respiratory therapists can come to the family's home to assist with IV site dressing changes, drawing labs, and assisting with respiratory home medical equipment.

Finally, Seattle Children's is partnering with Ashley House, a non-profit with 30 years of experience caring for children with complex medical needs, to develop Bridges to Home, which will be the first pediatric skilled nursing facility in Washington State. Children with medically complex needs are difficult to discharge due to the current lack of facilities that can appropriately care for them. Bridges to Home will provide fifteen beds with 24/7 skilled nursing services for children. Services will include care for children using ventilators, dialysis, feeding tubes and other complex treatments. Parents will be able to learn how to provide care in a home-like setting, where siblings and friends can visit. Social workers will help plan kids' transitions and nursing care and case management will follow up with families.

13. 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).

As noted above, Seattle Children's has a long track record of working closely with other providers, not only in Washington State, but throughout the WAMI region to serve neonates. This includes, most importantly, other Level NICUs that transfer their patients for care that is only available at Seattle Children's. Once these neonates are ready for discharge, Seattle Children's staff works closely with their local hospital and other providers to ensure a timely discharge back to the facility closest to their home.

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

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

Seattle Children's has no history with respect to the actions described above.

SECTION 7

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.**

Seattle Children's is the sole provider of several tertiary and quaternary services and on most occasions, is the only option for critically ill neonates in the State. By providing a unique and highly specialized set of services, we are limited in the alternatives we can consider. We have waited to request additional beds, but our average daily census has increased every year since FY2017 (5-year average percent occupancy is 88%), except for FY2020 due to COVID-19, and we need these beds now.

The only other option we considered was to overflow more patients from our NICU to other critical care units within Seattle Children's. This is not optimal for patient care and is only possible when the Pediatric and Cardiac ICUs have capacity to accept NICU patients. This is a mitigation strategy we have implemented in the past and have been successful with on a small scale, but it is not feasible as a long-term solution. Although the PICU and CICU have had intermittent capacity, it is not guaranteed they always have space to overflow our NICU patients. Every day, nursing leaders have capacity huddles with care management to assess all options for patients, but it is challenging to shift patients throughout the hospital.

We do not believe that "no action", the status quo is a real alternative. Ignoring high census and increasing acuity can and will negatively impact the patients, their families and the other communities and neonatal providers we support. At this point the only solution is to add more beds.

- 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 details the requested information.

Table 16
Advantages and Disadvantages

	Add 16 NICU beds (the project)	Overflow More Patients Into Other Critical Care Units	No Action/Status Quo
Patient Access to Health Care Services	<ul style="list-style-type: none"> Ensures greater access for more patients. Decreases the likelihood of patients being diverted to other sites of care. Provides more flexibility during high census times. 	<ul style="list-style-type: none"> Patients will still be able to access care, but not in the most clinically appropriate location in the hospital and other patients may need to be diverted. We will continue to be constrained by the existing number of beds we have today. Also diffusing critical mass, duplicating resources, increasing costs and making it more challenging to retain staff skills 	<ul style="list-style-type: none"> Access will be constrained, and increasingly due to census, we may not be able to admit patients who need our services. This could result in worse outcomes, or even death..
Capital Costs	<ul style="list-style-type: none"> The specific costs of this project are referenced earlier in the application. 	<ul style="list-style-type: none"> No new capital. 	<ul style="list-style-type: none"> No additional capital
Staffing Impact	<ul style="list-style-type: none"> Will need to hire additional staff to support the increased census. 	<ul style="list-style-type: none"> No additional staff will be hired, but other community NICUs will need to add staff. 	<ul style="list-style-type: none"> No additional staff will be hired.
Quality of Care	<ul style="list-style-type: none"> We will be able to provide the highest level of care to a greater number of patients. Decrease bounce backs from acute care units. Decrease community holds (patients who stay in a Level II or III NICU bed while they wait for an SCH NICU bed to open up) 	<ul style="list-style-type: none"> Patients would be at risk of not being admitted and this could lead to worse outcomes. 	<ul style="list-style-type: none"> Patients would be at risk of not being admitted; leading to poorer outcomes.
Cost or Operational Efficiency	<ul style="list-style-type: none"> Increased rounding efficiencies for our clinical and ancillary teams because the patients will be co-located near each other. Increased administrative efficiency because there would be less time spent on patient placement and patients could be rapidly assigned to an appropriate site of care. 	<ul style="list-style-type: none"> Need to duplicate resources thereby increasing costs and making it more challenging to retain staff skills. Greater administrative burden to move patients around hospital and not keep them in ideal site of care. 	<ul style="list-style-type: none"> Decreased rounding efficiencies for clinical and ancillary teams because they need to go to many locations within the hospital.
Legal	<ul style="list-style-type: none"> Requires certificate of need 	<ul style="list-style-type: none"> Could require CN, depending upon whether bed addition is required. 	<ul style="list-style-type: none"> None

Source: Applicant

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.**

As mentioned above, this project does not require new construction (this project is a remodel of existing space), and therefore, there are limited opportunities to achieve significant efficiencies. That said, Seattle Children's proposes to design the unit to, as much as possible, achieve any energy efficiencies. In addition, as noted previously, Seattle Children's charges are not tied to or set by capital expenditures. Therefore, this project is not expected to have an impact on the costs and charges of health care services.

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.

Currently, due to high census, Seattle Children's regularly transfers patients from the NICU to the Pediatric ICU as well as to other acute care units. Significant administrative bandwidth and decision-making bandwidth is spent on shifting these patients and ensuring they receive the same level of support they would in the NICU. This is challenging for our clinical and ancillary support teams and is not ideal for patient care; and often frightening and confusing to the family. By adding 16 NICU beds, we would create clusters of specialized care for high-risk populations such as neurocritical care patients including preterm newborns and former preterm newborns with severe bronchopulmonary dysplasia to provide structured multidisciplinary care which will lead to decrease in length of hospitalization and optimize patient outcomes. We will also be able to reduce the number of lower acuity patients who are transitioned to the floor, which may decrease bounce backs to the NICU, thereby decreasing unnecessary transitions of care resulting in escalation of care and prolonged hospitalization.

Addendum for Hospital Projects
Certificate of Need Application
All Tertiary Services EXCEPT Percutaneous Coronary Intervention (PCI)

The following questions are applicable to ALL tertiary service projects except for elective PCI. There are service-specific sections that follow.

General Questions – Applicable to ALL Tertiary Service Projects except for PCI

Project Description

1. Check the box corresponding with the tertiary service proposed by your project:

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

*If you selected “Elective PCI” above, **skip this section** and move on to the PCI-specific Addendum.

Need

2. If there is a numeric need methodology specific to your service in WAC, provide the WAC-based methodology. If there is no numeric need methodology in WAC, provide and discuss a service-specific numeric need methodology supporting the approval of your project. Include all assumptions and data sources.

There is no WAC-based methodology for NICU bed need in WAC. In addition, as was discussed in response to earlier questions, Seattle Children’s has based need for its proposed expansion in its current internal census data. Please see responses to Questions 1 in the Need Section for additional information.

3. Are there any service/unit-specific policies or guidelines? If yes, provide copies of the policies/guidelines.

Included in Exhibit 7 are Seattle Children’s hospital policies for admission, non-discrimination, charity care, etc. There are over 100 policies and procedures used by the NICU for specific types of patients and/or patient care. If there is a specific policy or procedure that the CN Program is seeking, Seattle Children’s requests to be allowed to provide it in screening.

Financial Feasibility

4. Provide the proposed payer mix specific to the proposed unit or service. If this project represents the expansion of an existing unit, provide the current unit's payer mix for reference.

The proposed payer mix is the same as the current and is depicted in the table below.

Payer Mix	Percentage by Revenue	Percentage by Patient
Medicaid	62%	52%
Medicare	0%	0%
Commercial	32%	45%
Self-Pay	0%	0%
Other	6%	3%
Total	100%	100%

Source: Applicant FY20 data.

5. Provide pro forma revenue and expense statements for the proposed unit or service. If this project proposes the expansion of an existing unit, provide both with and without the project.

The requested information is included in Exhibit 8.

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

The estimated capital expenditure is \$7,866,402. This question is not applicable.

Structure and Process of Care

7. If applicable for the service proposed, provide the name and professional license number of the proposed medical director. If not already disclosed under [WAC 246-310-220\(1\)](#) above, identify if the medical director is an employee or under contract.

The employed medical director for Seattle Children's Level IV NICU is listed in the table below.

Table 17
Seattle Children's Level IV NICU Medical Director

Name	Professional License Number
Robert DiGeronimo	MD 60666216

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

A copy of the medical director's job description is included in Exhibit 13.

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

The medical director is not under contract. This question is not applicable.

10. Provide the names and professional license numbers of current and proposed credentialed staff for this service/unit.

In response to Question 7 and in Table 17, Seattle Children's has provided information on key staff members, including license numbers. If any additional information is requested, please advise in screening.

11. If applicable for the service proposed, provide the existing or proposed transfer agreement with a local hospital.

This question is not applicable for this proposed project.

12. Will the service/unit proposed comply with any state or national standards? If yes, provide the applicable standard, the rationale for selecting the standard selected, and a detailed discussion outlining how this project will comply with the standard.

Seattle Children's NICU follows the American Academy of Pediatric national standards for neonatal levels of care. Specifically, we utilize the American Academy of Pediatrics Committee on Fetus and Newborn's levels of neonatal care. (Pediatrics. 2012 Sep;130(3):587-97. doi: 10.1542/peds.2012-1999. Epub 2012 Aug 27. PMID: 22926177) We will continue to comply with this standard.

13. After discharge, what steps are taken to ensure continuity of care for each patient?

At discharge, all follow up appointments are coordinated with the family by a neonatal discharge coordinator. A Pharmacist reviews the patient's medications, and a Nutritionist reviews the dietary regimen with the family prior to discharge. Many babies meet criteria and are assigned for follow up in either University of Washington's Neurodevelopmental clinic and/or Seattle Children's Neurodevelopmental clinic to assure appropriate development. NICU graduates with high risk for developmental delays are also referred to the Infant Developmental Follow Up Clinic (IDFC) for age specific developmental testing and potential referral to additional

resources. Those patients with identified delays will also receive ongoing occupational, physical, and speech therapies in an outpatient setting. Many of our NICU graduates are referred to Early Support for Infants and Toddlers (ESIT) for developmental services and coordination of local therapy and care. When needed, families will receive referrals for public health nurse support, WIC, and community lactation support. Lastly, SCH places an automatic follow up phone call 24hrs post discharge to check in with the family.

14. If the proposed service type is already offered in the same planning area, provide a detailed description of the steps that will be taken to avoid unwarranted fragmentation of care within the existing healthcare system.

As noted in response to earlier questions, Seattle Children's is unique in that its service area is the entire state; so, while there are other NICU providers operating in the state, the range and scope of tertiary and quaternary programming at Seattle Children's renders it unique.

We avoid unwarranted fragmentation by our strong regional outreach network and by our comprehensive discharge planning, a key goal of which is to return each neonate to the community in which their family resides.

Seattle Children's also has an extensive telemedicine network which, as appropriate, supports neonates and their families to stay locally, while continuing to be seen by the specialists, sub-specialists, super-specialists and extensive support staff based in Laurelhurst.

NICU Projects ONLY

A. Describe how this project will adhere to the most recent Washington State Perinatal Level of Care Guidelines.

Exhibit 14 includes the detailed overview of this project's consistency to the most recent Washington State Perinatal Level of Care Guidelines (2018).

Exhibit 1
Organizational Chart

Seattle Children's: Corporate Structure

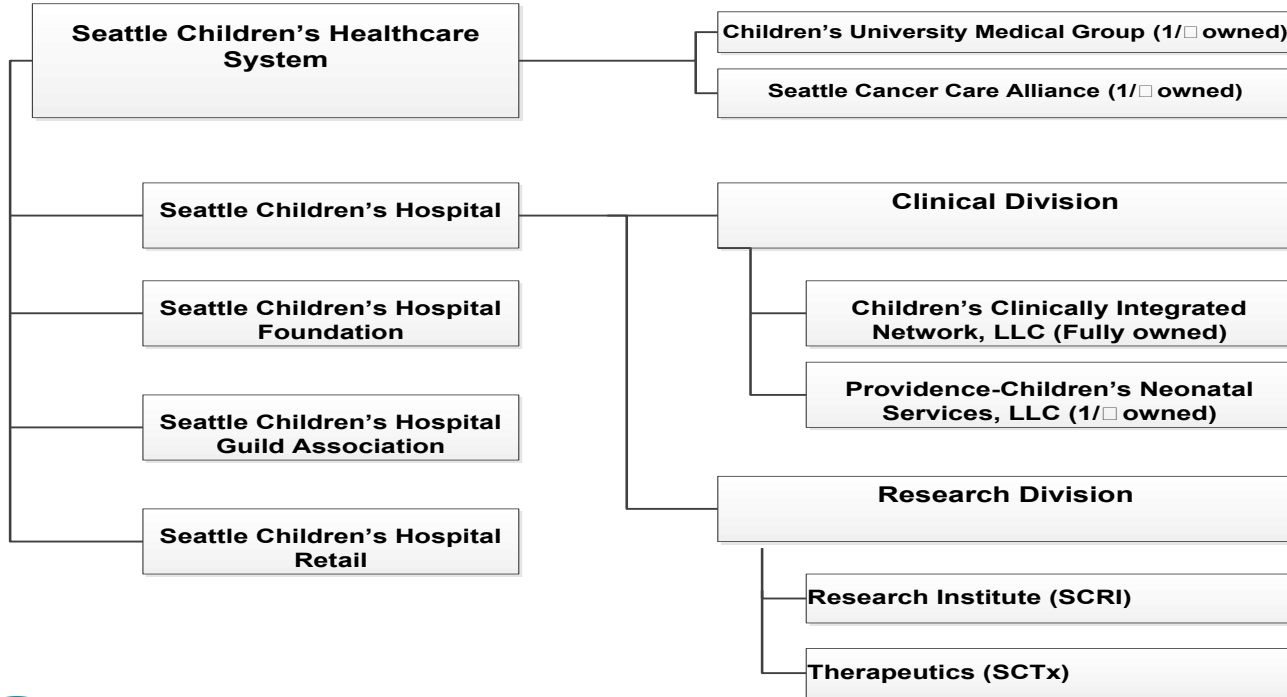


Exhibit 2
Letter to CN Program

SENT VIA EMAIL AND U.S. MAIL

November 8, 2017

Karen Nidermayer, Program Analyst
Certificate of Need Program
WA State Department of Health
PO Box 47852
Olympia, WA 98504-7852

RE: Certificate of Need #1599; Plans for Level IV NICU bed expansion at Seattle Children's

Dear Ms. Nidermayer:

In April 2017, Seattle Children's Hospital (Seattle Children's) received approval for a Certificate of Need to expand our Level IV NICU bed capacity to 32 beds. In this letter I am providing you with an update regarding our surge in NICU census and our plans to accommodate future NICU patients.

Our initial plan as outlined in our Certificate of Need application, was to expand to the full 32 Level IV NICU beds in the Fall of 2019, based on our volume projections and facility plans. However, over the past six months, we have experienced significant increases in demand for our Level IV NICU services and have been running at an average of 91% occupancy. As noted in our June 2017 Certificate of Need progress report, we were able to expand the NICU from 26 beds to 27 beds, however, we are needing to revise our initial plan so that we can continue to meet the growing demand from patients who need the unique and highly specialized services we provide.

In its evaluation of our Certificate of Need application, the Department noted some concerns with the finding that, due to high referral volumes over a period of time, we had operated more Level IV NICU beds than the Department had approved. Given our goal to be completely transparent and compliant with all Department rules, we are writing today to advise the Department of two important developments.

1. With a goal of accommodating our increasing volumes, Seattle Children's is planning to increase our Level IV NICU beds to 32 in December 2017, nearly two years ahead of our initial plan. As a result, we will be amending our hospital license to 407 beds and will ensure that any other necessary approvals are obtained.
2. Even with the increase to 32 Level IV NICU beds, we fully anticipate that this winter, during flu and respiratory virus season, we will find ourselves with a census of more than 32 neonates during surge periods. Further, we anticipate that there will be a need to "overflow" these patients into other critical care beds rather than diverting them to other facilities or delaying life-saving treatment.

In the event that we experience prolonged and persistent high census, it is our intention to file a Certificate of Need application for additional Level IV NICU beds.

If you have any questions or concerns regarding our plans, please do not hesitate to contact me. Thank you for your past and future efforts to help ensure access to care at Seattle Children's for our region's sickest and most vulnerable neonates.

Sincerely,



Sanford M. Melzer MD MBA
Executive Vice President
Seattle Children's

Exhibit 3
Letter of Intent

June 30, 2021

Mr. Eric Hernandez, Program Manager
Certificate of Need Program
Department of Health
PO Box 47852
Olympia, WA 98504-7852

RECEIVED

By CERTIFICATE OF NEED PROGRAM at 9:24 am, Jul 01, 2021

LOI21-07SCHK

exp: Dec 31, 2021

Dear Mr. Hernandez:

In accordance with WAC 246-310-080, Seattle Children's Hospital (Seattle Children's) hereby submits a letter of intent for the addition of NICU Level IV beds to our current licensed bed capacity. In conformance with WAC, the following information is provided:

1. A Description of the Extent of Services Proposed:

Seattle Children's proposes a 16 NICU Level IV bed addition.

2. Estimated Cost of the Proposed Project:

The estimated capital expenditure for the 16 beds is \$7,866,402.

3. Description of the Service Area:

For purposes of NICU bed planning, the Department of Health has previously determined that Seattle Children's service area is the State. It has referred to this service area as the "Children's Hospital Planning Area."

Seattle Children's looks forward to working with you and your analysts on this project. Please contact me directly with any questions.

Sincerely,



Russ Williams
SVP and Chief Operating Officer
Seattle Children's

Exhibit 4
Single Line Drawings

Project Size: 11,500sf (Area in Red)



Exhibit 5
APR-DRGs

DRG_CD	DRG_NM	DRG_VER_NM	Year of EFF_DT_TS
0	Discharged and DRG Not Entered	DRG APR V32 I-10	FY 2021
3	BONE MARROW TRANSPLANT	DRG APR V32 I-10	FY 2020
4	TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	DRG APR V32 I-10	FY 2018
4	TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	DRG APR V32 I-10	FY 2019
5	TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	DRG APR V32 I-10	FY 2019
5	TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	DRG APR V32 I-10	FY 2018
5	TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	DRG APR V32 I-10	FY 2021
21	CRANIOTOMY EXCEPT FOR TRAUMA	DRG APR V32 I-10	FY 2019
21	CRANIOTOMY EXCEPT FOR TRAUMA	DRG APR V32 I-10	FY 2020
21	CRANIOTOMY EXCEPT FOR TRAUMA	DRG APR V32 I-10	FY 2018
22	VENTRICULAR SHUNT PROCEDURES	DRG APR V32 I-10	FY 2020
22	VENTRICULAR SHUNT PROCEDURES	DRG APR V32 I-10	FY 2019
22	VENTRICULAR SHUNT PROCEDURES	DRG APR V32 I-10	FY 2018
22	VENTRICULAR SHUNT PROCEDURES	DRG APR V32 I-10	FY 2021
42	DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	DRG APR V32 I-10	FY 2019
44	INTRACRANIAL HEMORRHAGE	DRG APR V32 I-10	FY 2021
44	INTRACRANIAL HEMORRHAGE	DRG APR V32 I-10	FY 2019
49	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	DRG APR V32 I-10	FY 2018
51	VIRAL MENINGITIS	DRG APR V32 I-10	FY 2019
51	VIRAL MENINGITIS	DRG APR V32 I-10	FY 2018
52	NONTRAUMATIC STUPOR & COMA	DRG APR V32 I-10	FY 2019
53	SEIZURE	DRG APR V32 I-10	FY 2020
58	OTHER DISORDERS OF NERVOUS SYSTEM	DRG APR V32 I-10	FY 2021
73	EYE PROCEDURES EXCEPT ORBIT	DRG APR V32 I-10	FY 2021
90	MAJOR LARYNX & TRACHEA PROCEDURES	DRG APR V32 I-10	FY 2018
90	MAJOR LARYNX & TRACHEA PROCEDURES	DRG APR V32 I-10	FY 2019
90	MAJOR LARYNX & TRACHEA PROCEDURES	DRG APR V32 I-10	FY 2020
98	OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	DRG APR V32 I-10	FY 2020
114	DENTAL & ORAL DISEASES & INJURIES	DRG APR V32 I-10	FY 2021

115	OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	DRG APR V32 I-10	FY 2020
115	OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	DRG APR V32 I-10	FY 2019
121	OTHER RESPIRATORY & CHEST PROCEDURES	DRG APR V32 I-10	FY 2021
121	OTHER RESPIRATORY & CHEST PROCEDURES	DRG APR V32 I-10	FY 2018
130	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	DRG APR V32 I-10	FY 2019
130	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	DRG APR V32 I-10	FY 2018
130	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	DRG APR V32 I-10	FY 2021
132	BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	DRG APR V32 I-10	FY 2019
132	BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	DRG APR V32 I-10	FY 2021
132	BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	DRG APR V32 I-10	FY 2020
133	PULMONARY EDEMA & RESPIRATORY FAILURE	DRG APR V32 I-10	FY 2018
133	PULMONARY EDEMA & RESPIRATORY FAILURE	DRG APR V32 I-10	FY 2019
133	PULMONARY EDEMA & RESPIRATORY FAILURE	DRG APR V32 I-10	FY 2020
133	PULMONARY EDEMA & RESPIRATORY FAILURE	DRG APR V32 I-10	FY 2021
138	BRONCHIOLITIS & RSV PNEUMONIA	DRG APR V32 I-10	FY 2019
138	BRONCHIOLITIS & RSV PNEUMONIA	DRG APR V32 I-10	FY 2020
138	BRONCHIOLITIS & RSV PNEUMONIA	DRG APR V32 I-10	FY 2018
143	OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	DRG APR V32 I-10	FY 2021
143	OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	DRG APR V32 I-10	FY 2018
143	OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	DRG APR V32 I-10	FY 2019
162	CARDIAC VALVE PROCEDURES W CARDIAC CATHETERIZATION	DRG APR V32 I-10	FY 2021
163	CARDIAC VALVE PROCEDURES W/O CARDIAC CATHETERIZATION	DRG APR V32 I-10	FY 2018
163	CARDIAC VALVE PROCEDURES W/O CARDIAC CATHETERIZATION	DRG APR V32 I-10	FY 2019
167	OTHER CARDIOTHORACIC PROCEDURES	DRG APR V32 I-10	FY 2020
167	OTHER CARDIOTHORACIC PROCEDURES	DRG APR V32 I-10	FY 2021
169	MAJOR THORACIC & ABDOMINAL VASCULAR PROCEDURES	DRG APR V32 I-10	FY 2020
169	MAJOR THORACIC & ABDOMINAL VASCULAR PROCEDURES	DRG APR V32 I-10	FY 2021
173	OTHER VASCULAR PROCEDURES	DRG APR V32 I-10	FY 2018
173	OTHER VASCULAR PROCEDURES	DRG APR V32 I-10	FY 2019
173	OTHER VASCULAR PROCEDURES	DRG APR V32 I-10	FY 2020
173	OTHER VASCULAR PROCEDURES	DRG APR V32 I-10	FY 2021
175	PERCUTANEOUS CARDIOVASCULAR PROCEDURES W/O AMI	DRG APR V32 I-10	FY 2019

175	PERCUTANEOUS CARDIOVASCULAR PROCEDURES W/O AMI	DRG APR V32 I-10	FY 2021
191	CARDIAC CATHETERIZATION W CIRC DISORD EXC ISCHEMIC HEART DISEASE	DRG APR V32 I-10	FY 2019
197	PERIPHERAL & OTHER VASCULAR DISORDERS	DRG APR V32 I-10	FY 2020
200	CARDIAC STRUCTURAL & VALVULAR DISORDERS	DRG APR V32 I-10	FY 2020
200	CARDIAC STRUCTURAL & VALVULAR DISORDERS	DRG APR V32 I-10	FY 2018
201	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	DRG APR V32 I-10	FY 2020
221	MAJOR SMALL & LARGE BOWEL PROCEDURES	DRG APR V32 I-10	FY 2020
221	MAJOR SMALL & LARGE BOWEL PROCEDURES	DRG APR V32 I-10	FY 2019
221	MAJOR SMALL & LARGE BOWEL PROCEDURES	DRG APR V32 I-10	FY 2018
221	MAJOR SMALL & LARGE BOWEL PROCEDURES	DRG APR V32 I-10	FY 2021
228	INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	DRG APR V32 I-10	FY 2021
242	MAJOR ESOPHAGEAL DISORDERS	DRG APR V32 I-10	FY 2020
243	OTHER ESOPHAGEAL DISORDERS	DRG APR V32 I-10	FY 2018
248	MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	DRG APR V32 I-10	FY 2021
248	MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	DRG APR V32 I-10	FY 2019
249	NON-BACTERIAL GASTROENTERITIS, NAUSEA & VOMITING	DRG APR V32 I-10	FY 2019
254	OTHER DIGESTIVE SYSTEM DIAGNOSES	DRG APR V32 I-10	FY 2020
254	OTHER DIGESTIVE SYSTEM DIAGNOSES	DRG APR V32 I-10	FY 2021
279	HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	DRG APR V32 I-10	FY 2020
283	OTHER DISORDERS OF THE LIVER	DRG APR V32 I-10	FY 2018
283	OTHER DISORDERS OF THE LIVER	DRG APR V32 I-10	FY 2019
351	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	DRG APR V32 I-10	FY 2018
351	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	DRG APR V32 I-10	FY 2021
351	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	DRG APR V32 I-10	FY 2020
385	OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	DRG APR V32 I-10	FY 2018
421	MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	DRG APR V32 I-10	FY 2020
421	MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	DRG APR V32 I-10	FY 2018
421	MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	DRG APR V32 I-10	FY 2021
422	HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	DRG APR V32 I-10	FY 2018
422	HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	DRG APR V32 I-10	FY 2019
424	OTHER ENDOCRINE DISORDERS	DRG APR V32 I-10	FY 2018
424	OTHER ENDOCRINE DISORDERS	DRG APR V32 I-10	FY 2019

425	ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	DRG APR V32 I-10	FY 2019
425	ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	DRG APR V32 I-10	FY 2021
463	KIDNEY & URINARY TRACT INFECTIONS	DRG APR V32 I-10	FY 2021
501	MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	DRG APR V32 I-10	FY 2021
580	NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	DRG APR V32 I-10	FY 2021
583	NEONATE W ECMO	DRG APR V32 I-10	FY 2020
583	NEONATE W ECMO	DRG APR V32 I-10	FY 2019
583	NEONATE W ECMO	DRG APR V32 I-10	FY 2018
583	NEONATE W ECMO	DRG APR V32 I-10	FY 2021
588	NEONATE BWT <1500G W MAJOR PROCEDURE	DRG APR V32 I-10	FY 2018
588	NEONATE BWT <1500G W MAJOR PROCEDURE	DRG APR V32 I-10	FY 2020
588	NEONATE BWT <1500G W MAJOR PROCEDURE	DRG APR V32 I-10	FY 2021
588	NEONATE BWT <1500G W MAJOR PROCEDURE	DRG APR V32 I-10	FY 2019
591	NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	DRG APR V32 I-10	FY 2021
593	NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	DRG APR V32 I-10	FY 2019
593	NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	DRG APR V32 I-10	FY 2018
593	NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	DRG APR V32 I-10	FY 2020
593	NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	DRG APR V32 I-10	FY 2021
602	NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	DRG APR V32 I-10	FY 2021
603	NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	DRG APR V32 I-10	FY 2021
607	NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	DRG APR V32 I-10	FY 2021
607	NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	DRG APR V32 I-10	FY 2018
609	NEONATE BWT 1500-2499G W MAJOR PROCEDURE	DRG APR V32 I-10	FY 2021
609	NEONATE BWT 1500-2499G W MAJOR PROCEDURE	DRG APR V32 I-10	FY 2019
609	NEONATE BWT 1500-2499G W MAJOR PROCEDURE	DRG APR V32 I-10	FY 2018
609	NEONATE BWT 1500-2499G W MAJOR PROCEDURE	DRG APR V32 I-10	FY 2020
611	NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	DRG APR V32 I-10	FY 2020
611	NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	DRG APR V32 I-10	FY 2019
611	NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	DRG APR V32 I-10	FY 2018
611	NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	DRG APR V32 I-10	FY 2021
612	NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	DRG APR V32 I-10	FY 2021
612	NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	DRG APR V32 I-10	FY 2020

612	NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	DRG APR V32 I-10	FY 2019
613	NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	DRG APR V32 I-10	FY 2019
614	NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	DRG APR V32 I-10	FY 2018
614	NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	DRG APR V32 I-10	FY 2021
621	NEONATE BWT 2000-2499G W MAJOR ANOMALY	DRG APR V32 I-10	FY 2020
621	NEONATE BWT 2000-2499G W MAJOR ANOMALY	DRG APR V32 I-10	FY 2018
621	NEONATE BWT 2000-2499G W MAJOR ANOMALY	DRG APR V32 I-10	FY 2019
621	NEONATE BWT 2000-2499G W MAJOR ANOMALY	DRG APR V32 I-10	FY 2021
622	NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	DRG APR V32 I-10	FY 2018
622	NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	DRG APR V32 I-10	FY 2021
623	NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	DRG APR V32 I-10	FY 2020
625	NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	DRG APR V32 I-10	FY 2018
625	NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	DRG APR V32 I-10	FY 2019
625	NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	DRG APR V32 I-10	FY 2021
626	NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	DRG APR V32 I-10	FY 2021
630	NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	DRG APR V32 I-10	FY 2018
630	NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	DRG APR V32 I-10	FY 2020
630	NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	DRG APR V32 I-10	FY 2019
630	NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	DRG APR V32 I-10	FY 2021
631	NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	DRG APR V32 I-10	FY 2018
631	NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	DRG APR V32 I-10	FY 2019
631	NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	DRG APR V32 I-10	FY 2020
631	NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	DRG APR V32 I-10	FY 2021
633	NEONATE BIRTHWT >2499G W MAJOR ANOMALY	DRG APR V32 I-10	FY 2019
633	NEONATE BIRTHWT >2499G W MAJOR ANOMALY	DRG APR V32 I-10	FY 2018
633	NEONATE BIRTHWT >2499G W MAJOR ANOMALY	DRG APR V32 I-10	FY 2020
633	NEONATE BIRTHWT >2499G W MAJOR ANOMALY	DRG APR V32 I-10	FY 2021
634	NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	DRG APR V32 I-10	FY 2018
634	NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	DRG APR V32 I-10	FY 2019
634	NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	DRG APR V32 I-10	FY 2020
634	NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	DRG APR V32 I-10	FY 2021
636	NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	DRG APR V32 I-10	FY 2021

636	NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	DRG APR V32 I-10	FY 2020
636	NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	DRG APR V32 I-10	FY 2018
639	NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	DRG APR V32 I-10	FY 2019
639	NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	DRG APR V32 I-10	FY 2020
639	NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	DRG APR V32 I-10	FY 2018
639	NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	DRG APR V32 I-10	FY 2021
640	NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	DRG APR V32 I-10	FY 2018
640	NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	DRG APR V32 I-10	FY 2019
640	NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	DRG APR V32 I-10	FY 2020
640	NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	DRG APR V32 I-10	FY 2021
663	OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	DRG APR V32 I-10	FY 2021
663	OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	DRG APR V32 I-10	FY 2018
680	MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	DRG APR V32 I-10	FY 2020
710	INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	DRG APR V32 I-10	FY 2020
710	INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	DRG APR V32 I-10	FY 2021
720	SEPTICEMIA & DISSEMINATED INFECTIONS	DRG APR V32 I-10	FY 2020
720	SEPTICEMIA & DISSEMINATED INFECTIONS	DRG APR V32 I-10	FY 2018
724	OTHER INFECTIOUS & PARASITIC DISEASES	DRG APR V32 I-10	FY 2019
815	OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	DRG APR V32 I-10	FY 2021
850	PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	DRG APR V32 I-10	FY 2021
861	SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	DRG APR V32 I-10	FY 2020
861	SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	DRG APR V32 I-10	FY 2021
950	EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	DRG APR V32 I-10	FY 2018
951	MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	DRG APR V32 I-10	FY 2018
951	MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	DRG APR V32 I-10	FY 2021
951	MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	DRG APR V32 I-10	FY 2019
951	MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	DRG APR V32 I-10	FY 2020
952	NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	DRG APR V32 I-10	FY 2021
956	UNGROUPABLE	DRG APR V32 I-10	FY 2018
956	UNGROUPABLE	DRG APR V32 I-10	FY 2021
956	UNGROUPABLE	DRG APR V32 I-10	FY 2020
All	All	All	All

DRG_CD	DRG_NM	DRG_VER_NM	Year of EFF_DT_TS
0	Discharged and DRG Not Entered	DRG APR V32 I-10	2021
3	BONE MARROW TRANSPLANT	DRG APR V32 I-10	2020
4	TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	DRG APR V32 I-10	2018
5	TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	DRG APR V32 I-10	2019
5	TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	DRG APR V32 I-10	2018
5	TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	DRG APR V32 I-10	2021
21	CRANIOTOMY EXCEPT FOR TRAUMA	DRG APR V32 I-10	2019
21	CRANIOTOMY EXCEPT FOR TRAUMA	DRG APR V32 I-10	2020
21	CRANIOTOMY EXCEPT FOR TRAUMA	DRG APR V32 I-10	2018
22	VENTRICULAR SHUNT PROCEDURES	DRG APR V32 I-10	2020
22	VENTRICULAR SHUNT PROCEDURES	DRG APR V32 I-10	2019
22	VENTRICULAR SHUNT PROCEDURES	DRG APR V32 I-10	2018
22	VENTRICULAR SHUNT PROCEDURES	DRG APR V32 I-10	2021
42	DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	DRG APR V32 I-10	2019
44	INTRACRANIAL HEMORRHAGE	DRG APR V32 I-10	2020
44	INTRACRANIAL HEMORRHAGE	DRG APR V32 I-10	2019
49	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	DRG APR V32 I-10	2018
51	VIRAL MENINGITIS	DRG APR V32 I-10	2019
51	VIRAL MENINGITIS	DRG APR V32 I-10	2018
52	NONTRAUMATIC STUPOR & COMA	DRG APR V32 I-10	2019
53	SEIZURE	DRG APR V32 I-10	2020
58	OTHER DISORDERS OF NERVOUS SYSTEM	DRG APR V32 I-10	2020
58	OTHER DISORDERS OF NERVOUS SYSTEM	DRG APR V32 I-10	2021
73	EYE PROCEDURES EXCEPT ORBIT	DRG APR V32 I-10	2021
73	EYE PROCEDURES EXCEPT ORBIT	DRG APR V32 I-10	2020
90	MAJOR LARYNX & TRACHEA PROCEDURES	DRG APR V32 I-10	2018
90	MAJOR LARYNX & TRACHEA PROCEDURES	DRG APR V32 I-10	2020
90	MAJOR LARYNX & TRACHEA PROCEDURES	DRG APR V32 I-10	2019
98	OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	DRG APR V32 I-10	2019
114	DENTAL & ORAL DISEASES & INJURIES	DRG APR V32 I-10	2021
115	OTHER EAR, NOSE, MOUTH, THROAT & CRANIAL/FACIAL DIAGNOSES	DRG APR V32 I-10	2020

115	OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	DRG APR V32 I-10	2018
115	OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	DRG APR V32 I-10	2019
121	OTHER RESPIRATORY & CHEST PROCEDURES	DRG APR V32 I-10	2021
121	OTHER RESPIRATORY & CHEST PROCEDURES	DRG APR V32 I-10	2018
130	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	DRG APR V32 I-10	2019
130	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	DRG APR V32 I-10	2018
130	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	DRG APR V32 I-10	2021
132	BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	DRG APR V32 I-10	2020
132	BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	DRG APR V32 I-10	2021
132	BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	DRG APR V32 I-10	2019
133	PULMONARY EDEMA & RESPIRATORY FAILURE	DRG APR V32 I-10	2019
133	PULMONARY EDEMA & RESPIRATORY FAILURE	DRG APR V32 I-10	2018
133	PULMONARY EDEMA & RESPIRATORY FAILURE	DRG APR V32 I-10	2021
133	PULMONARY EDEMA & RESPIRATORY FAILURE	DRG APR V32 I-10	2020
138	BRONCHIOLITIS & RSV PNEUMONIA	DRG APR V32 I-10	2019
138	BRONCHIOLITIS & RSV PNEUMONIA	DRG APR V32 I-10	2020
138	BRONCHIOLITIS & RSV PNEUMONIA	DRG APR V32 I-10	2018
143	OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	DRG APR V32 I-10	2020
143	OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	DRG APR V32 I-10	2018
143	OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	DRG APR V32 I-10	2019
162	CARDIAC VALVE PROCEDURES W CARDIAC CATHETERIZATION	DRG APR V32 I-10	2020
163	CARDIAC VALVE PROCEDURES W/O CARDIAC CATHETERIZATION	DRG APR V32 I-10	2019
163	CARDIAC VALVE PROCEDURES W/O CARDIAC CATHETERIZATION	DRG APR V32 I-10	2018
167	OTHER CARDIOTHORACIC PROCEDURES	DRG APR V32 I-10	2020
167	OTHER CARDIOTHORACIC PROCEDURES	DRG APR V32 I-10	2021
169	MAJOR THORACIC & ABDOMINAL VASCULAR PROCEDURES	DRG APR V32 I-10	2020
169	MAJOR THORACIC & ABDOMINAL VASCULAR PROCEDURES	DRG APR V32 I-10	2021
173	OTHER VASCULAR PROCEDURES	DRG APR V32 I-10	2018
173	OTHER VASCULAR PROCEDURES	DRG APR V32 I-10	2019
173	OTHER VASCULAR PROCEDURES	DRG APR V32 I-10	2020
173	OTHER VASCULAR PROCEDURES	DRG APR V32 I-10	2021
175	PERCUTANEOUS CARDIOVASCULAR PROCEDURES W/O AMI	DRG APR V32 I-10	2019

175	PERCUTANEOUS CARDIOVASCULAR PROCEDURES W/O AMI	DRG APR V32 I-10	2020
175	PERCUTANEOUS CARDIOVASCULAR PROCEDURES W/O AMI	DRG APR V32 I-10	2021
191	CARDIAC CATHETERIZATION W CIRC DISORD EXC ISCHEMIC HEART DISEASE	DRG APR V32 I-10	2018
197	PERIPHERAL & OTHER VASCULAR DISORDERS	DRG APR V32 I-10	2019
200	CARDIAC STRUCTURAL & VALVULAR DISORDERS	DRG APR V32 I-10	2020
200	CARDIAC STRUCTURAL & VALVULAR DISORDERS	DRG APR V32 I-10	2018
201	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	DRG APR V32 I-10	2020
221	MAJOR SMALL & LARGE BOWEL PROCEDURES	DRG APR V32 I-10	2020
221	MAJOR SMALL & LARGE BOWEL PROCEDURES	DRG APR V32 I-10	2019
221	MAJOR SMALL & LARGE BOWEL PROCEDURES	DRG APR V32 I-10	2018
221	MAJOR SMALL & LARGE BOWEL PROCEDURES	DRG APR V32 I-10	2021
228	INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	DRG APR V32 I-10	2021
242	MAJOR ESOPHAGEAL DISORDERS	DRG APR V32 I-10	2019
243	OTHER ESOPHAGEAL DISORDERS	DRG APR V32 I-10	2018
248	MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	DRG APR V32 I-10	2021
248	MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	DRG APR V32 I-10	2018
248	MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	DRG APR V32 I-10	2019
249	NON-BACTERIAL GASTROENTERITIS, NAUSEA & VOMITING	DRG APR V32 I-10	2019
254	OTHER DIGESTIVE SYSTEM DIAGNOSES	DRG APR V32 I-10	2020
254	OTHER DIGESTIVE SYSTEM DIAGNOSES	DRG APR V32 I-10	2021
279	HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	DRG APR V32 I-10	2020
283	OTHER DISORDERS OF THE LIVER	DRG APR V32 I-10	2018
351	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	DRG APR V32 I-10	2019
351	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	DRG APR V32 I-10	2018
351	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	DRG APR V32 I-10	2020
351	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	DRG APR V32 I-10	2021
385	OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	DRG APR V32 I-10	2018
421	MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	DRG APR V32 I-10	2018
421	MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	DRG APR V32 I-10	2020
421	MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	DRG APR V32 I-10	2021
422	HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	DRG APR V32 I-10	2018
424	OTHER ENDOCRINE DISORDERS	DRG APR V32 I-10	2019

424	OTHER ENDOCRINE DISORDERS	DRG APR V32 I-10	2018
425	ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	DRG APR V32 I-10	2019
425	ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	DRG APR V32 I-10	2021
463	KIDNEY & URINARY TRACT INFECTIONS	DRG APR V32 I-10	2021
501	MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	DRG APR V32 I-10	2021
580	NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	DRG APR V32 I-10	2021
583	NEONATE W ECMO	DRG APR V32 I-10	2020
583	NEONATE W ECMO	DRG APR V32 I-10	2019
583	NEONATE W ECMO	DRG APR V32 I-10	2018
583	NEONATE W ECMO	DRG APR V32 I-10	2021
588	NEONATE BWT <1500G W MAJOR PROCEDURE	DRG APR V32 I-10	2018
588	NEONATE BWT <1500G W MAJOR PROCEDURE	DRG APR V32 I-10	2020
588	NEONATE BWT <1500G W MAJOR PROCEDURE	DRG APR V32 I-10	2019
588	NEONATE BWT <1500G W MAJOR PROCEDURE	DRG APR V32 I-10	2021
591	NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	DRG APR V32 I-10	2021
593	NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	DRG APR V32 I-10	2019
593	NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	DRG APR V32 I-10	2018
593	NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	DRG APR V32 I-10	2020
593	NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	DRG APR V32 I-10	2021
602	NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	DRG APR V32 I-10	2021
602	NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	DRG APR V32 I-10	2020
603	NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	DRG APR V32 I-10	2021
607	NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	DRG APR V32 I-10	2021
607	NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	DRG APR V32 I-10	2018
609	NEONATE BWT 1500-2499G W MAJOR PROCEDURE	DRG APR V32 I-10	2021
609	NEONATE BWT 1500-2499G W MAJOR PROCEDURE	DRG APR V32 I-10	2019
609	NEONATE BWT 1500-2499G W MAJOR PROCEDURE	DRG APR V32 I-10	2018
609	NEONATE BWT 1500-2499G W MAJOR PROCEDURE	DRG APR V32 I-10	2020
611	NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	DRG APR V32 I-10	2020
611	NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	DRG APR V32 I-10	2019
611	NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	DRG APR V32 I-10	2021
611	NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	DRG APR V32 I-10	2018

612	NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	DRG APR V32 I-10	2021
612	NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	DRG APR V32 I-10	2020
612	NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	DRG APR V32 I-10	2019
613	NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	DRG APR V32 I-10	2018
613	NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	DRG APR V32 I-10	2019
614	NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	DRG APR V32 I-10	2018
614	NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	DRG APR V32 I-10	2021
621	NEONATE BWT 2000-2499G W MAJOR ANOMALY	DRG APR V32 I-10	2020
621	NEONATE BWT 2000-2499G W MAJOR ANOMALY	DRG APR V32 I-10	2019
621	NEONATE BWT 2000-2499G W MAJOR ANOMALY	DRG APR V32 I-10	2018
621	NEONATE BWT 2000-2499G W MAJOR ANOMALY	DRG APR V32 I-10	2021
622	NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	DRG APR V32 I-10	2020
622	NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	DRG APR V32 I-10	2018
622	NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	DRG APR V32 I-10	2021
623	NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	DRG APR V32 I-10	2020
625	NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	DRG APR V32 I-10	2018
625	NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	DRG APR V32 I-10	2019
625	NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	DRG APR V32 I-10	2021
626	NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	DRG APR V32 I-10	2020
630	NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	DRG APR V32 I-10	2018
630	NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	DRG APR V32 I-10	2020
630	NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	DRG APR V32 I-10	2019
630	NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	DRG APR V32 I-10	2021
631	NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	DRG APR V32 I-10	2018
631	NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	DRG APR V32 I-10	2020
631	NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	DRG APR V32 I-10	2019
631	NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	DRG APR V32 I-10	2021
633	NEONATE BIRTHWT >2499G W MAJOR ANOMALY	DRG APR V32 I-10	2019
633	NEONATE BIRTHWT >2499G W MAJOR ANOMALY	DRG APR V32 I-10	2018
633	NEONATE BIRTHWT >2499G W MAJOR ANOMALY	DRG APR V32 I-10	2020
633	NEONATE BIRTHWT >2499G W MAJOR ANOMALY	DRG APR V32 I-10	2021
634	NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	DRG APR V32 I-10	2019

634	NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	DRG APR V32 I-10	2018
634	NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	DRG APR V32 I-10	2020
634	NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	DRG APR V32 I-10	2021
636	NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	DRG APR V32 I-10	2019
636	NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	DRG APR V32 I-10	2021
636	NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	DRG APR V32 I-10	2020
636	NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	DRG APR V32 I-10	2018
639	NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	DRG APR V32 I-10	2019
639	NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	DRG APR V32 I-10	2020
639	NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	DRG APR V32 I-10	2018
639	NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	DRG APR V32 I-10	2021
640	NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	DRG APR V32 I-10	2019
640	NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	DRG APR V32 I-10	2018
640	NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	DRG APR V32 I-10	2020
640	NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	DRG APR V32 I-10	2021
663	OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	DRG APR V32 I-10	2021
663	OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	DRG APR V32 I-10	2018
680	MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	DRG APR V32 I-10	2019
710	INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	DRG APR V32 I-10	2020
710	INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	DRG APR V32 I-10	2021
720	SEPTICEMIA & DISSEMINATED INFECTIONS	DRG APR V32 I-10	2019
720	SEPTICEMIA & DISSEMINATED INFECTIONS	DRG APR V32 I-10	2020
720	SEPTICEMIA & DISSEMINATED INFECTIONS	DRG APR V32 I-10	2018
724	OTHER INFECTIOUS & PARASITIC DISEASES	DRG APR V32 I-10	2018
815	OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	DRG APR V32 I-10	2021
850	PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	DRG APR V32 I-10	2021
861	SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	DRG APR V32 I-10	2019
861	SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	DRG APR V32 I-10	2021
950	EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	DRG APR V32 I-10	2018
951	MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	DRG APR V32 I-10	2018
951	MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	DRG APR V32 I-10	2019
951	MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	DRG APR V32 I-10	2020

952	NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	DRG APR V32 I-10	2020
956	UNGROUPABLE	DRG APR V32 I-10	2018
956	UNGROUPABLE	DRG APR V32 I-10	2021
956	UNGROUPABLE	DRG APR V32 I-10	2020
No Data	No Data Entered	No Data Entered	2021
All	All	All	All

Exhibit 6
Patient Origin Data

Seattle Children's Hospital Patient Days by County and State, No Exclusions, 2019

County	State	% of Patient Days by County
King	WA	36.5%
Snohomish	WA	15.2%
Pierce	WA	8.6%
Yakima	WA	6.0%
Kitsap	WA	2.8%
Thurston	WA	2.7%
Whatcom	WA	2.4%
Island	WA	1.6%
Skagit	WA	1.6%
Chelan	WA	1.5%
Anchorage	AK	1.3%
Clallam	WA	1.3%
Benton	OR	0.0%
	WA	1.2%
Spokane	WA	1.2%
Grant	WA	1.1%
Lewis	WA	0.9%
Matanuska Susitna	AK	0.9%
Grays Harbor	WA	0.8%
Franklin	WA	0.8%
Kittitas	WA	0.7%
Cascade	MT	0.6%
Douglas	OR	0.0%
	WA	0.5%
Mason	WA	0.4%
Clark	WA	0.4%
Juneau	AK	0.4%
Multnomah	OR	0.4%
Gallatin	MT	0.4%
Lake	MT	0.2%
	OH	0.1%
Fairbanks North Star	AK	0.3%
Kootenai	ID	0.3%
Yellowstone	MT	0.3%
Jefferson	CO	0.0%
	MT	0.0%
	WA	0.2%

Washington	AR	0.0%
	OR	0.2%
Latah	ID	0.2%
Riverside	CA	0.2%
Honolulu	HI	0.2%
Okanogan	WA	0.2%
KUSILVAK	AK	0.2%
Ada	ID	0.2%
Hill	MT	0.2%
Missoula	MT	0.2%
Ravalli	MT	0.2%
Lewis and Clark	MT	0.2%
Adams	WA	0.1%
Cowlitz	WA	0.1%
Deschutes	OR	0.1%
Toole	MT	0.1%
Canyon	ID	0.1%
Linn	OR	0.1%
Hidalgo	TX	0.1%
Dillingham	AK	0.1%
Morrow	OR	0.1%
Whitman	WA	0.1%
Bonner	ID	0.1%
Ketchikan Gateway	AK	0.1%
Nome	AK	0.1%
North Slope	AK	0.1%
Walla Walla	WA	0.1%
Polk	OR	0.1%
Lincoln	MT	0.1%
	WA	0.0%
Northwest Arctic	AK	0.1%
Bethel	AK	0.1%
Hawaii	HI	0.1%
Fresno	CA	0.1%
Southeast Fairbanks	AK	0.1%
		0.1%
Harris	TX	0.1%
Haines	AK	0.1%
San Juan	WA	0.1%
Flathead	MT	0.1%
Columbia	OR	0.1%

	WA	0.0%
Benewah	ID	0.1%
Marion	OR	0.1%
Lane	OR	0.1%
Utah	UT	0.1%
Cook	IL	0.1%
Union	OR	0.1%
Clackamas	OR	0.0%
Pacific	WA	0.0%
Klickitat	WA	0.0%
Klamath	OR	0.0%
Silver Bow	MT	0.0%
Santa Clara	CA	0.0%
Los Angeles	CA	0.0%
Pondera	MT	0.0%
Kenai Peninsula	AK	0.0%
Jackson	MO	0.0%
	OR	0.0%
Elmore	AL	0.0%
	ID	0.0%
San Francisco	CA	0.0%
Teton	ID	0.0%
	MT	0.0%
Fergus	MT	0.0%
Sitka	AK	0.0%
Nassau	FL	0.0%
Stevens	WA	0.0%
Alameda	CA	0.0%
Idaho	ID	0.0%
Yukon Koyukuk	AK	0.0%
Umatilla	OR	0.0%
Collin	TX	0.0%
Petersburg	AK	0.0%
Sonoma	CA	0.0%
Nez Perce	ID	0.0%
Pinellas	FL	0.0%
Johnson	KS	0.0%
Contra Costa	CA	0.0%
Valdez Cordova	AK	0.0%
Prince Wales Hyder	AK	0.0%
Ferry	WA	0.0%

Deer Lodge	MT	0.0%
Chouteau	MT	0.0%
Burleigh	ND	0.0%
Jerome	ID	0.0%
Glacier	MT	0.0%
Davidson	TN	0.0%
Ulster	NY	0.0%
Craven	NC	0.0%
Carbon	MT	0.0%
Wood	TX	0.0%
Tuscaloosa	AL	0.0%
Shoshone	ID	0.0%
Roosevelt	MT	0.0%
	NM	0.0%
Placer	CA	0.0%
Charlottesville City	VA	0.0%
Saratoga	NY	0.0%
Santa Cruz	CA	0.0%
Pend Oreille	WA	0.0%
New York	NY	0.0%
Bannock	ID	0.0%
Asotin	WA	0.0%
San Joaquin	CA	0.0%
Sacramento	CA	0.0%
Pennington	SD	0.0%
Oklahoma	OK	0.0%
Meagher	MT	0.0%
Denver	CO	0.0%
Daniels	MT	0.0%
Butte	CA	0.0%
Prairie	MT	0.0%
Park	MT	0.0%
Mecklenburg	NC	0.0%
Hamilton	IN	0.0%
Forrest	MS	0.0%
Wrangell	AK	0.0%
Sanders	MT	0.0%
Montgomery	MD	0.0%
Laramie	WY	0.0%
El Paso	CO	0.0%
Crawford	MI	0.0%

Skagway	AK	0.0%
Salt Lake	UT	0.0%
Maricopa	AZ	0.0%
Madison	MT	0.0%
Lorain	OH	0.0%
Kodiak Island	AK	0.0%
Dallas	TX	0.0%
Comal	TX	0.0%
Cache	UT	0.0%
Brazoria	TX	0.0%
Big Horn	MT	0.0%
Grand Total		100.0%

Seattle Children's Hospital Patient Days by Zip, City and County, No Exclusions, 2019

Zipcode	City	County	% of Patient Days by Zip
98105	Seattle	King	1.7%
98115	Seattle	King	1.7%
98012	Bothell	Snohomish	1.6%
98208	Everett	Snohomish	1.4%
98270	Marysville	Snohomish	1.4%
98052	Redmond	King	1.3%
98901	Yakima	Yakima	1.3%
98902	Yakima	Yakima	1.2%
98028	Kenmore	King	1.1%
98118	Seattle	King	1.1%
98034	Kirkland	King	1.1%
98092	Auburn	King	1.1%
98031	Kent	King	1.0%
98026	Edmonds	Snohomish	1.0%
98087	Lynnwood	Snohomish	1.0%
98203	Everett	Snohomish	1.0%
98023	Federal Way	King	1.0%
98277	Oak Harbor	Island	1.0%
98908	Yakima	Yakima	0.9%
98168	Seattle	King	0.9%
98387	Spanaway	Pierce	0.9%
98133	Seattle	King	0.9%
98125	Seattle	King	0.9%
98003	Federal Way	King	0.9%
98029	Issaquah	King	0.8%
98056	Renton	King	0.8%
98258	Lake Stevens	Snohomish	0.8%
98032	Kent	King	0.8%
98030	Kent	King	0.8%
98058	Renton	King	0.8%
98499	Lakewood	Pierce	0.8%
99301	Pasco	Franklin	0.7%
98155	Seattle	King	0.7%
98531	Centralia	Lewis	0.7%
98002	Auburn	King	0.7%
98204	Everett	Snohomish	0.7%
98801	Wenatchee	Chelan	0.7%
98021	Bothell	Snohomish	0.7%

98036	Lynnwood	Snohomish	0.7%
98178	Seattle	King	0.7%
98198	Seattle	King	0.7%
99507	Anchorage	Anchorage	0.6%
98007	Bellevue	King	0.6%
98362	Port Angeles	Clallam	0.6%
98223	Arlington	Snohomish	0.6%
98520	Aberdeen	Grays Harbor	0.6%
98072	Woodinville	King	0.6%
98001	Auburn	King	0.6%
98942	Selah	Yakima	0.6%
98042	Kent	King	0.6%
98106	Seattle	King	0.5%
98226	Bellingham	Whatcom	0.5%
98248	Ferndale	Whatcom	0.5%
98006	Bellevue	King	0.5%
98103	Seattle	King	0.5%
98433	Tacoma	Pierce	0.5%
98126	Seattle	King	0.5%
98837	Moses Lake	Grant	0.5%
98075	Sammamish	King	0.5%
98272	Monroe	Snohomish	0.5%
98043	Mountlake Terrace	Snohomish	0.5%
98327	Dupont	Pierce	0.5%
98512	Olympia	Thurston	0.5%
98282	Camano Island	Island	0.5%
98271	Marysville	Snohomish	0.5%
98146	Seattle	King	0.5%
98284	Sedro Woolley	Skagit	0.5%
98117	Seattle	King	0.5%
98312	Bremerton	Kitsap	0.5%
98503	Lacey	Thurston	0.5%
98144	Seattle	King	0.5%
98290	Snohomish	Snohomish	0.5%
98383	Silverdale	Kitsap	0.4%
98037	Lynnwood	Snohomish	0.4%
98802	East Wenatchee	Douglas	0.4%
98444	Tacoma	Pierce	0.4%
98074	Sammamish	King	0.4%
98948	Toppenish	Yakima	0.4%
98903	Yakima	Yakima	0.4%

98296	Snohomish	Snohomish	0.4%
98374	Puyallup	Pierce	0.4%
99349	Mattawa	Grant	0.4%
98122	Seattle	King	0.4%
98033	Kirkland	King	0.4%
99645	Palmer	Matanuska Susitna	0.4%
98367	Port Orchard	Kitsap	0.4%
98373	Puyallup	Pierce	0.4%
98597	Yelm	Thurston	0.4%
98201	Everett	Snohomish	0.4%
98273	Mount Vernon	Skagit	0.4%
98404	Tacoma	Pierce	0.4%
98077	Woodinville	King	0.4%
98038	Maple Valley	King	0.4%
98335	Gig Harbor	Pierce	0.4%
98501	Olympia	Thurston	0.4%
98391	Bonney Lake	Pierce	0.4%
98372	Puyallup	Pierce	0.3%
98008	Bellevue	King	0.3%
99336	Kennewick	Benton	0.3%
98059	Renton	King	0.3%
98116	Seattle	King	0.3%
98027	Issaquah	King	0.3%
98019	Duvall	King	0.3%
98005	Bellevue	King	0.3%
98363	Port Angeles	Clallam	0.3%
98310	Bremerton	Kitsap	0.3%
98264	Lynden	Whatcom	0.3%
98011	Bothell	King	0.3%
98230	Blaine	Whatcom	0.3%
98445	Tacoma	Pierce	0.3%
98108	Seattle	King	0.3%
98229	Bellingham	Whatcom	0.3%
99224	Spokane	Spokane	0.3%
98004	Bellevue	King	0.3%
98065	Snoqualmie	King	0.3%
98375	Puyallup	Pierce	0.3%
98953	Zillah	Yakima	0.3%
98934	Kittitas	Kittitas	0.3%
98110	Bainbridge Island	Kitsap	0.3%
99623	Wasilla	Matanuska Susitna	0.3%

98055	Renton	King	0.3%
99803	Juneau	Juneau	0.2%
98513	Olympia	Thurston	0.2%
59404	Great Falls	Cascade	0.2%
98382	Sequim	Clallam	0.2%
99337	Kennewick	Benton	0.2%
98188	Seattle	King	0.2%
98275	Mukilteo	Snohomish	0.2%
98926	Ellensburg	Kittitas	0.2%
98467	University Place	Pierce	0.2%
98292	Stanwood	Snohomish	0.2%
98136	Seattle	King	0.2%
98528	Belfair	Mason	0.2%
98424	Tacoma	Pierce	0.2%
98053	Redmond	King	0.2%
98831	Manson	Chelan	0.2%
98338	Graham	Pierce	0.2%
98807	Wenatchee	Chelan	0.2%
83843	Moscow	Latah	0.2%
98166	Seattle	King	0.2%
98252	Granite Falls	Snohomish	0.2%
98233	Burlington	Skagit	0.2%
98148	Seattle	King	0.2%
99354	Richland	Benton	0.2%
98177	Seattle	King	0.2%
98506	Olympia	Thurston	0.2%
98221	Anacortes	Skagit	0.2%
99687	Wasilla	Matanuska Susitna	0.2%
59718	Bozeman	Gallatin	0.2%
98274	Mount Vernon	Skagit	0.2%
98109	Seattle	King	0.2%
98040	Mercer Island	King	0.2%
59101	Billings	Yellowstone	0.2%
98112	Seattle	King	0.2%
98225	Bellingham	Whatcom	0.2%
98199	Seattle	King	0.2%
99016	Greenacres	Spokane	0.2%
98951	Wapato	Yakima	0.2%
59405	Great Falls	Cascade	0.2%
98370	Poulsbo	Kitsap	0.2%
98366	Port Orchard	Kitsap	0.2%

98584	Shelton	Mason	0.2%
92506	Riverside	Riverside	0.2%
98409	Tacoma	Pierce	0.2%
98446	Tacoma	Pierce	0.2%
59501	Havre	Hill	0.2%
97211	Portland	Multnomah	0.2%
98346	Kingston	Kitsap	0.2%
98294	Sultan	Snohomish	0.2%
98405	Tacoma	Pierce	0.2%
97203	Portland	Multnomah	0.2%
98922	Cle Elum	Kittitas	0.2%
98371	Puyallup	Pierce	0.2%
98104	Seattle	King	0.2%
59860	Polson	Lake	0.2%
98589	Tenino	Thurston	0.2%
98368	Port Townsend	Jefferson	0.2%
98947	Tieton	Yakima	0.2%
98422	Tacoma	Pierce	0.2%
98311	Bremerton	Kitsap	0.1%
98315	Silverdale	Kitsap	0.1%
96817	Honolulu	Honolulu	0.1%
99338	Kennewick	Benton	0.1%
98532	Chehalis	Lewis	0.1%
98047	Pacific	King	0.1%
98107	Seattle	King	0.1%
98119	Seattle	King	0.1%
99801	Juneau	Juneau	0.1%
98502	Olympia	Thurston	0.1%
98045	North Bend	King	0.1%
98823	Ephrata	Grant	0.1%
98516	Olympia	Thurston	0.1%
99516	Anchorage	Anchorage	0.1%
98847	Peshastin	Chelan	0.1%
59714	Belgrade	Gallatin	0.1%
99515	Anchorage	Anchorage	0.1%
98909	Yakima	Yakima	0.1%
98595	Westport	Grays Harbor	0.1%
99576	Dillingham	Dillingham	0.1%
98580	Roy	Pierce	0.1%
98846	Pateros	Okanogan	0.1%
98816	Chelan	Chelan	0.1%

98020	Edmonds	Snohomish	0.1%
78538	Edcouch	Hidalgo	0.1%
97229	Portland	Washington	0.1%
99901	Ketchikan	Ketchikan Gateway	0.1%
59474	Shelby	Toole	0.1%
99654	Wasilla	Matanuska Susitna	0.1%
99350	Prosser	Benton	0.1%
99163	Pullman	Whitman	0.1%
98247	Everson	Whatcom	0.1%
99701	Fairbanks	Fairbanks North Star	0.1%
98406	Tacoma	Pierce	0.1%
98407	Tacoma	Pierce	0.1%
83864	Sandpoint	Bonner	0.1%
98035	Kent	King	0.1%
99352	Richland	Benton	0.1%
83814	Coeur D Alene	Kootenai	0.1%
99789	Nuiqsut	North Slope	0.1%
98328	Eatonville	Pierce	0.1%
99353	West Richland	Benton	0.1%
98466	Tacoma	Pierce	0.1%
99508	Anchorage	Anchorage	0.1%
99585	Marshall	KUSILVAK	0.1%
97355	Lebanon	Linn	0.1%
99169	Ritzville	Adams	0.1%
97351	Independence	Polk	0.1%
98832	Marlin	Grant	0.1%
98228	Bellingham	Whatcom	0.1%
59601	Helena	Lewis and Clark	0.1%
59443	Fort Shaw	Cascade	0.1%
97818	Boardman	Morrow	0.1%
98944	Sunnyside	Yakima	0.1%
98321	Buckley	Pierce	0.1%
99362	Walla Walla	Walla Walla	0.1%
98359	Olalla	Kitsap	0.1%
98664	Vancouver	Clark	0.1%
98418	Tacoma	Pierce	0.1%
99206	Spokane	Spokane	0.1%
99019	Liberty Lake	Spokane	0.1%
98251	Gold Bar	Snohomish	0.1%
98408	Tacoma	Pierce	0.1%
98236	Clinton	Island	0.1%

98051	Ravensdale	King	0.1%
98663	Vancouver	Clark	0.1%
98057	Renton	King	0.1%
98232	Bow	Skagit	0.1%
93728	Fresno	Fresno	0.1%
99731	Fort Greely	Southeast Fairbanks	0.1%
99025	Newman Lake	Spokane	0.1%
98662	Vancouver	Clark	0.1%
44077	Painesville	Lake	0.1%
			0.1%
98930	Grandview	Yakima	0.1%
98661	Vancouver	Clark	0.1%
98039	Medina	King	0.1%
99505	JBER	Anchorage	0.1%
99827	Haines	Haines	0.1%
98354	Milton	Pierce	0.1%
59401	Great Falls	Cascade	0.1%
98022	Enumclaw	King	0.1%
97739	La Pine	Deschutes	0.1%
83815	Coeur D Alene	Kootenai	0.1%
99750	Kivalina	Northwest Arctic	0.1%
99208	Spokane	Spokane	0.1%
98952	White Swan	Yakima	0.1%
98813	Bridgeport	Douglas	0.1%
98498	Lakewood	Pierce	0.1%
98332	Gig Harbor	Pierce	0.1%
99712	Fairbanks	Fairbanks North Star	0.1%
99501	Anchorage	Anchorage	0.1%
98936	Moxee	Yakima	0.1%
83854	Post Falls	Kootenai	0.1%
99684	Unalakleet	Nome	0.1%
98626	Kelso	Cowlitz	0.1%
99604	Hooper Bay	KUSILVAK	0.1%
59801	Missoula	Missoula	0.1%
59870	Stevensville	Ravalli	0.1%
98357	Neah Bay	Clallam	0.1%
96720	Hilo	Hawaii	0.1%
83607	Caldwell	Canyon	0.1%
99709	Fairbanks	Fairbanks North Star	0.1%
99344	Othello	Adams	0.1%
99005	Colbert	Spokane	0.1%

60453	Oak Lawn	Cook	0.1%
59602	Helena	Lewis and Clark	0.1%
99753	Koyuk	Nome	0.1%
98683	Vancouver	Clark	0.1%
97056	Scappoose	Columbia	0.1%
59808	Missoula	Missoula	0.1%
98014	Carnation	King	0.1%
97850	La Grande	Union	0.1%
97402	Eugene	Lane	0.1%
77021	Houston	Harris	0.1%
99504	Anchorage	Anchorage	0.0%
99212	Spokane	Spokane	0.0%
98632	Longview	Cowlitz	0.0%
99517	Anchorage	Anchorage	0.0%
99503	Anchorage	Anchorage	0.0%
83824	Desmet	Benewah	0.0%
59102	Billings	Yellowstone	0.0%
99205	Spokane	Spokane	0.0%
98550	Hoquiam	Grays Harbor	0.0%
98331	Forks	Clallam	0.0%
59917	Eureka	Lincoln	0.0%
99705	North Pole	Fairbanks North Star	0.0%
97756	Redmond	Deschutes	0.0%
83642	Meridian	Ada	0.0%
99223	Spokane	Spokane	0.0%
98577	Raymond	Pacific	0.0%
97601	Klamath Falls	Klamath	0.0%
98576	Rainier	Thurston	0.0%
94301	Palo Alto	Santa Clara	0.0%
83646	Meridian	Ada	0.0%
59701	Butte	Silver Bow	0.0%
99655	Quinhagak	Bethel	0.0%
98815	Cashmere	Chelan	0.0%
84604	Provo	Utah	0.0%
59935	Troy	Lincoln	0.0%
98937	Naches	Yakima	0.0%
98921	Buena	Yakima	0.0%
98360	Orting	Pierce	0.0%
98070	Vashon	King	0.0%
98024	Fall City	King	0.0%
99343	Mesa	Franklin	0.0%

98932	Granger	Yakima	0.0%
99218	Spokane	Spokane	0.0%
98333	Fox Island	Pierce	0.0%
59486	Valier	Pondera	0.0%
99004	Cheney	Spokane	0.0%
98390	Sumner	Pierce	0.0%
98249	Freeland	Island	0.0%
98121	Seattle	King	0.0%
90004	Los Angeles	Los Angeles	0.0%
59840	Hamilton	Ravalli	0.0%
99031	Spangle	Spokane	0.0%
98507	Olympia	Thurston	0.0%
98241	Darrington	Snohomish	0.0%
98101	Seattle	King	0.0%
97301	Salem	Marion	0.0%
97027	Gladstone	Clackamas	0.0%
96813	Honolulu	Honolulu	0.0%
83707	Boise	Ada	0.0%
98923	Cowiche	Yakima	0.0%
94134	San Francisco	San Francisco	0.0%
59914	Dayton	Lake	0.0%
59901	Kalispell	Flathead	0.0%
59864	Ronan	Lake	0.0%
98257	La Conner	Skagit	0.0%
83605	Caldwell	Canyon	0.0%
83716	Boise	Ada	0.0%
98828	Malaga	Chelan	0.0%
98239	Coupeville	Island	0.0%
59868	Seeley Lake	Missoula	0.0%
59829	Darby	Ravalli	0.0%
99026	Nine Mile Falls	Spokane	0.0%
98250	Friday Harbor	San Juan	0.0%
98102	Seattle	King	0.0%
83687	Nampa	Canyon	0.0%
59457	Lewistown	Fergus	0.0%
99835	Sitka	Sitka	0.0%
99563	Chevak	KUSILVAK	0.0%
97223	Portland	Washington	0.0%
83455	Victor	Teton	0.0%
98826	Leavenworth	Chelan	0.0%
98673	Wishram	Klickitat	0.0%

98244	Deming	Whatcom	0.0%
59828	Corvallis	Ravalli	0.0%
32097	Yulee	Nassau	0.0%
98607	Camas	Clark	0.0%
97844	Irrigon	Morrow	0.0%
83647	Mountain Home	Elmore	0.0%
99821	Auke Bay	Juneau	0.0%
98396	Wilkeson	Pierce	0.0%
98260	Langley	Island	0.0%
97140	Sherwood	Washington	0.0%
98844	Oroville	Okanogan	0.0%
98604	Battle Ground	Clark	0.0%
98245	Eastsound	San Juan	0.0%
98350	La Push	Clallam	0.0%
83530	Grangeville	Idaho	0.0%
59444	Galata	Toole	0.0%
98848	Quincy	Grant	0.0%
98206	Everett	Snohomish	0.0%
59715	Bozeman	Gallatin	0.0%
99217	Spokane	Spokane	0.0%
98935	Mabton	Yakima	0.0%
98403	Tacoma	Pierce	0.0%
98345	Keyport	Kitsap	0.0%
98329	Gig Harbor	Pierce	0.0%
97540	Talent	Jackson	0.0%
59903	Kalispell	Flathead	0.0%
99622	Kwigillingok	Bethel	0.0%
98558	McKenna	Pierce	0.0%
98533	Cinebar	Lewis	0.0%
98465	Tacoma	Pierce	0.0%
98253	Greenbank	Island	0.0%
97709	Bend	Deschutes	0.0%
97446	Harrisburg	Linn	0.0%
99746	Huslia	Yukon Koyukuk	0.0%
98649	Toutle	Cowlitz	0.0%
98237	Concrete	Skagit	0.0%
97113	Cornelius	Washington	0.0%
96777	Pahala	Hawaii	0.0%
94541	Hayward	Alameda	0.0%
83858	Rathdrum	Kootenai	0.0%
75013	Allen	Collin	0.0%

59759	Whitehall	Jefferson	0.0%
98325	Chimacum	Jefferson	0.0%
77433	Cypress	Harris	0.0%
59865	Saint Ignatius	Lake	0.0%
59802	Missoula	Missoula	0.0%
59632	Boulder	Jefferson	0.0%
99752	Kotzebue	Northwest Arctic	0.0%
99664	Seward	Kenai Peninsula	0.0%
99614	Kipnuk	Bethel	0.0%
98812	Brewster	Okanogan	0.0%
98593	Vader	Lewis	0.0%
98395	Wauna	Pierce	0.0%
99833	Petersburg	Petersburg	0.0%
99514	Anchorage	Anchorage	0.0%
99509	Anchorage	Anchorage	0.0%
99003	Chattaroy	Spokane	0.0%
98841	Omak	Okanogan	0.0%
98337	Bremerton	Kitsap	0.0%
98266	Maple Falls	Whatcom	0.0%
99502	Anchorage	Anchorage	0.0%
98943	South Cle Elum	Kittitas	0.0%
98933	Harrah	Yakima	0.0%
98592	Union	Mason	0.0%
98439	Lakewood	Pierce	0.0%
97005	Beaverton	Washington	0.0%
95403	Santa Rosa	Sonoma	0.0%
83870	Tensed	Benewah	0.0%
99603	Homer	Kenai Peninsula	0.0%
98579	Rochester	Thurston	0.0%
98565	Napavine	Lewis	0.0%
98541	Elma	Grays Harbor	0.0%
98195	Seattle	King	0.0%
84062	Pleasant Grove	Utah	0.0%
83651	Nampa	Canyon	0.0%
99114	Colville	Stevens	0.0%
98611	Castle Rock	Cowlitz	0.0%
98587	Taholah	Grays Harbor	0.0%
98563	Montesano	Grays Harbor	0.0%
98291	Snohomish	Snohomish	0.0%
97306	Salem	Marion	0.0%
97267	Portland	Clackamas	0.0%

33765	Clearwater	Pinellas	0.0%
99686	Valdez	Valdez Cordova	0.0%
99335	Kahlotus	Franklin	0.0%
99320	Benton City	Benton	0.0%
99138	Inchelium	Ferry	0.0%
99037	Veradale	Spokane	0.0%
98261	Lopez Island	San Juan	0.0%
97838	Hermiston	Umatilla	0.0%
94553	Martinez	Contra Costa	0.0%
83634	Kuna	Ada	0.0%
59711	Anaconda	Deer Lodge	0.0%
59520	Big Sandy	Chouteau	0.0%
58501	Bismarck	Burleigh	0.0%
99328	Dayton	Columbia	0.0%
99122	Davenport	Lincoln	0.0%
98821	Dryden	Chelan	0.0%
98635	Lyle	Klickitat	0.0%
98569	Ocean Shores	Grays Harbor	0.0%
98560	Matlock	Mason	0.0%
98073	Redmond	King	0.0%
98010	Black Diamond	King	0.0%
97701	Bend	Deschutes	0.0%
97330	Corvallis	Benton	0.0%
97220	Portland	Multnomah	0.0%
83325	Eden	Jerome	0.0%
66085	Stilwell	Johnson	0.0%
59417	Browning	Glacier	0.0%
37205	Nashville	Davidson	0.0%
99926	Metlakatla	Prince Wales Hyder	0.0%
99021	Mead	Spokane	0.0%
98620	Goldendale	Klickitat	0.0%
92509	Riverside	Riverside	0.0%
59803	Missoula	Missoula	0.0%
59730	Gallatin Gateway	Gallatin	0.0%
36078	Tallassee	Elmore	0.0%
28560	New Bern	Craven	0.0%
12498	Woodstock	Ulster	0.0%
99326	Connell	Franklin	0.0%
97520	Ashland	Jackson	0.0%
97224	Portland	Washington	0.0%
97123	Hillsboro	Washington	0.0%

59071	Roscoe	Carbon	0.0%
99761	Noatak	Northwest Arctic	0.0%
98938	Outlook	Yakima	0.0%
98629	La Center	Clark	0.0%
98591	Toledo	Lewis	0.0%
98402	Tacoma	Pierce	0.0%
98276	Nooksack	Whatcom	0.0%
98255	Hamilton	Skagit	0.0%
98227	Bellingham	Whatcom	0.0%
98138	Seattle	King	0.0%
98082	Mill Creek	Snohomish	0.0%
98063	Federal Way	King	0.0%
98046	Lynnwood	Snohomish	0.0%
97801	Pendleton	Umatilla	0.0%
97124	Hillsboro	Washington	0.0%
95765	Rocklin	Placer	0.0%
83540	Lapwai	Nez Perce	0.0%
83501	Lewiston	Nez Perce	0.0%
75765	Hawkins	Wood	0.0%
59911	Bigfork	Flathead	0.0%
59875	Victor	Ravalli	0.0%
59421	Cascade	Cascade	0.0%
35406	Tuscaloosa	Tuscaloosa	0.0%
22902	Charlottesville	Charlottesville City	0.0%
99703	Fort Wainwright	Fairbanks North Star	0.0%
99518	Anchorage	Anchorage	0.0%
99207	Spokane	Spokane	0.0%
99203	Spokane	Spokane	0.0%
99148	Loon Lake	Stevens	0.0%
99119	Cusick	Pend Oreille	0.0%
99110	Clayton	Stevens	0.0%
98840	Okanogan	Okanogan	0.0%
98684	Vancouver	Clark	0.0%
98339	Port Hadlock	Jefferson	0.0%
98213	Everett	Snohomish	0.0%
97471	Roseburg	Douglas	0.0%
97317	Salem	Marion	0.0%
97239	Portland	Multnomah	0.0%
96701	Aiea	Honolulu	0.0%
95062	Santa Cruz	Santa Cruz	0.0%
94588	Pleasanton	Alameda	0.0%

88115	Dora	Roosevelt	0.0%
83860	Sagle	Bonner	0.0%
83835	Hayden	Kootenai	0.0%
83705	Boise	Ada	0.0%
59847	Lolo	Missoula	0.0%
59635	East Helena	Lewis and Clark	0.0%
12188	Waterford	Saratoga	0.0%
10011	New York	New York	0.0%
99610	Kasilof	Kenai Peninsula	0.0%
99567	Chugiak	Anchorage	0.0%
99559	Bethel	Bethel	0.0%
99201	Spokane	Spokane	0.0%
98855	Tonasket	Okanogan	0.0%
98852	Stehekin	Chelan	0.0%
98682	Vancouver	Clark	0.0%
98674	Woodland	Cowlitz	0.0%
98642	Ridgefield	Clark	0.0%
98586	South Bend	Pacific	0.0%
98542	Ethel	Lewis	0.0%
98509	Lacey	Thurston	0.0%
98508	Olympia	Thurston	0.0%
98431	Tacoma	Pierce	0.0%
97478	Springfield	Lane	0.0%
83801	Athol	Kootenai	0.0%
83714	Garden City	Ada	0.0%
83606	Caldwell	Canyon	0.0%
83201	Pocatello	Bannock	0.0%
80003	Arvada	Jefferson	0.0%
72704	Fayetteville	Washington	0.0%
99577	Eagle River	Anchorage	0.0%
99554	Alakanuk	KUSILVAK	0.0%
99403	Clarkston	Asotin	0.0%
99360	Touchet	Walla Walla	0.0%
99179	Uniontown	Whitman	0.0%
98925	Easton	Kittitas	0.0%
98920	Brownstown	Yakima	0.0%
98850	Rock Island	Douglas	0.0%
98822	Entiat	Chelan	0.0%
98571	Pacific Beach	Grays Harbor	0.0%
98394	Vaughn	Pierce	0.0%
98009	Bellevue	King	0.0%

97501	Medford	Jackson	0.0%
97321	Albany	Linn	0.0%
97302	Salem	Marion	0.0%
96740	Kailua Kona	Hawaii	0.0%
95966	Oroville	Butte	0.0%
95817	Sacramento	Sacramento	0.0%
95212	Stockton	San Joaquin	0.0%
91016	Monrovia	Los Angeles	0.0%
83837	Kellogg	Shoshone	0.0%
83712	Boise	Ada	0.0%
83706	Boise	Ada	0.0%
78542	Edinburg	Hidalgo	0.0%
59642	Ringling	Meagher	0.0%
59263	Scobey	Daniels	0.0%
57719	Box Elder	Pennington	0.0%
99824	Douglas	Juneau	0.0%
99609	Kasigluk	Bethel	0.0%
99202	Spokane	Spokane	0.0%
99020	Marshall	Spokane	0.0%
99001	Airway Heights	Spokane	0.0%
98843	Orondo	Douglas	0.0%
98829	Malott	Okanogan	0.0%
98365	Port Ludlow	Jefferson	0.0%
98295	Sumas	Whatcom	0.0%
98287	Silvana	Snohomish	0.0%
98280	Orcas	San Juan	0.0%
98235	Clearlake	Skagit	0.0%
98124	Seattle	King	0.0%
98113	Seattle	King	0.0%
97405	Eugene	Lane	0.0%
97303	Salem	Marion	0.0%
97086	Happy Valley	Clackamas	0.0%
83873	Wallace	Shoshone	0.0%
83869	Spirit Lake	Kootenai	0.0%
80224	Denver	Denver	0.0%
73107	Oklahoma City	Oklahoma	0.0%
64014	Blue Springs	Jackson	0.0%
59912	Columbia Falls	Flathead	0.0%
59349	Terry	Prairie	0.0%
59105	Billings	Yellowstone	0.0%
59047	Livingston	Park	0.0%

46074	Westfield	Hamilton	0.0%
39465	Petal	Forrest	0.0%
28269	Charlotte	Mecklenburg	0.0%
99929	Wrangell	Wrangell	0.0%
99707	Fairbanks	Fairbanks North Star	0.0%
99669	Soldotna	Kenai Peninsula	0.0%
99324	College Place	Walla Walla	0.0%
98941	Roslyn	Kittitas	0.0%
98907	Yakima	Yakima	0.0%
98856	Twisp	Okanogan	0.0%
98811	Ardenvoir	Chelan	0.0%
98564	Mossyrock	Lewis	0.0%
98544	Galvin	Lewis	0.0%
98388	Steilacoom	Pierce	0.0%
98376	Quilcene	Jefferson	0.0%
98343	Joyce	Clallam	0.0%
98288	Skykomish	King	0.0%
98281	Point Roberts	Whatcom	0.0%
98194	Seattle	King	0.0%
98071	Auburn	King	0.0%
97702	Bend	Deschutes	0.0%
97625	Dairy	Klamath	0.0%
97333	Corvallis	Benton	0.0%
97304	Salem	Polk	0.0%
83702	Boise	Ada	0.0%
82009	Cheyenne	Laramie	0.0%
80919	Colorado Springs	El Paso	0.0%
66219	Lenexa	Johnson	0.0%
59859	Plains	Sanders	0.0%
49738	Grayling	Crawford	0.0%
20841	Boysds	Montgomery	0.0%
99921	Craig	Prince Wales Hyder	0.0%
99918	Coffman Cove	Prince Wales Hyder	0.0%
99840	Skagway	Skagway	0.0%
99620	Kotlik	KUSILVAK	0.0%
99615	Kodiak	Kodiak Island	0.0%
99402	Asotin	Asotin	0.0%
99323	Burbank	Walla Walla	0.0%
99216	Spokane	Spokane	0.0%
98857	Warden	Grant	0.0%
98830	Mansfield	Douglas	0.0%

98675	Yacolt	Clark	0.0%
98596	Winlock	Lewis	0.0%
98546	Grapeview	Mason	0.0%
98526	Amanda Park	Grays Harbor	0.0%
98386	Southworth	Kitsap	0.0%
98361	Packwood	Lewis	0.0%
98358	Nordland	Jefferson	0.0%
98324	Carlsborg	Clallam	0.0%
98256	Index	Snohomish	0.0%
98240	Custer	Whatcom	0.0%
98114	Seattle	King	0.0%
98041	Bothell	King	0.0%
97361	Monmouth	Polk	0.0%
97133	North Plains	Washington	0.0%
94598	Walnut Creek	Contra Costa	0.0%
85249	Chandler	Maricopa	0.0%
84321	Logan	Cache	0.0%
84095	South Jordan	Salt Lake	0.0%
80210	Denver	Denver	0.0%
78130	New Braunfels	Comal	0.0%
77581	Pearland	Brazoria	0.0%
75214	Dallas	Dallas	0.0%
73034	Edmond	Oklahoma	0.0%
60463	Palos Heights	Cook	0.0%
59806	Missoula	Missoula	0.0%
59754	Twin Bridges	Madison	0.0%
59485	Ulm	Cascade	0.0%
59433	Dutton	Teton	0.0%
59201	Wolf Point	Roosevelt	0.0%
59050	Lodge Grass	Big Horn	0.0%
44039	North Ridgeville	Lorain	0.0%
Total			100.0%

Source: WA State CHARS Database, 2019

Exhibit 7 Policies



Current Status: Active

PolicyStat ID: 7401733



Seattle Children's[®]
HOSPITAL • RESEARCH • FOUNDATION

Originated: 7/1/2005
Effective: 1/14/2020
Last Approved: 1/14/2020
Last Revised: 3/22/2017
Next Review: 1/13/2023
Owner: Sara Fenstermacher:

Clinical Nurse
Specialist

Document Area: Administrative

Standards & Regulations:

Document Types: P&P, Priority A,
Priority B

Admission Access to Seattle Children's, 1 ☐ ☐ ☐ ☐

Policy/Procedure

PURPOSE:

To describe our commitment to serve all children in our region seeking our care.

POLICY:

Seattle Children's provides health care appropriate for the special needs of children up to 21 years of age who are residents of Washington, Alaska, Montana, or Idaho, regardless of their ability to pay. Children's **Administrative P&P**, [Financial Assistance](#) provides further details about how this objective is effectively achieved for this patient population. Additionally, the **Administrative P&Ps**, [International Patients \(Patients Living Outside of the United States\)](#), [Financial Clearance for Patients Living in the US Outside of the WAMI Region](#), and [Patient 21 years or Older](#) detail Children's requirements for funding non-emergency care for other patient populations.

Children's complies with Emergency Medical Treatment and Active Labor Act (EMTALA) regulations which require all patients presenting for care in the Emergency Department (ED) to be medically screened and stabilized, regardless of patient age or residency.

Admission of patients needing medically necessary care occurs without discrimination on the basis of race, color, creed, national origin, religion, sex, gender identity, sexual orientation, or disability, consistent with requirements defined by the US Department of Health and Human Services Office for Civil Rights and the Washington State Department of Social and Health Services.

All patients who enter the Children's system are carefully assessed at the time of entry, and appropriately placed in a patient care area that most meets their assessed needs.

REFERENCES:

Centers for Medicare & Medicaid Services (CMS). (1986). Emergency Medical Treatment & Labor Act. Retrieved February 5, 2014 from: <http://www.cms.gov/Regulations-and-Guidance/Legislation/EMTALA/index.html#redirect#EMTALA/>

US Department of Health & Human Services (HHS). Office for Civil Rights. Retrieved February 5, 2014 from:

<http://www.hhs.gov/ocr/office/index.html>

Washington Administrative Code (WAC). (2013, December 23). WAC 246-320-141, Patient rights and organizational ethics. Retrieved February 5, 2014 from: <http://search.leg.wa.gov/search.aspx?results>

Washington State Department of Social & Health Services (DSHS). (2010). Chapter 5, Affirmative Action and Nondiscrimination. Retrieved February 5, 2014 from: <https://www.dshs.wa.gov/search/site/nondiscrimination>

Reviewed by:

- ☐ Suzanne Vanderwerff, Senior Director Revenue Cycle
- ☐ Dan Tisch, Manager, Registration & Admission Services

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Release for Publication	& Procedures Policies: Policies & Procedures	1/14/2020
	Russell Williams: Sr. Vice President & COO	1/14/2020
Regulatory Compliance	Dale Landis: Manager, Accreditation, Reg Compliance, & Emergenc	1/6/2020
	Christopher Sonntag: Business Operations Manager - Interim	12/30/2019



Current Status: Active

PolicyStat ID: 5493115



Seattle Children's[®]
HOSPITAL • RESEARCH • FOUNDATION

Originated: 5/1/2000
Effective: 10/9/2018
Last Approved: 10/9/2018
Last Revised: 10/9/2018
Next Review: 10/8/2021

Owner: *Suzanne Vanderwerff:*
Vice President,
Revenue Cycle &
Health Information
Administrative

Document Area:

Standards & Regulations:

Document Types: *P&P, Priority A,*
Priority B

Financial Assistance, 1006

Policy/Procedure

PURPOSE:

To outline Seattle Children's Hospital's requirements and practices with respect to the provision of financial assistance (charity care).

POLICY:

Seattle Children's provides health care appropriate for the special needs of Pediatric Patients (as defined below) who are residents of Washington, Alaska, Montana, or Idaho, regardless of their ability to pay. Financial Assistance (charity care) is provided to these patients based upon family need and hospital resources. Seattle Children's has established criteria for providing Financial Assistance in accordance with applicable law, including the requirements of Chapter 246-453 Washington Administrative Code (WAC), RCW 70.170.060, and § 501(r) of the Internal Revenue Code and its implementing regulations. Eligibility decisions for Financial Assistance are made without regard to race, color, religion (creed), sex, gender identity or expression, sexual orientation, national origin (ancestry), disability, age, genetic information, marital status, citizenship, pregnancy or maternity, protected veteran status, or any other status protected by applicable national, federal, state, or local law.

Seattle Children's complies with Emergency Medical Treatment and Active Labor Act and its implementing regulations (EMTALA), providing appropriate medical screening examination and stabilizing treatment, regardless of an individual's ability to pay.

DEFINITIONS:

Appropriate Hospital-Based Medical Services: Those services that are reasonably calculated to diagnosis, correct, cure, alleviate, or prevent the worsening of conditions that endanger life, or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no equally effective more conservative or substantially less costly course of treatment available or suitable for the person requesting the service.

Financial Assistance (Charity Care): Medically necessary hospital health care rendered to indigent persons

when third-party coverage, if any, has been exhausted, to the extent that the persons are unable to pay for the care or to pay deductibles or co-insurance amounts required by a third-party payer.

Pediatric Patient: A patient up to age 21 who is receiving care at Seattle Children's, or a patient who is 21 years or older who has received Clinical Coverage Approval for a specific course of care best treated at Seattle Children's through the process outlined in the **Patients 1 Years or Older** policy.

Resident: An individual who (a) is living in Washington, Alaska, Montana or Idaho (WAMI) for the majority of a calendar year; and (b) intends to continue to live in the WAMI region subsequent to treatment being complete.

Sliding Fee Schedule: A Seattle Children's-determined, publicly available schedule of discounts to charges for patients/families deemed eligible for Financial Assistance.

Third-Party Coverage: An obligation on the part of an insurance company, health care service contractor, health maintenance organization, group health plan, government program, tribal health benefits, or health care sharing ministry as defined in 26 U.S.C. Sec. 5000A to pay for the care of covered patients and services, and may include settlements, judgments, or awards actually received related to the negligent acts of others which have resulted in the medical condition for which the patient has received hospital health care service.

PROCEDURE:

I. Access to Emergency Services:

- A. Access to a medical screening examination and appropriate stabilizing treatment will not be delayed or denied based on an individual's ability to pay for services or determination of an individual's insurance coverage or financial assistance eligibility.

II. Scope of Financial Assistance:

- A. **Operations:** For purposes of this policy, Financial Assistance entails granting a full or partial write-off of any patient balance from Seattle Children's Hospital remaining after applicable third party processing for an eligible patient/family. Financial Counselors can also provide estimates upon request, assistance with Medicaid and Qualified Health Plan (QHP) applications, and creation of interest free payment plans. Financial Counselors can be reached at (206) 987-3333.
- B. **What charges Financial Assistance covers:** Financial assistance will be applied to Appropriate Hospital-Based Medical Services. .
 1. Charges for services that are cosmetic or elective are not eligible for Financial Assistance. (See examples in APPENDIX I)
 2. Financial Assistance is not a program to fund services that (a) can be provided by an alternate provider within a patient's insurance network; and (b) have not been approved by that insurance to be provided in network at Seattle Children's.
- C. **Which providers Financial Assistance covers:**
 1. Seattle Children's Inpatient Providers:
 - a. Seattle Children's facility charges;
 - b. Professional charges from providers employed by or under contract with Seattle Children's or Children's University Medical Group (CUMG) when CUMG bills for inpatient services provided at Seattle Children's or at a community hospital; and
 - c. Professional charges from providers employed by or under contract with Seattle Children's

when Seattle Children's bills for inpatient services at Seattle Children's or at a community hospital.

2. Seattle Children's Outpatient Providers:

- a. Facility charges from Seattle Children's hospital or clinics;
- b. Professional charges from providers employed by or under contract with CUMG when CUMG bills for outpatient services at a Seattle Children's clinic, outpatient department, or community site;
- c. Professional charges from providers employed by or under contract with Seattle Children's, when Seattle Children's bills for outpatient services at a Seattle Children's clinic, outpatient department, or community site; and
- d. All eligible services provided by Seattle Children's providers at Garfield High School Teen Clinic (based on the presumed income of minors consenting to their own care).

3. Non-covered providers:

- a. Community providers with admitting privileges at Seattle Children's who bill their own professional charges and who choose whether to grant financial assistance for their own bills commensurate with Seattle Children's financial assistance policy. See Appendix II for a list of those community providers with admitting privileges at Seattle Children's by name and practice who do not follow Seattle Children's financial assistance determinations.

- D. **Duration** ☐ Financial assistance is generally granted in six month increments, **provided**, however, that Financial Assistance granted for an emergency course of care will be approved only for the dates of that course of care; and administrative and presumptive approvals made will be for the period of time determined by the approver. Patients or responsible parties can reapply at any time.

III. **Eligibility Criteria for Financial Assistance:**

Patients must meet **all** the following criteria in order to be eligible for Financial Assistance:

- A. **Residency** ☐ Patient must be a Resident of Washington, Alaska, Montana, or Idaho (as defined above).

1. **Exceptions:**

- a. Seattle Children's may grant limited-duration Financial Assistance to patients who reside outside of these states when such patients have an unanticipated, emergency onset of illness.
- b. Solid organ transplant patients who reside in Oregon or Hawaii may qualify for Financial Assistance due to these states being part of Seattle Children's Hospital UNOS transplant region.
- c. The Chief Financial Officer or delegate may exercise discretion to waive the residency requirement on a case by case basis for situations where care is only available at Seattle Children's. It is expected that such waivers will be granted infrequently.

- B. **Age** ☐ The patient must be a Pediatric Patient (as defined above).

1. **Exceptions:**

- a. Adults who are being tested or treated at Seattle Children's to further the care of a Seattle Children's Pediatric Patient (for example, testing for the presence of tuberculosis or genetic testing) may qualify for Financial Assistance. This includes adults who receive care for a

prenatal condition.

2. Patients 21 years and older may qualify for Financial Assistance when (a) they have received Clinical Coverage Approval for a specific course of care best treated at Seattle Children's as outlined in the **Patients 1 Years or Older** policy; or (b) they receive a medical screening examination and/or stabilizing care in the Emergency Department (ED).

- C. **Alternate Funding** □ Seattle Children's Financial Assistance is a secondary funding source after all other Third Party Coverage and funding options, including but not limited to group or individual health insurance, eligible government programs including Medicaid, third party liability or workers' compensation programs, designated grant or trust funds, or any other persons or entities with a responsibility to pay for medical services.

Patients with no other source of funding, including those who (a) are uninsured; (b) do not have insurance coverage for the services provided or to be provided; or (c) have insurance coverage with significantly limited benefits based on the assessment by Seattle Children's, will be required to apply for Medicaid before Financial Assistance is granted. Patients who have enrolled in a health care sharing ministry for health care expenses are considered to be uninsured. A patient may choose to purchase a □ualified Health Plan (□HP), if applicable, in lieu of enrolling in Medicaid. Seattle Children's financial counselors are available to assist families with the Medicaid application process or with a □HP application. Financial counselors may waive the Medicaid application requirement if, for example, they determine during their screening process that a patient would not be eligible for Medicaid. Seattle Children's reserves the right to require written confirmation that a patient is ineligible for alternate funding sources.

If a patient/family has a philosophical, religious, or other personal objection to applying for Medicaid, and is between 134□ and 599□ FPL, the maximum financial assistance that will be granted is 50□ Sliding Fee Schedule. Families with scheduled services whose income is above 200□ FPL may be required to provide an advance deposit.

- D. **Income** - Patients may be eligible for full Financial Assistance if the patient or responsible party meets the application requirements and has a gross family income at or below 400□ of the Federal Poverty Guidelines, as adjusted for family size. If self-employed, the net (take home) income information is used. Seattle Children's will deduct from its calculation of gross family income the amounts that a family personally pays toward medical insurance premiums for coverage of their beneficiaries who are under the age 21. Income documentation to verify information indicated on the application form may be requested, including pay stubs and/or income tax returns.

Responsible parties whose income is between 400□ and 599□ of Federal Poverty Guidelines may be eligible for Sliding Fee Schedule Financial Assistance whereby they would be responsible for a percentage of the amount owed. In this case they are responsible for the applicable portion of the outstanding amount owed, and Seattle Children's Financial Assistance covers the remaining account balance.

Income documented at the time clinical services were provided will be used for making Financial Assistance determinations. **Exception:** If income documented at the time of application would result in the family being approved rather than denied financial assistance, that lower income will be used.

In cases where a responsible party would otherwise qualify for either an uninsured discount or an

employee discount and also qualifies for Sliding Fee Schedule Financial Assistance, the responsible party will receive only the Sliding Fee Schedule Financial Assistance, which is the most generous discount. Multiple discounts are not applied to the same account.

- E. **Application** ☐ The patient or their responsible party must submit an application form by:
- i. completing the online form on www.seattlechildrens.org;
 - ii. printing a paper form from this same website and mailing or faxing it as instructed on such form; or
 - iii. completing a paper application, which can be picked up from any Seattle Children's registration desk or obtained by mail from a financial counselor, and mailing or faxing it as instructed in such application packet.

Applications can be submitted prior to the provision of services, during the course of care, or after services have been provided.

- F. **Presumptive Eligibility** - In cases where a patient can be reasonably presumed to qualify for Financial Assistance, and the standard application processes are not likely to be completed due to socioeconomic or other factors, Seattle Children's Medical Director, Chief Financial Officer, or Senior Director of Revenue Cycle, or their designee, may administratively designate a patient as qualifying for Financial Assistance in the absence of receiving all required information. Additionally, when a family includes additional information about their financial situation with their application, these same individuals can administratively make a Financial Assistance determination using this information. Seattle Children's may review relevant and publicly available information about a family's financial situation, other than their credit report, in cases when the family is unresponsive to a bill for an outstanding balance, and may grant presumptive Financial Assistance for that outstanding balance eligibility based on this information. All presumptively granted Financial Assistance will only apply to balances already owed.

IV. Financial Assistance Determination Process:

- A. **Documentation** ☐ All information relating to the application will be kept confidential. Determination of eligibility will be made by Seattle Children's within fourteen (14) days of receipt of all required information. Seattle Children's will not initiate extraordinary collection efforts while in the process of reviewing the application.
1. **Approvals** ☐ A letter communicating an approval of Financial Assistance and the applicable eligibility period will be sent to the applicant.
 2. **Pending** ☐ In the event incomplete information is received on the application, or a patient/family has not completed the Medicaid eligibility process when required, the application will be pended and a letter communicating why the application has been pended will be sent to the applicant. If responsive information is not received within 14 days of such notice, the application may be denied.
 3. **Denials** ☐ In the event Seattle Children's determines a patient is not eligible for Financial Assistance, a written denial will be provided to the applicant and will include the reason(s) for denial, the date of the decision, and the instructions for appeal or reconsideration.
 4. **Appeals** - The applicant may appeal a denial of eligibility for financial assistance by providing additional information about the family's income, size, other financial liabilities, or other pertinent factors to the Senior Director of Revenue Cycle or Director of Revenue Cycle Operations. The

Senior Director of Revenue Cycle or Director of Revenue Cycle Operations will review all appeals for final determination. If this final determination affirms the previous denial of financial assistance, written notification will be sent to the applicant and the Department of Health in accordance with state law.

In the event that a patient/family or other responsible party makes a payment toward Appropriate Hospital Based Medical Services and the patient/family is subsequently found to have met Financial Assistance criteria, patient payments applied to facility services in the 90 days preceding the eligibility determination will first be applied to other outstanding balances, and any remaining funds will then be refunded within thirty (30) days. Payments applied to professional services will only be refunded upon request. In the event a patient/family is denied eligibility for Financial Assistance and has no third party funding source or discount, a 25% discount will be automatically applied to the patient's facility and professional charges. The patient or responsible party is not billed full charges. This discount level is equal to or greater than the average discount negotiated with all major non-Medicaid payers.

B. Sliding Fee Schedule Financial Assistance :

When a responsible party qualifies for Sliding Fee Schedule Financial Assistance , Seattle Children's will not charge the patient more than the average amount paid by all payers (Medicare, Medicaid and commercial payers) during the last complete hospital fiscal year. This is also called the "amounts generally billed" or AGB.

See Appendix III for the current maximum amount of financial responsibility under Sliding Fee Schedule Financial Assistance.

V. Staff Training

- A. Appropriate staff in roles most likely to engage in discussions with families about financial assistance, including all those in registration, admission or revenue cycle roles, must participate in an annual training module regarding financial assistance, including how to access language resources to be able to assist families with limited English proficiency or who are Deaf or Hard of Hearing.

VI. Communications to the Public:

Information about Seattle Children's Financial Assistance policy is made publicly available as follows:

- A. Public Notice/Interpretation ☐ A notice is displayed in key public areas of the hospital, including primary public registration locations and the Emergency Department, in languages spoken by more than 10% of the population of the hospital service area: English, Spanish, Vietnamese, Russian and Somali. Additionally, Seattle Children's Financial Assistance policy, a plain language summary of the Financial Assistance policy, and the Financial Assistance application form in these same languages is on Seattle Children's website at www.seattlechildrens.org. An additional option is available on the website to translate any or all of these documents into any other language spoken in the community within 7-10 days.
- B. Individual Notification ☐ Seattle Children's will make reasonable effort to both determine the existence of any third party responsible to cover the charges for Appropriate Hospital Based Medical Services in full or part, and to assess whether families checking in at Seattle Children's sites of care would like information about or screening for Financial Assistance. Paper application forms in English, Spanish, Vietnamese, Russian or Somali are available for pick up at registration desks at all Seattle Children's clinics.
- C. Financial Counselors ☐ Financial Counselors, who have access to interpreter services for languages other than English, are available in person and by telephone (206-987-3333) to assist with

completion of the application.

- D. Patient bills will include a statement on the first page of the bill in both English and Spanish, or in Somali, Vietnamese, or Russian if that is the family's registered primary language, that communicates the availability of financial assistance, whether or not insurance coverage is present, and the email or phone number to contact for further assistance.

Approved by Washington State Department of Health: Oct ☐, ☐☐1☐

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APPENDIX I:

Services that Seattle Children's has determined are elective or cosmetic and therefore are not eligible for Financial Assistance include, but are not limited to:

1. Orthodontia services for malocclusion in the absence of an underlying medical condition
2. Adults seeking genetic testing for purposes of determining whether a genetic condition could be transmitted to future children OR genetic testing of a patient when such testing will not provide information that contributes to the patient's care plan
3. Earwell cosmetic ear reshaping procedure
4. Laser surgery performed for cosmetic purposes only
5. Otoplasty for cosmetic purposes
6. Replacement of lost dental retainers
7. Elective mental health programs/classes

APPENDIX II:

Community providers with admitting privileges who bill professional charges for services provided at Seattle Children's from their own office, and who do not grant financial assistance commensurate with Seattle Children's determinations to their own bills, are listed below.

A provider with an asterisk is one who works for or is contracted with Children's and who also refers patients from their community practice to have services at Children's. Financial Assistance is granted only when the provider is seeing patients as an employee or contractor for Children's.

This list is subject to change quarterly, and is updated on www.seattlechildrens.org.

Practice or Provider Name
Allegro Pediatrics
Dr. Senait Abraham Sea Mar Medical Clinic
Dr. David Atherton Dentistry for Children & Adolescents
Dr. Molly Capron Neighborcare - Columbia City
Dr. Felix Chu The Polyclinic - First Hill
Dr. Daniel Downey Downey Plastic Surgery
Dr. Mary Farrington Virginia Mason Medical Center
Dr. Julie Francis Eastside Dermatology Inc.
Dr. Heather Henne Neighborcare - Columbia City
Dr. Robin Hornung Everett Clinic
Dr. Shayan Irani Virginia Mason Medical Center
Dr. David Jeong Virginia Mason Medical Center□
Dr. Neil Kaneshiro Woodinville Pediatrics

Dr. Richard Kozarek Virginia Mason Medical Center
Dr. Thomas Lenart Children's Eye Doctors
Dr. John Liu Eastside Pediatric Dental Group
Dr. Sally Sue Lombardi Eastside Pediatric Dental Group
Dr. Kimberly McDermott Neighborcare - Columbia City
Dr. Craig Murakami Virginia Mason Medical Center
Dr. Michael Nuara Virginia Mason Medical Center
Dr. Hee-Jung Park Virginia Mason Medical Center
Dr. Mary Pew Neighborcare - Meridian
Dr. Donna Quinby Eastside Pediatric Dental Group
Dr. Seth Schwartz Virginia Mason Medical Center
Dr. Peter Shelley Federal Way Eye & Laser Center
Dr. Jessica Tarantino ABCD, Inc.
Dr. Cornelius Van Niel Sea Mar Comm Health Center
Dr. Michael Whelan Sound Surgery
Dr. Bryan Williams Seattle Special Care Dentistry
Dr. Dali Wu Sea Mar Comm Health Center

APPENDIX III

Based on the completion of fiscal year 2017, the maximum amount a patient with Sliding Fee Schedule financial assistance will be charged is 50%. The average generally billed or AGB for fiscal year 2017 for all payers was 50%.

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Release for Publication	& Procedures Policies: Policies & Procedures	10/9/2018
	Russell Williams: Sr. Vice President & COO	10/9/2018
	Suzanne Vanderwerff: Senior Director, Revenue Cycle & P	10/8/2018



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Owner: Dale Landis: Director,

Accreditation &
Regulatory
Compliance

Document Area: Administrative

Standards & Regulations:

Document Types: P&P

Patient Rights and Responsibilities, 1 ☐ 7 ☐ ☐

Policy/Procedure

PURPOSE:

Outline the objectives of, and communication process for, notifying patients and their families and/or representatives of their rights and responsibilities.

POLICY:

Seattle Children's assists patients and their families/representatives in understanding and exercising their rights and responsibilities in the care delivery process. Patient safety is enhanced when patients and their families/representatives are partners in the health care process and have a clear understanding of their rights and responsibilities.

PROCEDURE:

- I. The "Rights and Responsibilities" brochure delineates for patients and their families/representatives their rights and responsibilities as provided by state and federal law, as well as any additional rights provided by and responsibilities imposed by Seattle Children's Hospital. Those rights and responsibilities are, by this reference, incorporated into this policy and procedure.
- II. Patient Access to Notice of Rights and Responsibilities
 - A. Whenever possible, patients and/or their families/representatives must be provided notice of rights prior to the delivery, or discontinuation, of care.
 1. Admission Services Coordinators or Registration Coordinators will:
 - i. Offer each patient and/or patient's family/representative a copy of the "Rights and Responsibilities" brochure at the time of obtaining consent during admission or registration (see **Administrative P&P**, [Consent for Care and Treatment \(10288\)](#)), and
 - ii. Document in the electronic health record every time the Admission Services Coordinator or Registration Coordinator offered the brochure and whether the patient and/or family/representative accepted it.
 2. Services and programs may provide additional rights and impose additional responsibilities,

communicating them with patients and/or their families/representatives at the point of care. These additional rights and responsibilities may derive from federal and/or state regulations and/or organizational and patient safety needs, as agreed upon by appropriate organizational leadership.

- B. The ["Rights and Responsibilities" brochure](#) is available to print or order from the Patient Education Database on CHILd. For database access or ordering help, contact the Family Resource Center at 206-987-2201.
- C. ☐ Rights and Responsibilities ☐ brochures are displayed near patient registration areas and the Family Resource Center.
- D. "Rights and Responsibilities" signs are displayed at main patient entrances.

III. Patient Understanding of Rights and Responsibilities

- A. The communication of rights and responsibilities needs to be provided to patients or their families/representatives in a manner that meets their needs for understanding.
- B. If a patient or their family/representative has alternative communication needs, interpretation and translation services must be provided in accordance with the **Clinical P&P**, [Interpreter and Translation Services \(10585\)](#).
- C. Staff should offer to answer questions about rights and responsibilities and, when they are uncertain of how to answer, escalate questions to local leadership and inform the patient and/or family/representative of that action. If staff need additional information about how to address questions, they can contact Patient and Family Relations at 206-987-2550 (between 8 am and 3:30 pm, Sunday-Friday) or consult **Clinical P&P**, [Escalation Protocol for Patient Care, Safety Concerns, or Off-Policy Requests \(10219\)](#).

Additional Resources:

- ☐ Administrative P&P, [Partnership Plan, 11695](#)

REFERENCES:

CMS Hospital Conditions of Participation: Patient Rights, A-0115 ☐ 0217, Rev. 200 (February 2020).

Condition of participation: Patient's rights, 42 CFR 482.13.

Patient Rights, PR.1 – PR.8, Interpretive Guidelines and Surveyor Guidance. National Integrated Accreditation for Healthcare Organizations (DNV-GL NIAHO), Rev. 20-0 (September 2020).

Nondiscrimination on the Basis of Race, Color, National Origin, Sex, Age, or Disability in Health Programs or Activities Receiving Federal Financial Assistance, 45 CFR 92.

Washington Administrative Code 246-320-141 (2009).

REVIEWED BY:

- ☐ Dale Landis, Director, Accreditation and Regulatory Compliance
- ☐ Megan Brazil, Manager, Registration
- ☐ Ann Moore, Director, Resilience and Connections
- ☐ Karen Kirwin, Director, Health Literacy and Communication
- ☐ Caitlin Morray, Director, Risk Management

☐ Erica Sumioka, Senior Counsel, Legal Services

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Release for Publication	Dale Landis: Director, Accreditation & Regulatory Compliance	11/16/2020
	Russell Williams: Sr. Vice President & COO	11/13/2020
Regulatory Compliance	Dale Landis: Director, Accreditation & Regulatory Compliance	11/13/2020
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Clinical

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Limitation of Resuscitation Documentation and Orders, 11647

Policy/Procedure

PURPOSE:

1. To allow for and encourage documentation of discussions regarding goals of medical care, limitation of resuscitation, and/or end of life decisions for each individual child and family.
2. To provide an easily accessible written record of these discussions in order to avoid unnecessary repetition of emotional and complex discussions for families.
3. To provide guidance to health care providers about the rationale and procedure for writing limitation of resuscitation orders.
4. To provide medical providers with a clear and explicit plan for resuscitation prior to a medical emergency.

Note: This policy refers to limitation of resuscitation rather than "Do Not Resuscitate" or "Do Not Attempt Resuscitation" to avoid the connotation of discontinuing care or commitment to our patients.

POLICY:

Cardiopulmonary resuscitation (CPR) is a potentially life saving, emergency intervention that should be initiated when cardiopulmonary function is physiologically inadequate to sustain life. However, there are circumstances where the burdens of these emergent resuscitation measures potentially outweigh the benefits within the context of the goals of care. Under these circumstances, providers and other care team members as directed by the attending, should review the goals of care with families, discuss the potential burdens and benefits of these emergent measures, and document these conversations in the Patient's medical record. Decisions regarding specific interventions should be provided within the limitation of resuscitation order set.

PROCEDURE:

I. DEFINITIONS

- A. **Cardiopulmonary Resuscitation (CPR):** An attempt to restore cardiac and pulmonary function when cardiopulmonary function is physiologically inadequate to sustain life. Procedures may include

placement of an artificial airway, artificial respiration, chest compressions or cardiac massage, electrical cardioversion, and the administration of resuscitative medications. These efforts are implemented under the guidelines of the American Heart Association for different patient populations, including neonates (NRP), pediatric patients (PALS) and adults (ACLS).

- B. **Limitation of Resuscitation Order:** An order to describe the emergent resuscitative interventions that should be provided when cardiopulmonary function is physiologically inadequate to sustain life. This order is compatible with maximal efforts, other than resuscitation or other identified life sustaining interventions, to treat the patient with therapeutic measures including, but not exclusive of, surgery, medicines, intensive care or other interventions aimed at palliation or cure. It is **not** a signal to abandon or ignore the patient; rather, it implies a previously identified and alternative supportive care plan.
- C. **Code Status:** Descriptive term used to provide an overview of the goal-directed approach to providing emergent resuscitative measures when cardiopulmonary function is physiologically inadequate to sustain life. This term is posted on the Patient Summary Page in the electronic health records. Options include "Full Support, indicating that all resuscitative efforts should be performed and "Limited Support", indicating that specific resuscitative efforts or comfort care should be provided according to the goals of care. The Code Status of each Patient should be reviewed by all health care providers caring for the Patient.
- D. **Patient/Parent(s):** Throughout this document, the term "Parent(s)" refers to the Surrogate Decision Maker for the Patient when the Patient is a Minor or is incapacitated. Please refer to **Administrative P&P, [Legally Authorized Person for Informed Consent Decision Making, 10628](#)** for full details. "Patient" acknowledges that Patients 18 years and older and Emancipated Minors are the legal decision maker, unless they are incapacitated. Patients 18 years and older may make decisions to limit resuscitation in conjunction with an Advance Directive or in isolation. Please see **Bioethics P&P, [Advance Directive, 10033](#)** for more information. Furthermore, when the Patient is a Minor, considerations should be made to include the Patient, when developmentally and neurocognitively appropriate, in the decision making process.

II. PROCEDURE FOR DISCUSSING AND DETERMINING CODE STATUS (See Appendix II.)

A. Establish goals of care:

Under **all** circumstances of hospitalization, the provider team should facilitate a conversation with the Patient/Parent(s) to:

1. Ascertain the Patient/Parent(s) understanding of the disease process.
2. Review options for treatment, including the potential risks, benefits, and alternatives.
3. Elicit the values and preferences of the Patient/Parent(s).
4. Based on the recommendations of the Attending Physician and within the context of the values and preferences of the Patient/Parent(s), identify the **goals of medical care**.
These discussions are likely iterative and ongoing, as the goals of care evolve and change over time throughout the course of an illness.

- B. **Review and documentation of Code Status:** Depending on the underlying disease process, potential therapies and treatments, preferences and values of the Patient/Parent(s), and goals of medical care, there are **two** circumstances in which providers should consider reviewing and discussing with Patient/Parent(s) the possibility of **limiting resuscitation**. In both of these circumstances, it is imperative to remember that unique personal, familial, religious, or cultural

factors may make attempting CPR unusually beneficial.

1. **Relative benefits and burdens of attempting CPR are uncertain (i.e. life limiting diseases that have not reached terminal stages):** Based on the goals of care as discussed with the Patient/Parent(s), prior experience, medical knowledge, and empirical data, the provider team may determine that attempting CPR is a **plausible option**, however there is a **great level of uncertainty in outcome**, and CPR **potentially** could be more burdensome than beneficial.
 - a. The provider team should review the goals of care, discuss the potential benefits and burdens of attempting CPR, acknowledge the uncertainty in outcome with the Patient/Parent(s), and offer **CPR as a plausible option**.
 - b. The provider team should assist, guide, and support the Patient/Parent(s) with the decision to either attempt or limit resuscitation depending on the goals and values of the Patient/Parent(s). Reasonable efforts should be made to effectively communicate information necessary to enable a reasoned evaluation and voluntary decision.
 - c. The discussion should be documented and the limitation of resuscitation order should be completed by a provider according to the discussion. **See Section III.**
2. **Burdens of attempting CPR likely outweigh the benefits (i.e. life limiting diseases in the terminal stages):** Based on the goals of care as discussed with the Patient/Parent(s), prior experience, medical knowledge, and empirical data, the Attending Physician may determine that **the burdens of attempting CPR likely outweigh the benefits**.
 - a. The provider team should review the goals of care and discuss with the Patient/Parent(s) that **the burdens of attempting CPR likely outweigh the benefits**. To prevent causing unnecessary harm to the patient, the provider team should recommend against **attempting CPR**.
 - b. If the Patient/Parent(s) assent to limiting resuscitation, the discussion should be documented and a limitation of resuscitation order should be written. **See Section III.**
 - c. If the Patient/Parent(s) do not assent to limiting resuscitation, the discussion should be documented and full or modified resuscitation orders should remain in place, according to the wishes and preferences of the Patient/Parent(s). **See Section III.**

III. DOCUMENTATION OF CODE STATUS AND WRITING LIMITATION OF RESUSCITATION ORDERS

- A. Under either of the circumstances described in section II, the provider team should document the key aspects of the conversation(s) and decision(s) using the format provided in the electronic health record.
 1. These conversations should be documented **regardless of the decision to limit resuscitation**. For example, if full resuscitative efforts should be attempted, the conversations, decisions, values and goals should be documented and orders for attempting full resuscitation should be placed.
 2. Documentation of key components of the conversation and decisions should include:
 - a. Names and roles of Individuals who participated in the conversation. If two or more providers were involved, all names should be listed.
 - b. Current medical diagnoses and expected prognosis of patient.
 - c. General content of the conversation(s) including the goals of medical care, values and preferences of the Patient/Parent(s).

- d. Rationale for limiting CPR (if applicable), including the provider and Patient/Parent(s) perspectives.
3. Concise and clear description of medical interventions to be attempted or withheld, primarily determined by the provider within the context of the goals of care as discussed with the Patient/Parent(s).
4. The wording of documentation should be reviewed directly with the Patient/Parent(s) if possible to ensure clarity and understanding prior to finalizing.
5. During a single hospitalization, Limitation of Resuscitation Orders do not expire. However, they should be reviewed periodically when determined appropriate by the care team and Patient/Parent(s).

IV. COMMUNICATION REGARDING CODE STATUS AND LIMITATION OF RESUSCITATION ORDERS:

- A. The provider entering a limitation of resuscitation order should verbally notify, in a timely manner, the Bedside Nurse and other involved medical providers of the conversation and decision to limit attempting CPR.
 1. The Bedside Nurse verbally should notify the Charge Nurse.
 2. The Bedside Nurse verbally should notify the Unit Coordinator, who should print a **hard copy** of the Limitation of Resuscitation Order to place with the Code Blue Resuscitation Sheet. These two documents should be available at the Patient's bedside at all times.
 3. The Bedside Nurse verbally should notify the Respiratory Therapist and other Ancillary Services involved in the Patient's medical care.
- B. When the Patient is transferred between different health care providers within the same hospital stay, the limitation of resuscitation orders will be communicated during provider hand off. Nurse to Nurse communication should occur in parallel to the provider communication.
- C. A member of the medical team (Attending Physician, Fellow, or Resident Physician) should notify the Patient's Primary Care Provider in a timely fashion to ensure continuity of these discussions between the inpatient and outpatient setting.

V. WRITING LIMITATION OF RESUSCITATION ORDERS AND CODE STATUS AT ADMISSION

- A. **Patient with NO prior history of a Limitation of Resuscitation Order**
 1. In circumstances in which the provider team has a high level of concern for a possible life threatening emergency during a hospitalization, the provider team should follow the procedure for discussing and determining Code Status in a timely manner according to **Section II** and **Section III**. In the absence of such documentation at the time of a medical emergency, the treating medical team should provide appropriate medical care.
- B. **Patient WITH a prior history of a Limitation of Resuscitation Order, Physician Order for Life-Sustaining Treatment (POLST), or Advance Directive**
 1. The Admitting provider or Emergency Medicine provider should review the Code Status of the Patient with the Patient/Parent(s) upon admission according to the prior Limitation of Resuscitation Order, Physician Order for Life-Sustaining Treatment (POLST), or Advance Directive, and enter the limitation order for the current admission if unchanged.
 2. If the Patient/Parent(s) **request substantial changes** to the Code Status or Limitation of Resuscitation Order, the provider must review all aspects of the resuscitation plan with the

Patient/Parent(s) to clarify the goals of care and wishes, values, and preferences of the Patient/Parent(s), following **Section II**, **Section III**, and **Section IV** of this Policy accordingly.

VI. LIMITATION OF RESUSCITATION ORDERS AND CODE STATUS AT DISCHARGE

- A. At the time of discharge, the Code Status and Limitation of Resuscitation Orders should be reviewed by the provider team and Patient/Parent(s). The conversation and implications of the Limitation of Resuscitation Order should be documented in the Discharge Summary. This documentation should be clearly communicated with the Primary Care Provider.
- B. The Patient/Parent(s) should be assisted by the provider team or Consulting Service (i.e. Pediatric Advance Care Team and/or Palliative Care or Hospice Providers) to develop a plan to manage the child if he or she suffers from cardiopulmonary arrest following discharge. Appropriate supportive resources, such as palliative care and hospice, should be in place prior to discharge if appropriate and consistent with family wishes and goals of care.
- C. Providers may consider completing a Physician Order for Life Sustaining Treatment (POLST) form at the time of discharge. The POLST form is a set of **portable** physician orders that allow an individual to communicate his or her wishes regarding resuscitation, medical interventions, antibiotics, and artificial feedings in a variety of health care settings. Refer to **Appendix I** for specific guidelines for use of the Washington State POLST.

VII. DISCONTINUATION OR AMENDMENT OF LIMITATION OF RESUSCITATION ORDERS

- A. Limitation of Resuscitation Orders may be rescinded or amended by the provider team and Patient/Parent(s) at any time. Prior to rescinding or amending the order, however, a detailed conversation between the provider and Patient/Parent(s) should occur. This conversation, including the rationale for rescinding or amending the order, should be documented in the electronic medical record. This documentation should be reviewed by the Patient/Parent(s) if possible prior to finalizing in the electronic records.
- B. The provider making a change to the Limitation of Resuscitation Order should notify the Bedside Nurse and other members of the health care team of the modification in the Code Status and Limitation of Resuscitation Order as if a new Order were placed, as described in **Section II**, **Section III** and **Section IV**.
- C. The Bedside Nurse should notify the Unit Coordinator and remove and/or replace the hard copy of the Limitation of Resuscitation Order at the Patient's bedside. Additionally, the Bedside Nurse should notify the other members of the health care team, as described in **Section III**.

VIII. OPERATIVE PROCEDURES AND INVASIVE INTERVENTIONS

- A. When Patients with Limitation of Resuscitation Orders need to undergo invasive interventions or operative procedures, the Attending Physician, Anesthesiologist, Attending Surgeon(s), Attending Proceduralist(s), and Patient/Parent(s) should review the Code Status and Limitation of Resuscitation Order.
 - 1. In many circumstances, cardiac arrest is more likely reversible when it occurs during anesthesia, meaning that in most circumstances, the patient will benefit from having the Code Status modified and Limitation of Resuscitation Order suspended during the intervention.
 - 2. However, Limitations of Resuscitation Orders **do not necessarily** need to be rescinded prior to operative or invasive interventions. Several suggested approaches to determine the appropriate level of resuscitation in the OR include full resuscitation, limitation of resuscitation that is procedurally specific, or limitation of resuscitation based on a goal oriented approach, in which

the Patient/Parent(s) trust the Attending Anesthesiologist and Attending Surgeon and/or Proceduralist to determine which events are reversible and warrant full resuscitation versus events that are irreversible in which cardiopulmonary resuscitation has limited benefit.

B. Procedural Process:

1. In a Patient with a Modified Code Status, the Patient/Parent(s), Attending Anesthesiologist, Attending Surgeon or Proceduralist, and/or Primary Attending Physician should review and discuss the approach to address the Modified Code Status of the Patient during the operative or procedural intervention. Details of this conversation will be documented in the medical record prior to starting the operative or procedural intervention.
2. Modifications and/or Rescindment of the Limitation of Resuscitation Orders during the operative intervention should be documented and reviewed in the time-out procedure.
3. A hard copy of the unchanged or modified Limitation of Resuscitation Order should be printed, placed with the Code Blue Resuscitation Sheet, and accompany the patient to the operative or procedure room.
4. **PRIOR** to starting the procedure at the time of the Safety Time Out, the Code Status and Limitation of Resuscitation Order should be concisely described by the Attending Anesthesiologist and confirmed by the Attending Proceduralist and/or Attending Surgeon.
5. **DURING** the procedure or operation, the modified Code Status and Limitation of Resuscitation Order should be followed accordingly.
6. **AFTER** the operation or procedure, during the Hand Off process, the Attending Anesthesiologist and Primary Attending Physician should communicate any temporary revisions made to the original Limitation of Resuscitation Orders. If changes to the original limitation of resuscitation orders are to continue, the orders will be updated and a new hard copy of the Limitation of Resuscitation Orders will be placed with the Code Blue Resuscitation Sheet at the bedside of the Patient.

IX. **LACK OF CONSENSUS REGARDING CODE STATUS AND LIMITATION OF RESUSCITATION ORDERS**

- A. In rare circumstances, conflict regarding Code Status and the Limitation of Resuscitation Orders may arise due to differing opinions regarding benefits and burdens. This may result in discord between the provider team and Patient/Parent(s). Maximal effort to clarify these differences in opinion through communication and support for all stakeholders should be prioritized. Detailed description(s) of any disagreements regarding the Code Status and Limitation of Resuscitation Order should clearly be documented in the electronic medical record.
- B. When the lack of consensus between the provider team and Patient/Parent(s) persists, the approach to resolving the conflict depends on the urgency of the circumstances.
 1. **Non-emergent:** Often time is helpful to allow Patient/Parent(s) and providers to reach agreement regarding the Code Status.
 - a. While allowing time, the Code Status and Limitation of Resuscitation Orders should be documented according to the wishes and goals of the Patient/Parent(s).
 - b. If possible, all conversations including, but not limited to, the introductory conversation regarding the possibility of limiting CPR or other interventions, Patient/Parent(s) values and preferences, goals of care, and decisions that are made, should be documented to maintain clarity and continuity throughout the process.

- c. If necessary, explicit conflict resolution using **Bioethics P&P**, [Withholding and Withdrawing of Life-Sustaining Medical Intervention When Disputes Arise, 11160](#) may be pursued.
2. **Emergent:** The Attending Physician has the primary responsibility to determine the relative benefits and burdens of medical interventions, including attempting CPR, according to the goals of care. The implementation, duration and cessation of resuscitation are medical interventions to be directed by the Attending Physician in the emergent setting.

X. SPECIAL CIRCUMSTANCES

A. Limitation of Resuscitation Orders in children without a legal decision-maker: non-accidental trauma and maltreatment, abandoned, and unidentified children

1. For children where there is not a clearly identified legal decision-maker, the SCAN team and social work should assist the provider team with identifying the legal medical decision maker for the child.
2. Until this person is appropriately identified, CPR should be performed in the setting of cardiopulmonary arrest if the benefits potentially outweigh the burdens as determined by the provider team.
3. Once the Legal Guardian is identified, the provider team should then communicate with the Legal Guardian(s) as discussed in **Section II** and follow this policy accordingly.

B. Limitation of Resuscitation Orders and the Diagnosis of Brain Death

1. When making the clinical diagnosis of brain death. See **Clinical P&P**, [Determination of Death Based on Neurological Criteria \(Diagnosis of Brain Death\), 10350](#), the interim period between the first and second brain death examination presents a situation where resuscitation may not be medically appropriate, per the discretion of the Attending Physician. Under these circumstances, the Attending Physician should follow the formal process to write a Limitation of Resuscitation Order as described in **Section II**.
2. However, the Attending Physician should acknowledge that Parent(s) may have an interest in preserving the child's organs for potential organ donation. Hence, collaborative and explicit communication between the Attending Physician, the Organ Procurement Agency, and Parent(s) should occur when examining the potential benefits and burdens of attempting CPR.

C. Limitation of Resuscitation Orders and Organ Donation after Cardiac Death

1. When the decision is made to withdraw life sustaining therapy from a critically ill child, the Parent(s) may agree to organ donation after cardiac death, in consultation with the local Organ Procurement Agency. Please see **Clinical P&P**, [Organ Donation After Circulatory Death \(DCDD\), 10752](#).
2. Per the Donation after Cardiac Death protocol, a Limitation of Resuscitation Order is required at the time of withdrawal of the life sustaining therapy. This process should be explicitly explained to the Parent(s) by the Attending Physician in collaboration with the Organ Procurement Agency Representative. **Section II** should be followed accordingly by the Attending Physician.

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APPENDIX I :

A. PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENTS (POLST)

1. The POLST form is a physician order sheet is intended for any individual with an advanced life-limiting illness to effectively communicate his or her wishes to request or to limit life-sustaining medical treatment. The expressed wishes regarding resuscitation, medical interventions, antibiotics, and artificial feedings are translated into a set of portable physician orders that can be followed by health care providers in a variety of care settings. It is not an Advance Directive, such as a Health Care Directive, Living Will, or a Durable Power of Attorney for Health Care.
2. An outpatient clinic visit is the optimum setting for end-of-life care planning discussions, including review of the POLST. However, when a Limitation of Resuscitation Order is written during an inpatient stay, the Attending Physician may consider writing (or reviewing if written prior to admission) a POLST at the time of discharge.
3. There are limitations to the validity of using the POLST form for minors. See disclaimer in B.3 (below). However, Attending Physicians and Patients/Parent(s) may find the process of completing the POLST helpful in planning for the possibility of a medical emergency following discharge from the hospital and may choose to use the form as a communication tool.

B. PROCEDURE FOR WRITING A POLST

1. Request a POLST form from the Unit Coordinator.
2. Present the POLST form to the Patient/Parent(s) as an option. Additional patient and family education material, including a brochure on *Physician Orders for Life-Sustaining Treatment (POLST) Form* published by the WSMA and DOH, is available in the [Patient and Family Education Database](#).
3. Washington statute provides liability protection to emergency personnel who rely on a POLST when the patient is an adult. **Pediatric patients and families** should be informed by the Attending Physician that Washington law does NOT authorize use of a POLST for Minors and the Washington Department of Health has advised all EMS personnel in the state of Washington that POLST is not applicable to minors.
4. The Attending Physician, if appropriate, should complete the document with the Patient/Parent(s). The Attending Physician must sign the form and assume full responsibility for its accuracy.
 - a. Upon completion, the POLST should be compared to the Limitation of Resuscitation Order in the electronic medical record. These two documents should be congruent and reflect the wishes of the Patient/Parent(s).
 - b. A photocopy of the POLST should be placed in the medical record. The POLST should not replace the Limitation of Resuscitation Order, which needs to be officially documented separately in the medical record.
 - c. Similar to the Limitation of Resuscitation Order, the POLST needs to be updated with subsequent admissions and discharges. Outdated POLST forms should be discarded.

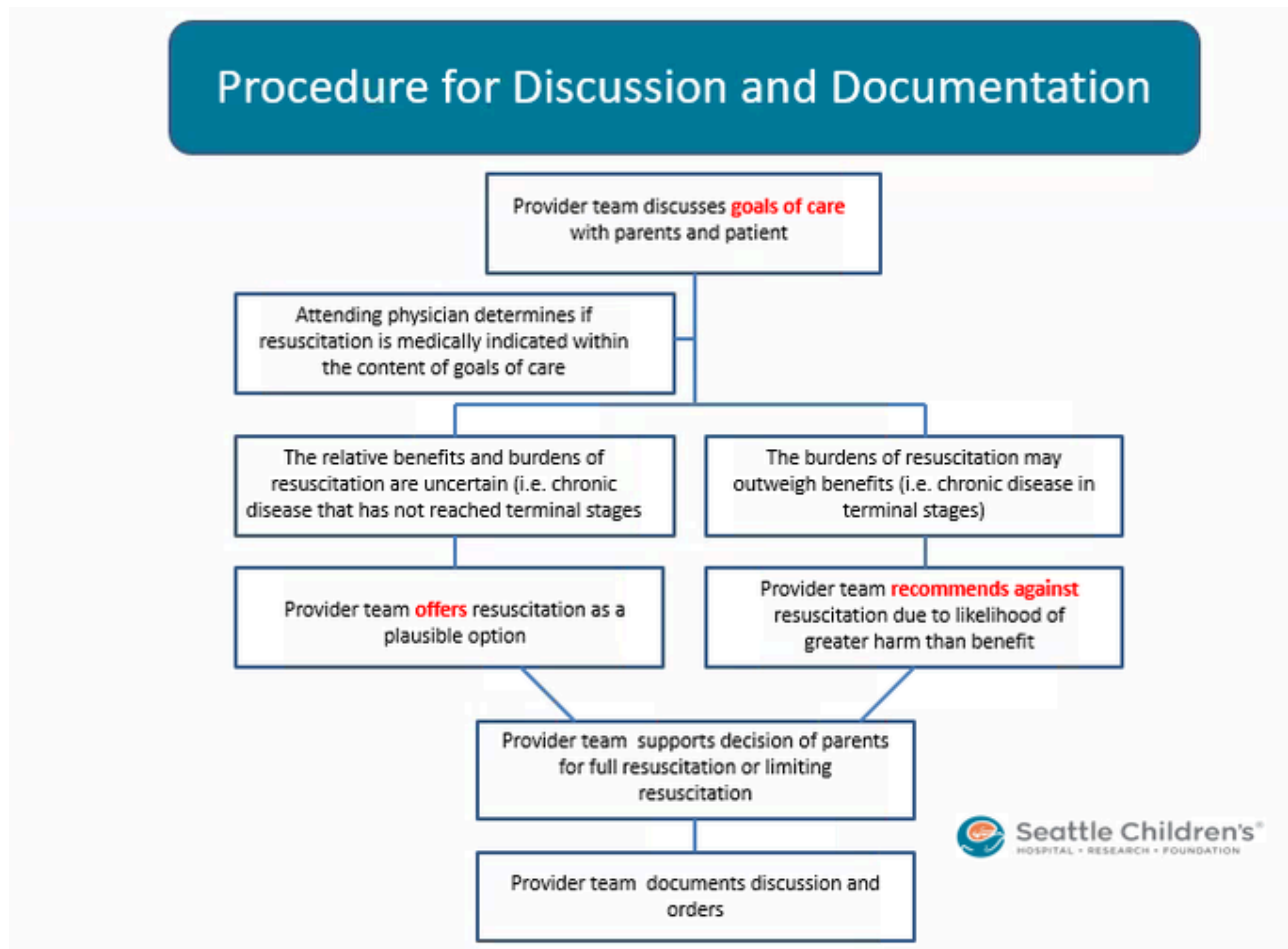
C. HONORING POLST

1. When an Adult Patient presents to the Seattle Children's Emergency Department with a valid POLST, Attending Physicians may in good faith rely upon the orders outlined by the POLST until a new Limitation of Resuscitation Order can be entered into the electronic medical record.
2. When a Minor Patient presents to the Seattle Children's Emergency Department with a completed POLST, full resuscitation will be provided until medical providers review and validate with Parent(s) and a new limitation of resuscitation order can be entered into the electronic medical record.

D. REVIEW, MODIFICATION, AND REVOCATION OF POLST

1. POLST forms should be reviewed in tandem with Code Status and Limitation of Resuscitation Orders among the primary decision makers, including the Attending Physician and Patient/Parent(s).
2. If modifications need to be made to the POLST, a new form should be used.
3. The Patient/Parent(s) can revoke treatment decisions on the POLST at any time. When a Patient's/Parent(s)' current wishes and the POLST differ, the Patient's/Parent(s)' current wishes prevail.

APPENDIX I:



Approved by Medical Executive Committee: June 2013

Attachments

[SLIDE OF LORALGORITHM9-20.pptx](#)

Approval Signatures

Step Description	Approver	Date
Release for Publication	Dale Landis: Director, Accreditation & Regulatory Compliance	2/19/2021
Medical Executive Committee	Nicole Keller: Director, Medical Staff Services	2/17/2021
	Bonnie Fryzlewicz: Vice President, Patient Care and Chief Nursing Off	2/16/2021
	Ruth McDonald: VP - Chief Medical Operations Officer	2/14/2021

Step Description	Approver	Date
Regulatory Compliance	Dale Landis: Director, Accreditation & Regulatory Compliance	1/29/2021
	Joan Roberts: Research Principal Investigator	1/29/2021

COPY

Exhibit 8
Pro Forma Financials

Seattle Children's Hospital
Statement of Operations
With Project
(\$ in thousands)

	Certificate of Need Estimated forecast										
	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY2025	FY2026	FY2027
Admissions											
Inpatient Admissions	12,021	12,144	10,730	8,868	8,969	9,942	10,083	10,227	10,373	10,460	10,549
Observation Admissions	4,480	4,807	5,302	4,725	5,289	5,863	5,946	6,030	6,116	6,168	6,220
Total Admissions	16,501	16,951	16,032	13,593	14,258	15,805	16,029	16,257	16,489	16,628	16,769
Adjusted Patient Days											
Inpatient Days	88,765	100,381	98,899	88,775	93,795	100,945	104,317	107,508	110,966	112,375	113,786
Outpatient Adjustment	1.59	1.54	1.58	1.57	1.59	1.55	1.54	1.55	1.54	1.54	1.55
Adjusted Patient Days	140,816	154,280	156,426	139,658	148,891	156,703	160,863	166,192	170,788	173,585	176,318
Gross Patient Revenue											
Inpatient Revenue	1,470,348	1,787,394	1,754,258	1,634,045	1,868,350	2,038,445	2,122,830	2,212,148	2,313,422	2,373,378	2,444,877
Outpatient Revenue	862,192	959,727	1,020,402	936,588	1,097,488	1,125,941	1,150,701	1,198,157	1,247,157	1,292,752	1,343,596
Gross Patient Revenue	2,332,540	2,747,121	2,774,660	2,570,633	2,965,838	3,164,386	3,273,532	3,410,304	3,560,578	3,666,129	3,788,473
Deductions from Patient Revenue											
Provision for Bad Debt	1,168	1,866	2,407	1,929	2,076	2,215	2,291	2,387	2,492	2,566	2,652
Contractual Discounts	1,124,866	1,335,775	1,313,937	1,228,309	1,444,500	1,545,368	1,603,302	1,676,092	1,755,856	1,814,031	1,880,943
Provision for Charity	23,248	33,469	25,929	22,255	30,845	32,910	34,045	35,467	37,030	38,128	39,400
Total Deductions from Revenue	1,149,282	1,371,110	1,342,273	1,252,493	1,477,421	1,580,493	1,639,638	1,713,947	1,795,378	1,854,725	1,922,995
Other Operating Revenue	211,156	272,404	278,940	344,792	309,248	293,632	309,899	323,673	337,110	351,820	366,534
Total Operating Revenue	1,394,414	1,648,415	1,711,327	1,662,932	1,797,666	1,877,525	1,943,792	2,020,031	2,102,311	2,163,225	2,232,011
Operating Expenses											
Salaries & Wages	526,314	600,541	666,750	682,850	704,821	743,957	745,770	781,586	806,255	828,060	850,065
Employee Benefits	140,238	151,142	171,364	176,647	174,565	204,094	209,487	214,603	219,399	223,397	227,452
Supplies	151,131	174,483	187,693	170,269	183,192	201,464	207,616	211,601	217,725	221,688	225,720
Purchased Services	266,822	290,772	308,953	351,247	354,790	371,226	385,462	399,987	416,730	433,537	451,440
Utilities	13,204	13,859	14,680	15,236	15,128	15,496	15,735	15,986	16,245	16,467	16,694
Rental and Leases	14,248	18,362	32,486	31,655	32,731	33,127	33,555	34,008	34,484	34,982	35,497
Insurance	6,015	6,340	5,205	37,609	70,203	25,409	25,668	25,930	26,195	26,463	26,733
Depreciation & Amortization	82,791	87,171	95,978	110,414	125,476	139,258	167,591	172,085	182,074	191,905	199,157
Interest	22,341	24,530	15,255	21,248	19,039	22,169	34,798	38,616	35,652	33,538	35,341
Other Expenses	74,927	85,181	97,901	95,173	100,071	95,127	99,835	102,631	104,499	106,520	108,272
Total Operating Expenses	1,298,031	1,452,381	1,596,265	1,692,348	1,780,016	1,851,327	1,925,519	1,997,034	2,059,259	2,116,557	2,176,373
Excess of Revenue over Expenses from Operations	96,383	196,034	115,062	(29,416)	17,650	26,198	18,273	22,997	43,052	46,668	55,639
Nonoperating Income											
Investment Income	76,436	42,604	55,187	69,684	29,732	29,562	40,828	43,868	47,085	49,486	50,372
Other nonoperating income, net	7,753	2,565	(8,468)	(3,855)	(1,804)	(1,822)	(1,840)	(1,859)	(1,877)	(1,896)	(1,915)
Net Nonoperating Income	84,189	45,169	46,719	65,829	27,929	27,740	38,988	42,009	45,208	47,590	48,457
Excess of Revenue over Expenses Before Extraordinary Items	\$ 180,572	\$ 241,203	\$ 161,781	\$ 36,413	\$ 45,579	\$ 53,939	\$ 57,262	\$ 65,006	\$ 88,260	\$ 94,258	\$ 104,096

Seattle Children's Hospital
Statement of Operations
Without Project
(\$ in thousands)

	Certificate of Need Estimated forecast										
	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY2025	FY2026	FY2027
Admissions											
Inpatient Admissions	12,021	12,144	10,730	8,868	8,969	9,942	10,078	10,200	10,341	10,425	10,512
Observation Admissions	4,480	4,807	5,302	4,725	5,289	5,863	5,946	6,030	6,116	6,168	6,220
Total Admissions	16,501	16,951	16,032	13,593	14,258	15,805	16,024	16,230	16,457	16,593	16,732
Adjusted Patient Days											
Inpatient Days	88,765	100,381	98,899	88,775	93,795	100,945	103,929	105,235	108,230	109,327	110,476
Outpatient Adjustment	1.59	1.54	1.58	1.57	1.59	1.55	1.54	1.56	1.55	1.56	1.56
Adjusted Patient Days	140,816	154,280	156,426	139,658	148,891	156,703	160,534	163,877	167,986	170,463	172,889
Gross Patient Revenue											
Inpatient Revenue	1,470,348	1,787,394	1,754,258	1,634,045	1,868,350	2,038,445	2,115,094	2,166,706	2,258,723	2,312,442	2,378,701
Outpatient Revenue	862,192	959,727	1,020,402	936,588	1,097,488	1,125,941	1,150,701	1,198,157	1,247,157	1,292,752	1,343,596
Gross Patient Revenue	2,332,540	2,747,121	2,774,660	2,570,633	2,965,838	3,164,386	3,265,796	3,364,862	3,505,880	3,605,194	3,722,297
Deductions from Patient Revenue											
Provision for Bad Debt	1,168	1,866	2,407	1,929	2,076	2,215	2,286	2,355	2,454	2,524	2,606
Contractual Discounts	1,124,866	1,335,775	1,313,937	1,228,309	1,444,500	1,545,368	1,599,563	1,654,077	1,729,292	1,784,367	1,848,651
Provision for Charity	23,248	33,469	25,929	22,255	30,845	32,910	33,964	34,995	36,461	37,494	38,712
Total Deductions from Revenue	1,149,282	1,371,110	1,342,273	1,252,493	1,477,421	1,580,493	1,635,813	1,691,426	1,768,207	1,824,385	1,889,969
Other Operating Revenue	211,156	272,404	278,940	344,792	309,248	293,632	309,899	323,673	337,110	351,820	366,534
Total Operating Revenue	1,394,414	1,648,415	1,711,327	1,662,932	1,797,666	1,877,525	1,939,881	1,997,109	2,074,783	2,132,629	2,198,862
Operating Expenses											
Salaries & Wages	526,314	600,541	666,750	682,850	704,821	743,957	744,660	775,601	799,474	820,771	842,329
Employee Benefits	140,238	151,142	171,364	176,647	174,565	204,094	209,178	212,934	217,509	221,366	225,296
Supplies	151,131	174,483	187,693	170,269	183,192	201,464	207,062	210,466	216,425	219,961	223,620
Purchased Services	266,822	290,772	308,953	351,247	354,790	371,226	384,722	398,927	415,385	432,009	449,754
Utilities	13,204	13,859	14,680	15,236	15,128	15,496	15,725	15,925	16,174	16,389	16,610
Rental and Leases	14,248	18,362	32,486	31,655	32,731	33,127	33,555	34,008	34,484	34,982	35,497
Insurance	6,015	6,340	5,205	37,609	70,203	25,409	25,668	25,930	26,195	26,463	26,733
Depreciation & Amortization	82,791	87,171	95,978	110,414	125,476	139,258	167,395	171,692	181,680	191,512	198,764
Interest	22,341	24,530	15,255	21,248	19,039	22,169	34,798	38,616	35,652	33,538	35,341
Other Expenses	74,927	85,181	97,901	95,173	100,071	95,127	99,781	102,311	104,115	106,094	107,811
Total Operating Expenses	1,298,031	1,452,381	1,596,265	1,692,348	1,780,016	1,851,327	1,922,543	1,986,412	2,047,095	2,103,084	2,161,755
Excess of Revenue over Expenses from Operations	96,383	196,034	115,062	(29,416)	17,650	26,198	17,338	10,697	27,689	29,545	37,107
Nonoperating Income											
Investment Income	76,436	42,604	55,187	69,684	29,732	29,562	40,853	43,898	46,963	49,179	49,859
Other nonoperating income, net	7,753	2,565	(8,468)	(3,855)	(1,804)	(1,822)	(1,840)	(1,859)	(1,877)	(1,896)	(1,915)
Net Nonoperating Income	84,189	45,169	46,719	65,829	27,929	27,740	39,012	42,039	45,086	47,283	47,944
Excess of Revenue over Expenses Before Extraordinary Items	\$ 180,572	\$ 241,203	\$ 161,781	\$ 36,413	\$ 45,579	\$ 53,939	\$ 56,350	\$ 52,736	\$ 72,774	\$ 76,828	\$ 85,051

Seattle Children's Hospital
Statement of Operations
Project
(\$ in thousands)

	FY2023	FY2024	FY2025	FY2026	FY2027
Admissions					
Inpatient Admissions	5	27	32	35	37
Observation Admissions	-	-	-	-	-
Total Admissions	<u>5</u>	<u>27</u>	<u>32</u>	<u>35</u>	<u>37</u>
Adjusted Patient Days					
Inpatient Days	388	2,273	2,736	3,048	3,310
Outpatient Adjustment	(0.00)	(0.01)	(0.01)	(0.01)	(0.02)
Adjusted Patient Days	<u>329</u>	<u>2,314</u>	<u>2,802</u>	<u>3,122</u>	<u>3,428</u>
Gross Patient Revenue					
Inpatient Revenue	7,736	45,442	54,698	60,936	66,176
Outpatient Revenue	-	-	-	-	-
Gross Patient Revenue	<u>7,736</u>	<u>45,442</u>	<u>54,698</u>	<u>60,936</u>	<u>66,176</u>
Deductions from Patient Revenue					
Provision for Bad Debt	5	32	38	43	46
Contractual Discounts	3,739	22,016	26,564	29,664	32,292
Provision for Charity	80	473	569	634	688
Total Deductions from Revenue	<u>3,825</u>	<u>22,520</u>	<u>27,171</u>	<u>30,340</u>	<u>33,027</u>
Other Operating Revenue	0	0	0	0	0
Total Operating Revenue	<u>3,911</u>	<u>22,922</u>	<u>27,527</u>	<u>30,595</u>	<u>33,150</u>
Operating Expenses					
Salaries & Wages	1,110	5,985	6,781	7,288	7,736
Employee Benefits	309	1,668	1,890	2,032	2,157
Supplies	555	1,135	1,300	1,727	2,101
Purchased Services	741	1,060	1,345	1,528	1,687
Utilities	9	60	71	78	84
Rental and Leases	-	-	-	-	-
Insurance	-	-	-	-	-
Depreciation & Amortization	197	393	393	393	393
Interest	-	-	-	-	-
Other Expenses	55	320	384	426	461
Total Operating Expenses	<u>2,976</u>	<u>10,622</u>	<u>12,164</u>	<u>13,473</u>	<u>14,618</u>
Excess of Revenue over Expenses from Operations	<u>936</u>	<u>12,300</u>	<u>15,363</u>	<u>17,123</u>	<u>18,531</u>
Nonoperating Income					
Investment Income	(24)	(30)	122	307	513
Other nonoperating income, net	-	-	-	-	-
Net Nonoperating Income	<u>(24)</u>	<u>(30)</u>	<u>122</u>	<u>307</u>	<u>513</u>
Excess of Revenue over Expenses Before Extraordinary Items	<u>\$ 911</u>	<u>\$ 12,270</u>	<u>\$ 15,485</u>	<u>\$ 17,430</u>	<u>\$ 19,045</u>

Seattle Children's Hospital
Balance Sheet
With Project
(\$ in thousands)

	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY2025	FY2026	FY2027
ASSETS:											
CURRENT ASSETS											
Cash and Cash Equivalents	60,168	49,593	68,512	65,508	46,516	45,747	49,920	53,722	58,810	47,559	46,893
All other current assets	360,804	427,428	475,550	476,176	525,274	601,591	688,593	787,775	884,689	993,234	1,114,804
TOTL CURRENT ASSETS	420,972	477,021	544,062	541,684	571,790	647,338	738,512	841,496	943,499	1,040,793	1,161,697
BOARD DESIGNATED ASSETS											
Marketable Securities	1,711,342	1,823,739	1,679,573	1,533,071	1,583,797	1,595,843	1,756,282	1,913,056	1,925,983	1,967,488	2,055,843
TOTAL BOARD DESIGNATED ASSETS	1,711,342	1,823,739	1,679,573	1,533,071	1,583,797	1,595,843	1,756,282	1,913,056	1,925,983	1,967,488	2,055,843
PROPERTY, PLANT & EQUIPMENT											
Total PP&E	1,800,145	2,043,209	2,384,532	2,731,655	3,121,085	3,525,685	3,607,685	3,712,385	3,994,485	4,262,985	4,507,685
Less:											
Accumulated Depreciation	(696,778)	(762,836)	(854,452)	(949,370)	(1,076,207)	(1,215,587)	(1,383,301)	(1,555,508)	(1,737,704)	(1,929,731)	(2,129,010)
NET PROPERTY, PLANT & EQUIPMENT	1,103,367	1,280,373	1,530,080	1,782,285	2,044,878	2,310,098	2,224,384	2,156,877	2,256,781	2,333,254	2,378,675
OTHER ASSETS											
Other Assets, net	23,521	24,141	124,641	198,281	168,653	162,667	151,727	145,009	139,389	145,905	124,760
OTHER ASSETS	23,521	24,141	124,641	198,281	168,653	162,667	151,727	145,009	139,389	145,905	124,760
TOTAL ASSETS	3,259,202	3,605,274	3,878,356	4,055,321	4,369,117	4,715,945	4,870,905	5,056,438	5,265,652	5,487,440	5,720,975
LIABILITIES AND EQUITY											
CURRENT LIABILITIES											
Current Maturities of Long Term Debt	9,345	11,000	11,455	15,021	16,866	17,446	18,071	18,651	19,266	17,608	17,470
All other current liabilities	242,228	295,922	315,248	277,236	269,509	314,286	381,036	464,586	548,225	626,583	705,436
TOTAL CURRENT LIABILITIES	251,573	306,922	326,703	292,257	286,375	331,732	399,107	483,237	567,491	644,191	722,906
LONG TERM LIABILITIES											
Long-term debt, net of current portion	715,789	702,217	688,240	690,028	922,409	902,720	882,493	861,700	840,303	820,577	801,003
Other long-term liabilities	32,477	26,568	46,376	178,234	158,139	163,080	157,215	154,146	147,901	151,984	153,288
TOTAL LONG TERM LIABILITIES	748,266	728,785	734,616	868,262	1,080,548	1,065,799	1,039,708	1,015,847	988,205	972,562	954,291
TOTAL EQUITY	2,259,363	2,569,567	2,817,037	2,894,802	3,002,194	3,318,415	3,432,090	3,557,354	3,709,956	3,870,688	4,043,778
TOTAL LIABILITIES AND EQUITY	3,259,202	3,605,274	3,878,356	4,055,321	4,369,116	4,715,946	4,870,906	5,056,438	5,265,651	5,487,440	5,720,975

Seattle Children's Hospital
Balance Sheet
Without Project
(\$ in thousands)

	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY2025	FY2026	FY2027
ASSETS:											
CURRENT ASSETS											
Cash and Cash Equivalents	60,168	49,593	68,512	65,508	46,516	45,747	50,259	53,432	57,714	45,552	43,885
All other current assets	360,804	427,428	475,550	476,176	525,274	601,591	688,593	787,775	884,689	993,234	1,114,804
TOTL CURRENT ASSETS	420,972	477,021	544,062	541,684	571,790	647,338	738,851	841,207	942,404	1,038,786	1,158,689
BOARD DESIGNATED ASSETS											
Marketable Securities	1,711,342	1,823,739	1,679,573	1,533,071	1,583,797	1,595,843	1,763,058	1,907,187	1,904,149	1,927,619	1,996,184
TOTAL BOARD DESIGNATED ASSETS	1,711,342	1,823,739	1,679,573	1,533,071	1,583,797	1,595,843	1,763,058	1,907,187	1,904,149	1,927,619	1,996,184
PROPERTY, PLANT & EQUIPMENT											
Total PP&E	1,800,145	2,043,209	2,384,532	2,731,655	3,121,085	3,525,685	3,599,819	3,704,519	3,986,619	4,255,119	4,499,819
Less:											
Accumulated Depreciation	(696,778)	(762,836)	(854,452)	(949,370)	(1,076,207)	(1,215,587)	(1,383,104)	(1,554,918)	(1,736,721)	(1,928,355)	(2,127,240)
NET PROPERTY, PLANT & EQUIPMENT	1,103,367	1,280,373	1,530,080	1,782,285	2,044,878	2,310,098	2,216,715	2,149,601	2,249,898	2,326,764	2,372,579
OTHER ASSETS											
Other Assets, net	23,521	24,141	124,641	198,281	168,653	162,667	151,727	145,009	139,389	145,905	124,760
OTHER ASSETS	23,521	24,141	124,641	198,281	168,653	162,667	151,727	145,009	139,389	145,905	124,760
TOTAL ASSETS	3,259,202	3,605,274	3,878,356	4,055,321	4,369,117	4,715,945	4,870,350	5,043,004	5,235,839	5,439,074	5,652,211
LIABILITIES AND EQUITY											
CURRENT LIABILITIES											
Current Maturities of Long Term Debt	9,345	11,000	11,455	15,021	16,866	17,446	18,071	18,651	19,266	17,608	17,470
All other current liabilities	242,228	295,922	315,248	277,236	269,509	314,286	381,375	464,293	547,129	624,588	702,466
TOTAL CURRENT LIABILITIES	251,573	306,922	326,703	292,257	286,375	331,732	399,446	482,944	566,395	642,196	719,936
LONG TERM LIABILITIES											
Long-term debt, net of current portion	715,789	702,217	688,240	690,028	922,409	902,720	882,493	861,700	840,303	820,577	801,003
Other long-term liabilities	32,477	26,568	46,376	178,234	158,139	163,080	157,215	154,146	147,901	151,984	153,288
TOTAL LONG TERM LIABILITIES	748,266	728,785	734,616	868,262	1,080,548	1,065,799	1,039,708	1,015,847	988,205	972,562	954,291
TOTAL EQUITY	2,259,363	2,569,567	2,817,037	2,894,802	3,002,194	3,318,415	3,431,197	3,544,213	3,681,240	3,824,316	3,977,984
TOTAL LIABILITIES AND EQUITY	3,259,202	3,605,274	3,878,356	4,055,321	4,369,116	4,715,946	4,870,351	5,043,003	5,235,839	5,439,074	5,652,211

Seattle Children's Hospital
Balance Sheet
Project
(\$ in thousands)

	FY2023	FY2024	FY2025	FY2026	FY2027
<u>ASSETS:</u>					
CURRENT ASSETS					
Cash and Cash Equivalents	(339)	289	1,095	2,007	3,008
All other current assets	-	-	-	-	-
TOTAL CURRENT ASSETS	<u>(339)</u>	<u>289</u>	<u>1,095</u>	<u>2,007</u>	<u>3,008</u>
BOARD DESIGNATED ASSETS					
Marketable Securities	(6,776)	5,869	21,834	39,869	59,660
TOTAL BOARD DESIGNATED ASSETS	<u>(6,776)</u>	<u>5,869</u>	<u>21,834</u>	<u>39,869</u>	<u>59,660</u>
PROPERTY, PLANT & EQUIPMENT					
Total PP&E	7,866	7,866	7,866	7,866	7,866
Less:					
Accumulated Depreciation	(197)	(590)	(983)	(1,377)	(1,770)
NET PROPERTY, PLANT & EQUIPMENT	<u>7,669</u>	<u>7,276</u>	<u>6,883</u>	<u>6,489</u>	<u>6,096</u>
OTHER ASSETS					
Other Assets, net	-	-	-	-	-
OTHER ASSETS	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
TOTAL ASSETS	<u>555</u>	<u>13,435</u>	<u>29,812</u>	<u>48,366</u>	<u>68,764</u>
<u>LIABILITIES AND EQUITY</u>					
CURRENT LIABILITIES					
Current Maturities of Long Term Debt	-	-	-	-	-
All other current liabilities	(339)	293	1,096	1,994	2,970
TOTAL CURRENT LIABILITIES	<u>(339)</u>	<u>293</u>	<u>1,096</u>	<u>1,994</u>	<u>2,970</u>
LONG TERM LIABILITIES					
Long-term debt, net of current portion	-	-	-	-	-
Other long-term liabilities	-	-	-	-	-
TOTAL LONG TERM LIABILITIES	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
TOTAL EQUITY	893	13,141	28,716	46,372	65,794
TOTAL LIABILITIES AND EQUITY	<u>555</u>	<u>13,435</u>	<u>29,812</u>	<u>48,366</u>	<u>68,764</u>

Qualifications/limitations of this Proforma "Balance Sheet"

Seattle Children's does NOT generate separate balance sheets for divisions, sites of care or operational units.

This proforma "balance sheet" is derived from the formal balance sheet of Seattle Children's Hospital and is NOT prepared using generally accepted accounting principles.

This proforma "balance sheet" is only for the purpose of the Certificate of Need Application for the Expansion of Seattle Children's Neonatology Intensive Care Unit (NICU) beds.

This proforma "balance sheet" must NOT be used for any other purpose or perceived as a report on the actual assets, liabilities and unrestricted net assets of Seattle Children's NICU.

Seattle Children's Hospital
Balance Sheet
NICU unit
(\$ in thousands)

	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY2025	FY2026	FY2027
ASSETS:											
CURRENT ASSETS											
Cash and Cash Equivalents	903	744	1,028	983	698	686	749	1,806	1,882	2,713	3,703
All other current assets (Account Receivable)	23,813	28,210	31,386	31,428	34,668	39,705	45,447	48,993	58,390	65,553	73,577
TOTAL CURRENT ASSETS	24,716	28,954	32,414	32,410	35,366	40,391	46,196	50,799	60,272	68,267	77,280
BOARD DESIGNATED ASSETS											
Marketable Securities	10,912	11,629	10,710	9,776	10,099	10,176	4,423	8,423	28,282	43,891	62,862
TOTAL BOARD DESIGNATED ASSETS	10,912	11,629	10,710	9,776	10,099	10,176	4,423	8,423	28,282	43,891	62,862
PROPERTY, PLANT & EQUIPMENT											
Total PP&E	57,065	64,770	75,590	86,593	98,938	111,764	121,140	124,459	126,625	129,137	132,894
Less:											
Accumulated Depreciation	(22,088)	(24,182)	(27,086)	(30,095)	(34,116)	(38,534)	(43,851)	(49,310)	(55,085)	(61,172)	(67,490)
NET PROPERTY, PLANT & EQUIPMENT	34,977	40,588	48,504	56,498	64,823	73,230	77,289	75,149	71,540	67,964	65,404
OTHER ASSETS											
Other Assets, net	-	-	-	-	-	-	-	-	-	-	-
OTHER ASSETS	-	-	-	-	-	-	-	-	-	-	-
TOTAL ASSETS	70,605	81,171	91,627	98,684	110,288	123,797	127,908	134,371	160,093	180,122	205,547
LIABILITIES AND EQUITY											
CURRENT LIABILITIES											
Current Maturities of Long Term Debt	-	-	-	-	-	-	-	-	-	-	-
All other current liabilities	4,882	5,964	6,354	5,588	5,432	6,335	7,680	9,364	11,050	12,629	14,218
TOTAL CURRENT LIABILITIES	4,882	5,964	6,354	5,588	5,432	6,335	7,680	9,364	11,050	12,629	14,218
LONG TERM LIABILITIES											
Long-term debt, net of current portion	-	-	-	-	-	-	-	-	-	-	-
Other long-term liabilities	-	-	-	-	-	-	-	-	-	-	-
TOTAL LONG TERM LIABILITIES	-	-	-	-	-	-	-	-	-	-	-
TOTAL EQUITY	65,723	75,207	85,273	93,096	104,856	117,463	120,228	125,007	149,044	167,493	189,329
TOTAL LIABILITIES AND EQUITY	70,605	81,171	91,627	98,684	110,288	123,797	127,908	134,371	160,093	180,122	203,547

Qualifications/limitations of this Proforma "Balance Sheet"

Seattle Children's does NOT generate separate balance sheets for divisions, sites of care or operational units.

This proforma "balance sheet" is derived from the formal balance sheet of Seattle Children's Hospital and is NOT prepared using generally accepted accounting principles.

This proforma "balance sheet" is only for the purpose of the Certificate of Need Application for the Expansion of Seattle Children's Neonatology Intensive Care Unit (NICU) beds.

This proforma "balance sheet" must NOT be used for any other purpose or perceived as a report on the actual assets, liabilities and unrestricted net assets of Seattle Children's NICU.

Exhibit 9
Site Control

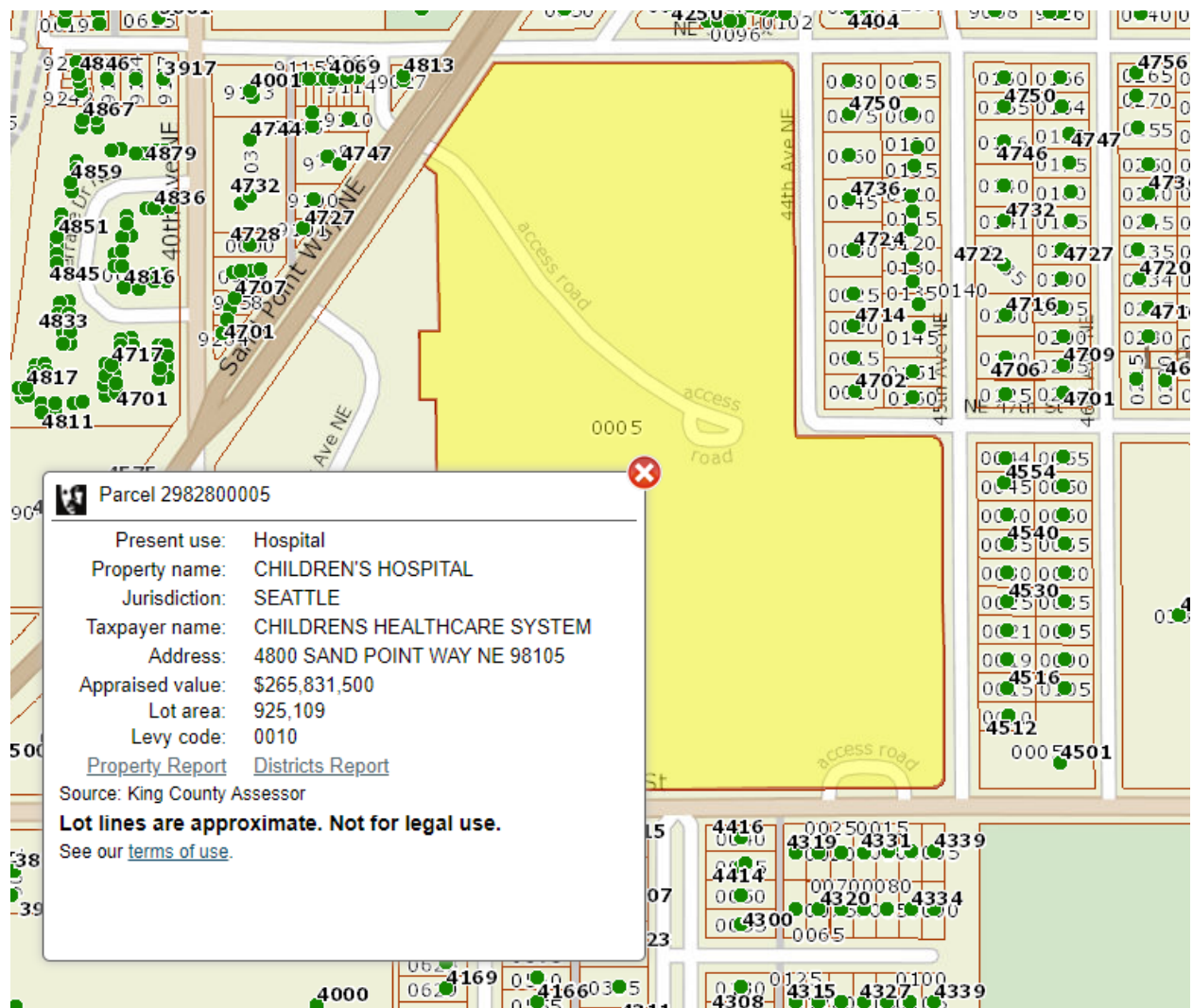


Exhibit 10
Contractor's Estimate

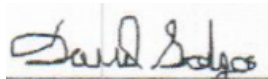
May 26, 2021

Mr. Eric Hernandez, Program Manager
Certificate of Need Program
Department of Health
PO Box 47852
Olympia, WA 98504-7852

RE: Children's Hospital – Forest FA3, 16 Bed NICU Conversion Project

Dear Mr. Hernandez,
Sellen Construction has estimated the cost of construction for the Children's FA3, 16 Bed NICU Conversion project. The overall construction cost estimate amounts to \$4,080,224.
Please contact me with any questions you may have.

Sincerely,

A handwritten signature in blue ink, appearing to read "Dave Scalzo", is positioned above a horizontal line.

Dave Scalzo
Senior Vice President
Sellen Construction
206-730-0267 (cell)

Exhibit 11
Equipment List

Department	Description	Manufacturer	Model	Status	Qty	Total Cost
Forest FA.4 NICU	Analyzer, Lab, Blood Gas, Point-of-Care	Siemens Healthcare Diagnostics	epoc System	Draft (Existing)	3	\$0.00
Forest FA.4 NICU	Analyzer/Tester, Biomed, Sound	NoiseMeters Inc.	SoundEar II Noise Sign - Ear Symbol	Draft (New)	1	\$618.50
Forest FA.4 NICU	Analyzer/Tester, Biomed, Sound	NoiseMeters Inc.	SoundEar II Noise Sign - Ear Symbol	Draft (New)	2	\$1,237.01
Forest FA.4 NICU	Analyzer/Tester, Biomed, Sound	Extech Instruments Corporation	Extech SL130 Sound Level Alert	Draft (New)	1	\$426.67
Forest FA.4 NICU	Analyzer/Tester, Biomed, Sound	Extech Instruments Corporation	Extech SL130 Sound Level Alert	Draft (New)	1	\$426.67
Forest FA.4 NICU	Analyzer/Tester, Biomed, Sound	Extech Instruments Corporation	Extech SL130 Sound Level Alert	Draft (New)	1	\$426.67
Forest FA.4 NICU	Analyzer/Tester, Biomed, Sound	Extech Instruments Corporation	Extech SL130 Sound Level Alert	Draft (New)	1	\$426.67
Forest FA.4 NICU	Analyzer/Tester, Biomed, Sound	Extech Instruments Corporation	Extech SL130 Sound Level Alert	Draft (New)	1	\$426.67
Forest FA.4 NICU	Analyzer/Tester, Biomed, Sound	Extech Instruments Corporation	Extech SL130 Sound Level Alert	Draft (New)	1	\$426.67
Forest FA.4 NICU	Analyzer/Tester, Biomed, Sound	Extech Instruments Corporation	Extech SL130 Sound Level Alert	Draft (New)	1	\$426.67
Forest FA.4 NICU	Analyzer/Tester, Biomed, Sound	Extech Instruments Corporation	Extech SL130 Sound Level Alert	Draft (New)	1	\$426.67
Forest FA.4 NICU	Analyzer/Tester, Biomed, Sound	Extech Instruments Corporation	Extech SL130 Sound Level Alert	Draft (New)	1	\$426.67
Forest FA.4 NICU	Analyzer/Tester, Biomed, Sound	Extech Instruments Corporation	Extech SL130 Sound Level Alert	Draft (New)	1	\$426.67
Forest FA.4 NICU	Analyzer/Tester, Biomed, Sound	Extech Instruments Corporation	Extech SL130 Sound Level Alert	Draft (New)	1	\$426.67
Forest FA.4 NICU	Analyzer/Tester, Biomed, Sound	Extech Instruments Corporation	Extech SL130 Sound Level Alert	Draft (New)	1	\$426.67
Forest FA.4 NICU	Analyzer/Tester, Biomed, Sound	NoiseMeters Inc.	SoundEar II Noise Sign - Ear Symbol	Draft (New)	1	\$618.50
Forest FA.4 NICU	Flex-Guard Barrier, #LC-FLEX, 4ft x 6.5ft	Philips Safety Products		Draft (New)	4	\$4,686.73
Forest FA.4 NICU	Flex-Guard Barrier, #LC-FLEX, 6ft x 6.5ft	Philips Safety Products		Draft (New)	2	\$2,614.95
Forest FA.4 NICU	Basket, Supplies, Wall Mount	Hillrom - Architectural Products	TBD	Draft (Existing)	4	\$0.00
Forest FA.4 NICU	Basket, Supplies, Wall Mount	Hillrom - Architectural Products	TBD	Draft (Existing)	4	\$0.00
Forest FA.4 NICU	Basket, Supplies, Wall Mount	Hillrom - Architectural Products	TBD	Draft (Existing)	4	\$0.00
Forest FA.4 NICU	Basket, Supplies, Wall Mount	Hillrom - Architectural Products	TBD	Draft (Existing)	4	\$0.00
Forest FA.4 NICU	Basket, Supplies, Wall Mount	Hillrom - Architectural Products	TBD	Draft (Existing)	4	\$0.00
Forest FA.4 NICU	Basket, Supplies, Wall Mount	Hillrom - Architectural Products	TBD	Draft (Existing)	4	\$0.00
Forest FA.4 NICU	Basket, Supplies, Wall Mount	Hillrom - Architectural Products	TBD	Draft (Existing)	4	\$0.00
Forest FA.4 NICU	Basket, Supplies, Wall Mount	Hillrom - Architectural Products	TBD	Draft (Existing)	4	\$0.00
Forest FA.4 NICU	Basket, Supplies, Wall Mount	Hillrom - Architectural Products	TBD	Draft (Existing)	4	\$0.00
Forest FA.4 NICU	Basket, Supplies, Wall Mount	Hillrom - Architectural Products	TBD	Draft (Existing)	4	\$0.00
Forest FA.4 NICU	Basket, Supplies, Wall Mount	Hillrom - Architectural Products	TBD	Draft (Existing)	4	\$0.00
Forest FA.4 NICU	Basket, Supplies, Wall Mount	Hillrom - Architectural Products	TBD	Draft (Existing)	4	\$0.00
Forest FA.4 NICU	Basket, Supplies, Wall Mount	Hillrom - Architectural Products	TBD	Draft (Existing)	4	\$0.00
Forest FA.4 NICU	Basket, Supplies, Wall Mount	Akro-Mils	TBD	Draft (New)	1	\$5,512.50
Forest FA.4 NICU	Bin, Return, Medication	Omniceil, Inc.	External Return Bin G4	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Bin, Return, Medication	Omniceil, Inc.	External Return Bin G4	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Bin, Shredding, Secure	Iron Mountain	Security Console	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Bin, Supply	Sterilitte Corporation	1948-45 Gallon Wheeled Latch Tote	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Blender, Gas, Air/Oxygen	Ohio Medical Corp	6750-0025-907 High/Low with 3 Ports	Draft (New)	2	\$1,554.53
Forest FA.4 NICU	Blender, Gas, Air/Oxygen	Ohio Medical Corp	6750-0025-907 High/Low with 3 Ports	Draft (New)	1	\$777.26
Forest FA.4 NICU	Blender, Gas, Air/Oxygen	Ohio Medical Corp	6750-0025-907 High/Low with 3 Ports	Draft (New)	1	\$777.26
Forest FA.4 NICU	Blender, Gas, Air/Oxygen	Ohio Medical Corp	6750-0025-907 High/Low with 3 Ports	Draft (New)	1	\$777.26
Forest FA.4 NICU	Blender, Gas, Air/Oxygen	Ohio Medical Corp	6750-0025-907 High/Low with 3 Ports	Draft (New)	1	\$777.26
Forest FA.4 NICU	Blender, Gas, Air/Oxygen	Ohio Medical Corp	6750-0025-907 High/Low with 3 Ports	Draft (New)	1	\$777.26
Forest FA.4 NICU	Blender, Gas, Air/Oxygen	Ohio Medical Corp	6750-0025-907 High/Low with 3 Ports	Draft (New)	1	\$777.26
Forest FA.4 NICU	Blender, Gas, Air/Oxygen	Ohio Medical Corp	6750-0025-907 High/Low with 3 Ports	Draft (New)	1	\$777.26
Forest FA.4 NICU	Blender, Gas, Air/Oxygen	Ohio Medical Corp	6750-0025-907 High/Low with 3 Ports	Draft (New)	1	\$777.26
Forest FA.4 NICU	Blender, Gas, Air/Oxygen	Ohio Medical Corp	6750-0025-907 High/Low with 3 Ports	Draft (New)	1	\$777.26
Forest FA.4 NICU	Blender, Gas, Air/Oxygen	Ohio Medical Corp	6750-0025-907 High/Low with 3 Ports	Draft (New)	1	\$777.26
Forest FA.4 NICU	Board, Patient Information	GMI Company - Vividboard	VividBoard 30"x 36"	Draft (New)	1	\$991.15
Forest FA.4 NICU	Board, Patient Information	GMI Company - Vividboard	VividBoard 30"x 36"	Draft (New)	1	\$991.15
Forest FA.4 NICU	Board, Patient Information	GMI Company - Vividboard	VividBoard 30"x 36"	Draft (New)	1	\$991.15
Forest FA.4 NICU	Board, Patient Information	GMI Company - Vividboard	VividBoard 30"x 36"	Draft (New)	1	\$991.15

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Department	Description	Manufacturer	Model	Status	Qty	Total Cost
Forest FA.4 NICU	Cart, Equipment, Breast Pump	Medela Inc. - Breastfeeding	Symphony Trolley	Draft (New)	1	\$312.16
Forest FA.4 NICU	Cart, Equipment, Breast Pump	Medela Inc. - Breastfeeding	Symphony Trolley	Draft (New)	1	\$312.16
Forest FA.4 NICU	Cart, Equipment, Breast Pump	Medela Inc. - Breastfeeding	Symphony Trolley	Draft (New)	1	\$312.16
Forest FA.4 NICU	Cart, Equipment, Breast Pump	Medela Inc. - Breastfeeding	Symphony Trolley	Draft (New)	1	\$312.16
Forest FA.4 NICU	Cart, Equipment, Electrosurgical Unit	Medtronic - Covidien Advanced Energy	E8002 SurgiStat	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Cart, Foodservice, Allowance	Blickman Industries	2541125152	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Cart, Procedure, Allowance	Amico Corporation	CC-STDx-01-NK-HM	Draft (New)	1	\$3,858.75
Forest FA.4 NICU	Cart, Procedure, Allowance	Amico Corporation	CC-STDx-01-NK-HM	Draft (New)	1	\$3,858.75
Forest FA.4 NICU	Cart, Procedure, Allowance	Amico Corporation	CC-STDx-01-NK-HM	Draft (New)	1	\$3,858.75
Forest FA.4 NICU	Cart, Procedure, Allowance	Amico Corporation	CC-STDx-01-NK-HM	Draft (New)	1	\$3,858.75
Forest FA.4 NICU	Cart, Procedure, Allowance	Amico Corporation	CC-STDx-01-NK-HM	Draft (New)	1	\$3,858.75
Forest FA.4 NICU	Cart, Procedure, Allowance	Amico Corporation	CC-STDx-01-NK-HM	Draft (New)	1	\$3,858.75
Forest FA.4 NICU	Cart, Procedure, Allowance	Amico Corporation	CC-STDx-01-NK-HM	Draft (New)	1	\$3,858.75
Forest FA.4 NICU	Cart, Procedure, Allowance	Amico Corporation	CC-STDx-01-NK-HM	Draft (New)	1	\$3,858.75
Forest FA.4 NICU	Cart, Procedure, Allowance	Amico Corporation	CC-STDx-01-NK-HM	Draft (New)	1	\$3,858.75
Forest FA.4 NICU	Cart, Procedure, Allowance	Amico Corporation	CC-STDx-01-NK-HM	Draft (New)	1	\$3,858.75
Forest FA.4 NICU	Cart, Procedure, Allowance	Amico Corporation	CC-STDx-01-NK-HM	Draft (New)	1	\$3,858.75
Forest FA.4 NICU	Cart, Procedure, Allowance	Amico Corporation	CC-STDx-01-NK-HM	Draft (New)	1	\$3,858.75
Forest FA.4 NICU	Cart, Procedure, Allowance	Amico Corporation	CC-STDx-01-NK-HM	Draft (New)	1	\$3,858.75
Forest FA.4 NICU	Cart, Procedure, Allowance	Amico Corporation	CC-STDx-01-NK-HM	Draft (New)	1	\$3,858.75
Forest FA.4 NICU	Cart, Procedure, Allowance	Amico Corporation	CC-STDx-01-NK-HM	Draft (New)	1	\$3,858.75
Forest FA.4 NICU	Cart, Procedure, Allowance	Amico Corporation	CC-STDx-01-NK-HM	Draft (New)	1	\$3,858.75
Forest FA.4 NICU	Cart, Procedure, General	Armstrong Medical Industries	PBL-COLOR-27 Premier Aluminum Breakaway 6-Dwr	Draft (New)	2	\$4,542.30
Forest FA.4 NICU	Cart, Procedure, General	Armstrong Medical Industries	AKL-COLOR-6 Standard Steel Key-Locking 6-Dwr	Draft (New)	1	\$2,205.00
Forest FA.4 NICU	Cart, Procedure, General	Armstrong Medical Industries	ABL-B-6 Standard Steel Breakaway Lock 6-Dwr (Beige/Beige)	Draft (New)	1	\$1,543.50
Forest FA.4 NICU	Cart, Supply, Chrome, 24 inch	InterMetro Industries Corp	Super Erecta - Super Adjustable 24x24x63 (4-Tier)	Draft (New)	1	\$772.85
Forest FA.4 NICU	Cart, Supply, Chrome, 48 inch	InterMetro Industries Corp	Super Adjustable Super Erecta A556BC (48x24x68)	Draft (New)	1	\$845.62
Forest FA.4 NICU	Cart, Supply, Chrome, 48 inch	InterMetro Industries Corp	Super Adjustable Super Erecta 48"x24"x74"	Draft (New)	1	\$1,125.65
Forest FA.4 NICU	Cart, Supply, Chrome, 60 inch	InterMetro Industries Corp	Super Adjustable Super Erecta 60x24x68	Draft (New)	3	\$3,443.11
Forest FA.4 NICU	Cart, Supply, Chrome, 60 inch	InterMetro Industries Corp	Super Adjustable Super Erecta 60x24x68	Draft (New)	3	\$3,443.11
Forest FA.4 NICU	Cart, Supply, Chrome, 60 inch	InterMetro Industries Corp	Super Adjustable Super Erecta 5A366BC (60x18x68)	Draft (New)	2	\$1,894.10
Forest FA.4 NICU	Cart, Supply, Drawers	Sterilite Corporation	3 Drawer Cart	Draft (New)	4	\$61.74
Forest FA.4 NICU	Cart, Supply, Linen, 60 inch	InterMetro Industries Corp	Super Erecta w/Cover (24"x60")	Draft (New)	1	\$1,147.70
Forest FA.4 NICU	Cart, Supply, Modular	Herman Miller, Inc.	CT342.60S	Draft (New)	1	\$1,073.84
Forest FA.4 NICU	Cart, Supply, Modular	Herman Miller, Inc.	CT342.60S	Draft (New)	1	\$1,073.84
Forest FA.4 NICU	Cart, Supply, Modular	Herman Miller, Inc.	CT342.60S	Draft (New)	1	\$1,073.84
Forest FA.4 NICU	Cart, Supply, Stainless, 24 inch	InterMetro Industries Corp	Super Erecta 24x24x63 (4-Tier)	Draft (New)	1	\$2,049.55
Forest FA.4 NICU	Cart, Utility, Polymer	Rubbermaid Commercial Products	4500-88 HD 2-Shelf (Beige, Small)	Draft (New)	4	\$1,080.45
Forest FA.4 NICU	Cart, Utility, Polymer	Rubbermaid Commercial Products	4500-88 HD 2-Shelf (Black, Small)	Draft (New)	2	\$540.23
Forest FA.4 NICU	Cart, Utility, Stainless	Quantum Medical	SSC2716-32-3L	Draft (New)	1	\$348.39
Forest FA.4 NICU	Chair, Clinical, Recliner	Images of America Healthcare (IOA)	Suspend Recliner	Draft (New)	1	\$4,536.79
Forest FA.4 NICU	Chair, Clinical, Recliner	Images of America Healthcare (IOA)	Suspend Recliner	Draft (New)	1	\$4,536.79
Forest FA.4 NICU	Chair, Clinical, Recliner	Images of America Healthcare (IOA)	Suspend Recliner	Draft (New)	1	\$4,536.79
Forest FA.4 NICU	Chair, Clinical, Recliner	Images of America Healthcare (IOA)	Suspend Recliner	Draft (New)	1	\$4,536.79
Forest FA.4 NICU	Chair, Clinical, Recliner	Images of America Healthcare (IOA)	Suspend Recliner	Draft (New)	1	\$4,536.79
Forest FA.4 NICU	Chair, Clinical, Recliner	Images of America Healthcare (IOA)	Suspend Recliner	Draft (New)	1	\$4,536.79
Forest FA.4 NICU	Chair, Clinical, Recliner	Images of America Healthcare (IOA)	Suspend Recliner	Draft (New)	1	\$4,536.79
Forest FA.4 NICU	Chair, Clinical, Recliner	Images of America Healthcare (IOA)	Suspend Recliner	Draft (New)	1	\$4,536.79
Forest FA.4 NICU	Chair, Clinical, Recliner	Images of America Healthcare (IOA)	Suspend Recliner	Draft (New)	1	\$4,536.79
Forest FA.4 NICU	Chair, Clinical, Recliner	Images of America Healthcare (IOA)	Suspend Recliner	Draft (New)	1	\$4,536.79
Forest FA.4 NICU	Chair, Clinical, Recliner	Images of America Healthcare (IOA)	Suspend Recliner	Draft (New)	1	\$4,536.79
Forest FA.4 NICU	Chair, Clinical, Recliner	Images of America Healthcare (IOA)	Suspend Recliner	Draft (New)	1	\$4,536.79
Forest FA.4 NICU	Chair, Clinical, Recliner	Images of America Healthcare (IOA)	Suspend Recliner	Draft (New)	1	\$4,536.79
Forest FA.4 NICU	Chair, Clinical, Recliner	Images of America Healthcare (IOA)	Suspend Recliner	Draft (New)	1	\$4,536.79
Forest FA.4 NICU	Chair, Clinical, Recliner	Images of America Healthcare (IOA)	Suspend Recliner	Draft (New)	1	\$4,536.79
Forest FA.4 NICU	Chair, Clinical, Recliner	Images of America Healthcare (IOA)	Suspend Recliner	Draft (New)	1	\$4,536.79
Forest FA.4 NICU	Chair, Interiors, Folding	Peter Pepper Products, Inc.	SCOOP-UP	Draft (New)	1	\$653.78
Forest FA.4 NICU	Chair, Interiors, Folding	Peter Pepper Products, Inc.	SCOOP-UP	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Chair, Interiors, Folding	Peter Pepper Products, Inc.	SCOOP-UP	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Chair, Interiors, Folding	Peter Pepper Products, Inc.	SCOOP-UP	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Chair, Interiors, Folding	Peter Pepper Products, Inc.	SCOOP-UP	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Chair, Interiors, Folding	Peter Pepper Products, Inc.	SCOOP-UP	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Chair, Interiors, Folding	Peter Pepper Products, Inc.	SCOOP-UP	Draft (Existing)	1	\$0.00

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Department	Description	Manufacturer	Model	Status	Qty	Total Cost
Forest FA.4 NICU	Dispenser, Disinfectant Wipes, Wall Mount	Medline Industries Inc.	Sani Bracket (1 ea)	Draft (New)	1	\$9.23
Forest FA.4 NICU	Dispenser, Disinfectant Wipes, Wall Mount	Medline Industries Inc.	Sani Bracket (1 ea)	Draft (New)	1	\$9.23
Forest FA.4 NICU	Dispenser, Disinfectant Wipes, Wall Mount	Medline Industries Inc.	Sani Bracket (1 ea)	Draft (New)	1	\$9.23
Forest FA.4 NICU	Dispenser, Disinfectant Wipes, Wall Mount	Medline Industries Inc.	Sani Bracket (1 ea)	Draft (New)	1	\$9.23
Forest FA.4 NICU	Dispenser, Disinfectant Wipes, Wall Mount	Medline Industries Inc.	Sani Bracket (1 ea)	Draft (New)	1	\$9.23
Forest FA.4 NICU	Dispenser, Disinfectant Wipes, Wall Mount	Medline Industries Inc.	Sani Bracket (1 ea)	Draft (New)	1	\$9.23
Forest FA.4 NICU	Dispenser, Disinfectant Wipes, Wall Mount	Medline Industries Inc.	Sani Bracket (1 ea)	Draft (New)	1	\$9.23
Forest FA.4 NICU	Dispenser, Disinfectant Wipes, Wall Mount	Medline Industries Inc.	Sani Bracket (1 ea)	Draft (New)	1	\$9.23
Forest FA.4 NICU	Dispenser, Disinfectant Wipes, Wall Mount	Medline Industries Inc.	Sani Bracket (1 ea)	Draft (New)	1	\$9.23
Forest FA.4 NICU	Dispenser, Disinfectant Wipes, Wall Mount	Medline Industries Inc.	Sani Bracket (1 ea)	Draft (New)	1	\$9.23
Forest FA.4 NICU	Dispenser, Disinfectant Wipes, Wall Mount	Medline Industries Inc.	Sani Bracket (1 ea)	Draft (New)	1	\$9.23
Forest FA.4 NICU	Dispenser, Disinfectant Wipes, Wall Mount	Medline Industries Inc.	Sani Bracket (1 ea)	Draft (New)	1	\$9.23
Forest FA.4 NICU	Dispenser, Disinfectant Wipes, Wall Mount	Medline Industries Inc.	Sani Bracket (1 ea)	Draft (New)	1	\$9.23
Forest FA.4 NICU	Dispenser, Glove, Triple Box	Medline Industries Inc.	MDS193097B (White)	Draft (Existing)	1	\$9.23
Forest FA.4 NICU	Dispenser, Glove, Triple Box	Medline Industries Inc.	MDS193097B (White)	Draft (New)	1	\$45.20
Forest FA.4 NICU	Dispenser, Glove, Triple Box	Medline Industries Inc.	MDS193097B (White)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Glove, Triple Box	Medline Industries Inc.	MDS193097B (White)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Glove, Triple Box	Medline Industries Inc.	MDS193097B (White)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Glove, Triple Box	Medline Industries Inc.	MDS193097B (White)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Glove, Triple Box	Medline Industries Inc.	MDS193097B (White)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Glove, Triple Box	Medline Industries Inc.	MDS193097B (White)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Glove, Triple Box	Medline Industries Inc.	MDS193097B (White)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Glove, Triple Box	Medline Industries Inc.	MDS193097B (White)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Glove, Triple Box	Medline Industries Inc.	MDS193097B (White)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Glove, Triple Box	Medline Industries Inc.	MDS193097B (White)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Glove, Triple Box	Medline Industries Inc.	MDS193097B (White)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Glove, Triple Box	Medline Industries Inc.	MDS193097B (White)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Glove, Triple Box	Medline Industries Inc.	MDS193097B (White)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Glove, Triple Box	Medline Industries Inc.	MDS193097B (White)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Glove, Triple Box	Medline Industries Inc.	MDS193097B (White)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries	Purell LTX-12 Chrome/Black (1928-04)	Draft (New)	1	\$0.00
Forest FA.4 NICU	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries	Purell LTX-12 Chrome/Black (1928-04)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries	Purell LTX-12 Chrome/Black (1928-04)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries	Purell LTX-12 Chrome/Black (1928-04)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries	Purell LTX-12 Chrome/Black (1928-04)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries	Purell LTX-12 Chrome/Black (1928-04)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries	Purell LTX-12 Chrome/Black (1928-04)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries	Purell LTX-12 Chrome/Black (1928-04)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries	Purell LTX-12 Chrome/Black (1928-04)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries	Purell LTX-12 Chrome/Black (1928-04)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries	Purell LTX-12 Chrome/Black (1928-04)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries	Purell LTX-12 Chrome/Black (1928-04)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries	Purell LTX-12 Chrome/Black (1928-04)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries	Purell LTX-12 Chrome/Black (1928-04)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries	Purell LTX-12 Chrome/Black (1928-04)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries	Purell LTX-12 Chrome/Black (1928-04)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries	Purell LTX-12 Chrome/Black (1928-04)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries	Purell LTX-12 Chrome/Black (1928-04)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries	Purell LTX-12 Chrome/Black (1928-04)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries	Purell LTX-12 Chrome/Black (1928-04)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries	Purell LTX-12 Chrome/Black (1928-04)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries	Purell LTX-12 Chrome/Black (1928-04)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries	Purell LTX-12 Chrome/Black (1928-04)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries	Purell LTX-12 Chrome/Black (1928-04)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries	Purell LTX-12 Chrome/Black (1928-04)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries	Purell LTX-12 Chrome/Black (1928-04)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries	Purell LTX-12 Chrome/Black (1928-04)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries	Purell LTX-12 Chrome/Black (1928-04)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries	Purell LTX-12 Chrome/Black (1928-04)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries	Purell LTX-12 Chrome/Black (1928-04)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries	Purell LTX-12 Chrome/Black (1928-04)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries	Purell LTX-12 Chrome/Black (1928-04)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries	Purell LTX-12 Chrome/Black (1928-04)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries	Purell LTX-12 Chrome/Black (1928-04)	Draft (Existing)		

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Department	Description	Manufacturer	Model	Status	Qty	Total Cost
Forest FA.4 NICU	Disposal, Sharps, Wall Mount	Stericycle	Bio Systems C-02RES-0203 w/0203WMA	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Disposal, Sharps, Wall Mount	Stericycle	Bio Systems C-02RES-0203 w/0203WMA	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Disposal, Sharps, Wall Mount	Stericycle	Bio Systems C-02RES-0203 w/0203WMA	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Disposal, Sharps, Wall Mount	Stericycle	Bio Systems C-02RES-0203 w/0203WMA	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Disposal, Sharps, Wall Mount	Stericycle	Bio Systems C-02RES-0203 w/0203WMA	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Disposal, Sharps, Wall Mount	Stericycle	Bio Systems C-02RES-0203 w/0203WMA	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Disposal, Sharps, Wall Mount	Stericycle	Bio Systems C-02RES-0203 w/0203WMA	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Disposal, Sharps, Wall Mount	Stericycle	Bio Systems C-02RES-0203 w/0203WMA	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Disposal, Sharps, Wall Mount	Stericycle	Bio Systems C-02RES-0203 w/0203WMA	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Disposal, Sharps, Wall Mount	Stericycle	Bio Systems C-02RES-0203 w/0203WMA	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Disposal, Sharps, Wall Mount	Stericycle	Bio Systems C-02RES-0203 w/0203WMA	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Disposal, Sharps, Wall Mount, Pharmacy	Stericycle	Bio Systems C-02BLKHAZ-PH / 0203WMA	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Electrocardiograph (ECG), Interpretive	GE Healthcare - Cardiology	MAC 5500 HD w/Cart	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Electrosurgical Unit, Bipolar/Monopolar	Medtronic - Covidien Advanced Energy	SurgiStat II	Draft (New)	1	\$4,961.25
Forest FA.4 NICU	Flowmeter, Oxygen, DISS Connect	Genstar Technologies Company, Inc.	FM197A-15L-DS	Draft (New)	3	\$97.14
Forest FA.4 NICU	Flowmeter, Oxygen, DISS Connect	Genstar Technologies Company, Inc.	FM197A-15L-DS	Draft (New)	3	\$97.14
Forest FA.4 NICU	Flowmeter, Oxygen, DISS Connect	Genstar Technologies Company, Inc.	FM197A-15L-DS	Draft (New)	3	\$97.14
Forest FA.4 NICU	Flowmeter, Oxygen, DISS Connect	Genstar Technologies Company, Inc.	FM197A-15L-DS	Draft (New)	3	\$97.14
Forest FA.4 NICU	Flowmeter, Oxygen, DISS Connect	Genstar Technologies Company, Inc.	FM197A-15L-DS	Draft (New)	3	\$97.14
Forest FA.4 NICU	Flowmeter, Oxygen, DISS Connect	Genstar Technologies Company, Inc.	FM197A-15L-DS	Draft (New)	3	\$97.14
Forest FA.4 NICU	Flowmeter, Oxygen, DISS Connect	Genstar Technologies Company, Inc.	FM197A-15L-DS	Draft (New)	3	\$97.14
Forest FA.4 NICU	Flowmeter, Oxygen, DISS Connect	Genstar Technologies Company, Inc.	FM197A-15L-DS	Draft (New)	3	\$97.14
Forest FA.4 NICU	Flowmeter, Oxygen, DISS Connect	Genstar Technologies Company, Inc.	FM197A-15L-DS	Draft (New)	3	\$97.14
Forest FA.4 NICU	Flowmeter, Oxygen, DISS Connect	Genstar Technologies Company, Inc.	FM197A-15L-DS	Draft (New)	3	\$97.14
Forest FA.4 NICU	Flowmeter, Oxygen, DISS Connect	Genstar Technologies Company, Inc.	FM197A-15L-DS	Draft (New)	3	\$97.14
Forest FA.4 NICU	Flowmeter, Oxygen, DISS Connect	Genstar Technologies Company, Inc.	FM197A-15L-DS	Draft (New)	3	\$97.14
Forest FA.4 NICU	Flowmeter, Oxygen, DISS Connect	Genstar Technologies Company, Inc.	FM197A-15L-DS	Draft (New)	3	\$97.14
Forest FA.4 NICU	Flowmeter, Oxygen, DISS Connect	Genstar Technologies Company, Inc.	FM197A-15L-DS	Draft (New)	3	\$97.14
Forest FA.4 NICU	Flowmeter, Oxygen, DISS Connect	Genstar Technologies Company, Inc.	FM197A-15L-DS	Draft (New)	3	\$97.14
Forest FA.4 NICU	Flowmeter, Oxygen, DISS Connect	Genstar Technologies Company, Inc.	FM197A-15L-DS	Draft (New)	3	\$97.14
Forest FA.4 NICU	Freezer, Commercial, Undercounter	True Food Service Equipment	TUC-27F-LP-HC (Low Profile)	Draft (New)	1	\$5,610.62
Forest FA.4 NICU	Hamper, Linen	Centurion Medical Products	CX302 (Medium)	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Hamper, Linen	Centurion Medical Products	CX302 (Medium)	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Hamper, Linen	Centurion Medical Products	CX302 (Medium)	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Hamper, Linen	Centurion Medical Products	CX302 (Medium)	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Hamper, Linen	Centurion Medical Products	CX302 (Medium)	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Hamper, Linen	Centurion Medical Products	CX302 (Medium)	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Hamper, Linen	Centurion Medical Products	CX302 (Medium)	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Hamper, Linen	Centurion Medical Products	CX302 (Medium)	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Hamper, Linen	Centurion Medical Products	CX302 (Medium)	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Hamper, Linen	Centurion Medical Products	CX302 (Medium)	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Hamper, Linen	Centurion Medical Products	CX302 (Medium)	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Hamper, Linen	Centurion Medical Products	CX302 (Medium)	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Hamper, Linen	Centurion Medical Products	CX302 (Medium)	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Hamper, Linen	Centurion Medical Products	CX302 (Medium)	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Hamper, Linen	Centurion Medical Products	CX302 (Medium)	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Hamper, Linen	Centurion Medical Products	CX302 (Medium)	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Hamper, Linen	Centurion Medical Products	CX302 (Medium)	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Hamper, Linen	Centurion Medical Products	CX302 (Medium)	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Holder, Chart/File	OpenSquare		Draft (New)	4	\$3,671.94
Forest FA.4 NICU	Hook, Allowance	Grainger	TBD	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Hook, Allowance	Grainger	TBD	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Hook, Allowance	Grainger	TBD	Draft (Existing)	2	\$0.00

Department	Description	Manufacturer	Model	Status	Qty	Total Cost
Forest FA.4 NICU	Hook, Allowance	Grainger	TBD	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Hook, Coat/Robe, Wall Mount	Safco Products	4201 Nail Head Coat Hook (3-Hook)	Draft (New)	1	\$58.43
Forest FA.4 NICU	Humidifier, Heated	Fisher & Paykel Healthcare	MR850 System	Draft (New)	2	\$6,615.00
Forest FA.4 NICU	Humidifier, High Flow	Vapotherm	Precision Flow	Draft (New)	2	\$13,230.00
Forest FA.4 NICU	Humidifier, High Flow	Vapotherm	Precision Flow	Draft (New)	1	\$6,615.00
Forest FA.4 NICU	Humidifier, High Flow	Vapotherm	Precision Flow	Draft (New)	1	\$6,615.00
Forest FA.4 NICU	Humidifier, High Flow	Vapotherm	Precision Flow	Draft (New)	1	\$6,615.00
Forest FA.4 NICU	Humidifier, High Flow	Vapotherm	Precision Flow	Draft (New)	1	\$6,615.00
Forest FA.4 NICU	Humidifier, High Flow	Vapotherm	Precision Flow	Draft (New)	1	\$6,615.00
Forest FA.4 NICU	Humidifier, High Flow	Vapotherm	Precision Flow	Draft (New)	1	\$6,615.00
Forest FA.4 NICU	Humidifier, High Flow	Vapotherm	Precision Flow	Draft (New)	1	\$6,615.00
Forest FA.4 NICU	Humidifier, High Flow	Vapotherm	Precision Flow	Draft (New)	1	\$6,615.00
Forest FA.4 NICU	Humidifier, High Flow	Vapotherm	Precision Flow	Draft (New)	1	\$6,615.00
Forest FA.4 NICU	Humidifier, High Flow	Vapotherm	Precision Flow	Draft (New)	1	\$6,615.00
Forest FA.4 NICU	Humidifier, High Flow	Vapotherm	Precision Flow	Draft (New)	1	\$6,615.00
Forest FA.4 NICU	Humidifier, High Flow	Vapotherm	Precision Flow	Draft (New)	1	\$6,615.00
Forest FA.4 NICU	Hypo-Hyperthermia Unit, Allowance	Inspiration Healthcare Ltd	Tecotherm Neo Total Body Cooling and Warming	Draft (New)	1	\$2,205.00
Forest FA.4 NICU	Hypo-Hyperthermia Unit, Allowance	Inspiration Healthcare Ltd	Tecotherm Neo Total Body Cooling and Warming	Draft (New)	1	\$2,205.00
Forest FA.4 NICU	Ice Machine, Dispenser, Nugget, Countertop	Follett LLC	Symphony Plus 12CI425A-S	Draft (New)	1	\$3,417.75
Forest FA.4 NICU	Ice Machine, Dispenser, Nugget, Countertop	Follett LLC	Symphony Plus 12CI425A-S	Draft (New)	1	\$3,417.75
Forest FA.4 NICU	Laryngoscope Set, Video	KARL STORZ Endoscopy	C-MAC System w/ VIP-Plus Cart	Draft (New)	1	\$42,997.50
Forest FA.4 NICU	Light, Exam/Procedure, Single, Mobile, Articulating Arm	Getinge Group - MAQUET SURGICAL WORKFLOWS	Lucea LED 50 Mobile	Draft (New)	1	\$3,307.50
Forest FA.4 NICU	Light, Exam/Procedure, Single, Wall Mounted	Hillrom - Welch Allyn, Inc.	Green Series 600 (GS 600)	Draft (New)	1	\$619.61
Forest FA.4 NICU	Light, Exam/Procedure, Single, Wall Mounted	Hillrom - Welch Allyn, Inc.	Green Series 600 (GS 600)	Draft (New)	1	\$619.61
Forest FA.4 NICU	Light, Exam/Procedure, Single, Wall Mounted	Hillrom - Welch Allyn, Inc.	Green Series 600 (GS 600)	Draft (New)	1	\$619.61
Forest FA.4 NICU	Light, Exam/Procedure, Single, Wall Mounted	Hillrom - Welch Allyn, Inc.	Green Series 600 (GS 600)	Draft (New)	1	\$619.61
Forest FA.4 NICU	Light, Exam/Procedure, Single, Wall Mounted	Hillrom - Welch Allyn, Inc.	Green Series 600 (GS 600)	Draft (New)	1	\$619.61
Forest FA.4 NICU	Light, Exam/Procedure, Single, Wall Mounted	Hillrom - Welch Allyn, Inc.	Green Series 600 (GS 600)	Draft (New)	1	\$619.61
Forest FA.4 NICU	Light, Exam/Procedure, Single, Wall Mounted	Hillrom - Welch Allyn, Inc.	Green Series 600 (GS 600)	Draft (New)	1	\$619.61
Forest FA.4 NICU	Light, Exam/Procedure, Single, Wall Mounted	Hillrom - Welch Allyn, Inc.	Green Series 600 (GS 600)	Draft (New)	1	\$619.61
Forest FA.4 NICU	Light, Exam/Procedure, Single, Wall Mounted	Hillrom - Welch Allyn, Inc.	Green Series 600 (GS 600)	Draft (New)	1	\$619.61
Forest FA.4 NICU	Light, Exam/Procedure, Single, Wall Mounted	Hillrom - Welch Allyn, Inc.	Green Series 600 (GS 600)	Draft (New)	1	\$619.61
Forest FA.4 NICU	Light, Exam/Procedure, Single, Wall Mounted	Hillrom - Welch Allyn, Inc.	Green Series 600 (GS 600)	Draft (New)	1	\$619.61
Forest FA.4 NICU	Light, Exam/Procedure, Single, Wall Mounted	Hillrom - Welch Allyn, Inc.	Green Series 600 (GS 600)	Draft (New)	1	\$619.61
Forest FA.4 NICU	Light, Exam/Procedure, Single, Wall Mounted	Hillrom - Welch Allyn, Inc.	Green Series 600 (GS 600)	Draft (New)	1	\$619.61
Forest FA.4 NICU	Light, Treatment, Phototherapy, Infant, Mobile	GE Healthcare - Maternal/Infant Care	Giraffe Blue Spot PT Lite	Draft (Existing)	9	\$37,705.50
Forest FA.4 NICU	Locker, 4 Tier	Penco Products, Inc.	Vanguard 6329V [12 x 18 x 60]	Draft (New)	24	\$0.00
Forest FA.4 NICU	Medical Gas System, Allowance	Ohio Medical Corp	Hose Assembly Medical Gas	Draft (New)	1	\$63.95
Forest FA.4 NICU	Medical Gas System, Allowance	Ohio Medical Corp	Hose Assembly Medical Gas	Draft (New)	1	\$63.95
Forest FA.4 NICU	Medical Gas System, Allowance	Ohio Medical Corp	Hose Assembly Medical Gas	Draft (New)	1	\$63.95
Forest FA.4 NICU	Medical Gas System, Allowance	Ohio Medical Corp	Hose Assembly Medical Gas	Draft (New)	1	\$63.95
Forest FA.4 NICU	Medical Gas System, Allowance	Ohio Medical Corp	Hose Assembly Medical Gas	Draft (New)	1	\$63.95
Forest FA.4 NICU	Medical Gas System, Allowance	Ohio Medical Corp	Hose Assembly Medical Gas	Draft (New)	1	\$63.95
Forest FA.4 NICU	Medical Gas System, Allowance	Ohio Medical Corp	Hose Assembly Medical Gas	Draft (New)	1	\$63.95
Forest FA.4 NICU	Medical Gas System, Allowance	Ohio Medical Corp	Hose Assembly Medical Gas	Draft (New)	1	\$63.95
Forest FA.4 NICU	Medical Gas System, Allowance	Ohio Medical Corp	Hose Assembly Medical Gas	Draft (New)	1	\$63.95
Forest FA.4 NICU	Medical Gas System, Allowance	Ohio Medical Corp	Hose Assembly Medical Gas	Draft (New)	1	\$63.95
Forest FA.4 NICU	Medical Gas System, Allowance	Ohio Medical Corp	Hose Assembly Medical Gas	Draft (New)	1	\$63.95
Forest FA.4 NICU	Medical Gas System, Allowance	Ohio Medical Corp	Hose Assembly Medical Gas	Draft (New)	1	\$63.95
Forest FA.4 NICU	Mirror, Vanity	Kayden	36"H x 24"W Kayden Beveled Mirror	Draft (New)	1	\$68.85
Forest FA.4 NICU	Monitor, Blood Glucose, Point-of-Care	Abbott Point of Care Inc	FreeStyle Precision Pro	Draft (New)	2	\$2,310.84
Forest FA.4 NICU	Monitor, Physiologic, Bedside	Philips Healthcare - Monitoring Systems	Intellivue MX800	Draft (New)	1	\$0.00
Forest FA.4 NICU	Monitor, Physiologic, Bedside	Philips Healthcare - Monitoring Systems	Intellivue MX800	Draft (New)	1	\$0.00

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Department	Description	Manufacturer	Model	Status	Qty	Total Cost
Forest FA.4 NICU	Oven, Commercial, Microwave	Panasonic	NE-1054F (0.8 cu. ft., 1000W)	Draft (New)	1	\$289.96
Forest FA.4 NICU	Oven, Commercial, Microwave	Panasonic	NE-1054F (0.8 cu. ft., 1000W)	Draft (New)	1	\$289.96
Forest FA.4 NICU	Oven, Commercial, Microwave	Panasonic	NE-1054F (0.8 cu. ft., 1000W)	Draft (New)	1	\$289.96
Forest FA.4 NICU	Oximeter, Cerebral	Medtronic - Covidien Minimally Invasive Therapies	INVOS 5100C	Draft (New)	2	\$59,535.00
Forest FA.4 NICU	Phototherapy System, Blanket	GE Healthcare - Maternal/Infant Care	BillSoft LED (w/10x12 pad)	Draft (New)	1	\$4,189.50
Forest FA.4 NICU	Pump, Breast, General	Medela Inc. - Breastfeeding	Symphony (Double)	Draft (New)	1	\$968.00
Forest FA.4 NICU	Pump, Breast, General	Medela Inc. - Breastfeeding	Symphony (Double)	Draft (New)	1	\$968.00
Forest FA.4 NICU	Pump, Breast, General	Medela Inc. - Breastfeeding	Symphony (Double)	Draft (New)	1	\$968.00
Forest FA.4 NICU	Pump, Breast, General	Medela Inc. - Breastfeeding	Symphony (Double)	Draft (New)	1	\$968.00
Forest FA.4 NICU	Pump, Breast, General	Medela Inc. - Breastfeeding	Symphony (Double)	Draft (New)	1	\$968.00
Forest FA.4 NICU	Pump, Breast, General	Medela Inc. - Breastfeeding	Symphony (Double)	Draft (New)	1	\$968.00
Forest FA.4 NICU	Pump, Breast, General	Medela Inc. - Breastfeeding	Symphony (Double)	Draft (New)	1	\$968.00
Forest FA.4 NICU	Pump, Breast, General	Medela Inc. - Breastfeeding	Symphony (Double)	Draft (New)	1	\$968.00
Forest FA.4 NICU	Pump, Breast, General	Medela Inc. - Breastfeeding	Symphony (Double)	Draft (New)	1	\$968.00
Forest FA.4 NICU	Pump, Breast, General	Medela Inc. - Breastfeeding	Symphony (Double)	Draft (New)	1	\$968.00
Forest FA.4 NICU	Pump, Breast, General	Medela Inc. - Breastfeeding	Symphony (Double)	Draft (New)	1	\$968.00
Forest FA.4 NICU	Pump, Breast, General	Medela Inc. - Breastfeeding	Symphony (Double)	Draft (New)	1	\$968.00
Forest FA.4 NICU	Pump, Breast, General	Medela Inc. - Breastfeeding	Symphony (Double)	Draft (New)	1	\$968.00
Forest FA.4 NICU	Pump, Breast, General	Medela Inc. - Breastfeeding	Symphony (Double)	Draft (New)	1	\$968.00
Forest FA.4 NICU	Pump, Breast, General	Medela Inc. - Breastfeeding	Symphony (Double)	Draft (New)	1	\$968.00
Forest FA.4 NICU	Pump, Enteral	Moog Medical Devices Group	EnteraLite Infinity	Draft (Existing)	4	\$0.00
Forest FA.4 NICU	Pump, Infusion, Single	BD - Becton, Dickinson and Company	Alaris Pump Module (8100)	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Pump, Infusion, Syringe	Smiths Medical	Medfusion 3500	Draft (Existing)	3	\$0.00
Forest FA.4 NICU	Pump, Suction/Aspirator, General, Portable	Precision Medical	PM65 EasyGoVac	Draft (New)	2	\$1,009.89
Forest FA.4 NICU	Rack, Cylinder, Floor	W.T. Farley	CR-DR06E 6 E Oxygen Cylinder Rack	Draft (New)	1	\$90.41
Forest FA.4 NICU	Rack, Cylinder, Wall Mount	W.T. Farley	CR-EC100	Draft (New)	1	\$59.54
Forest FA.4 NICU	Rack, Cylinder, Wall Mount	W.T. Farley	CR-EC100	Draft (New)	1	\$59.54
Forest FA.4 NICU	Rack, Cylinder, Wall Mount	W.T. Farley	CR-EC100	Draft (New)	1	\$59.54
Forest FA.4 NICU	Rack, Cylinder, Wall Mount	W.T. Farley	CR-EC100	Draft (New)	1	\$59.54
Forest FA.4 NICU	Rack, Cylinder, Wall Mount	W.T. Farley	CR-EC100	Draft (New)	1	\$59.54
Forest FA.4 NICU	Rack, Cylinder, Wall Mount	W.T. Farley	CR-EC100	Draft (New)	1	\$59.54
Forest FA.4 NICU	Rack, Cylinder, Wall Mount	W.T. Farley	CR-EC100	Draft (New)	1	\$59.54
Forest FA.4 NICU	Rack, Cylinder, Wall Mount	W.T. Farley	CR-EC100	Draft (New)	1	\$59.54
Forest FA.4 NICU	Rack, Cylinder, Wall Mount	W.T. Farley	CR-EC100	Draft (New)	1	\$59.54
Forest FA.4 NICU	Rack, Cylinder, Wall Mount	W.T. Farley	CR-EC100	Draft (New)	1	\$59.54
Forest FA.4 NICU	Rack, Literature, Wall Mount	TBD	Holder for Guest Communication Book	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Rack, Literature, Wall Mount	TBD	Holder for Guest Communication Book	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Rack, Literature, Wall Mount	TBD	Holder for Guest Communication Book	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Rack, Literature, Wall Mount	TBD	Holder for Guest Communication Book	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Rack, Literature, Wall Mount	TBD	Holder for Guest Communication Book	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Rack, Literature, Wall Mount	TBD	Holder for Guest Communication Book	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Rack, Literature, Wall Mount	TBD	Holder for Guest Communication Book	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Rack, Literature, Wall Mount	TBD	Holder for Guest Communication Book	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Rack, Literature, Wall Mount	TBD	Holder for Guest Communication Book	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Rack, Literature, Wall Mount	TBD	Holder for Guest Communication Book	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Rack, Literature, Wall Mount	TBD	Holder for Guest Communication Book	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Rack, Literature, Wall Mount	TBD	Holder for Guest Communication Book	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Rack, Literature, Wall Mount	TBD	Holder for Guest Communication Book	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Rack, Literature, Wall Mount	TBD	Holder for Guest Communication Book	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Rail System, Bedside Accessory	Amico Corporation	Fairfield Compatible Rail (3 ft.)	Draft (New)	1	\$194.04
Forest FA.4 NICU	Rail System, Bedside Accessory	Amico Corporation	Fairfield Compatible Rail (1 ft.)	Draft (New)	2	\$218.30
Forest FA.4 NICU	Rail System, Bedside Accessory	Amico Corporation	Fairfield Compatible Rail (3 ft.)	Draft (New)	1	\$194.04
Forest FA.4 NICU	Rail System, Bedside Accessory	Amico Corporation	Fairfield Compatible Rail (1 ft.)	Draft (New)	2	\$218.30
Forest FA.4 NICU	Rail System, Bedside Accessory	Amico Corporation	Fairfield Compatible Rail (3 ft.)	Draft (New)	1	\$194.04

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Department	Description	Manufacturer	Model	Status	Qty	Total Cost
Forest FA.4 NICU	Stand, IV, Wall Mount	GCX Corporation	MSeries Polyquip Arm w/ IV Holder & 19in Chanel	Draft (New)	1	\$422.26
Forest FA.4 NICU	Stand, IV, Wall Mount	GCX Corporation	MSeries Polyquip Arm w/ IV Holder & 19in Chanel	Draft (New)	1	\$422.26
Forest FA.4 NICU	Stand, IV, Wall Mount	GCX Corporation	MSeries Polyquip Arm w/ IV Holder & 19in Chanel	Draft (New)	1	\$422.26
Forest FA.4 NICU	Stand, IV, Wall Mount	GCX Corporation	MSeries Polyquip Arm w/ IV Holder & 19in Chanel	Draft (New)	1	\$422.26
Forest FA.4 NICU	Stand, IV, Wall Mount	GCX Corporation	MSeries Polyquip Arm w/ IV Holder & 19in Chanel	Draft (New)	1	\$422.26
Forest FA.4 NICU	Stand, IV, Wall Mount	GCX Corporation	MSeries Polyquip Arm w/ IV Holder & 19in Chanel	Draft (New)	1	\$422.26
Forest FA.4 NICU	Stand, IV, Wall Mount	GCX Corporation	MSeries Polyquip Arm w/ IV Holder & 19in Chanel	Draft (New)	1	\$422.26
Forest FA.4 NICU	Stand, IV, Wall Mount	GCX Corporation	MSeries Polyquip Arm w/ IV Holder & 19in Chanel	Draft (New)	1	\$422.26
Forest FA.4 NICU	Stand, Mayo, Foot-Operated	Pedigo Products, Inc	CESS-722304-00003	Draft (New)	3	\$1,709.98
Forest FA.4 NICU	Stand, Mayo, Foot-Operated	Mid Central Medical	CESS-722304-00003	Draft (New)	1	\$569.99
Forest FA.4 NICU	Stand, Mayo, Foot-Operated	Mid Central Medical	CESS-722304-00003	Draft (New)	1	\$569.99
Forest FA.4 NICU	Stand, Mayo, Foot-Operated	Mid Central Medical	CESS-722304-00003	Draft (New)	1	\$569.99
Forest FA.4 NICU	Stand, Mayo, Foot-Operated	Mid Central Medical	CESS-722304-00003	Draft (New)	1	\$569.99
Forest FA.4 NICU	Stand, Mayo, Foot-Operated	Mid Central Medical	CESS-722304-00003	Draft (New)	1	\$569.99
Forest FA.4 NICU	Stand, Mayo, Foot-Operated	Mid Central Medical	CESS-722304-00003	Draft (New)	1	\$569.99
Forest FA.4 NICU	Stand, Mayo, Foot-Operated	Mid Central Medical	CESS-722304-00003	Draft (New)	1	\$569.99
Forest FA.4 NICU	Stand, Mayo, Foot-Operated	Mid Central Medical	CESS-722304-00003	Draft (New)	1	\$569.99
Forest FA.4 NICU	Stand, Mayo, Foot-Operated	Mid Central Medical	CESS-722304-00003	Draft (New)	1	\$569.99
Forest FA.4 NICU	Stand, Mayo, Foot-Operated	Mid Central Medical	CESS-722304-00003	Draft (New)	1	\$569.99
Forest FA.4 NICU	Stand, Mayo, Foot-Operated	Mid Central Medical	CESS-722304-00003	Draft (New)	1	\$569.99
Forest FA.4 NICU	Stand, Mayo, Foot-Operated	Mid Central Medical	CESS-722304-00003	Draft (New)	1	\$569.99
Forest FA.4 NICU	Stand, Mayo, Foot-Operated	Mid Central Medical	CESS-722304-00003	Draft (New)	1	\$569.99
Forest FA.4 NICU	Sterilizer, Ultraviolet	PhoneSoap	PhoneSoap XLv1-W	Draft (New)	1	\$220.50
Forest FA.4 NICU	Stool, Exam, Cushion-Seat	AlliMed, Inc.	712681 Stool with Drag-Brake Casters	Draft (New)	1	\$219.40
Forest FA.4 NICU	Stool, Step, Stackable	Pedigo Products, Inc	P-1015	Draft (New)	1	\$174.20
Forest FA.4 NICU	Stool, Step, Stackable	Pedigo Products, Inc	P-1015	Draft (New)	1	\$174.20
Forest FA.4 NICU	Stool, Step, Stackable	Pedigo Products, Inc	P-1015	Draft (New)	1	\$174.20
Forest FA.4 NICU	Stool, Step, Stackable	Pedigo Products, Inc	P-1015	Draft (New)	1	\$174.20
Forest FA.4 NICU	Stool, Step, Stackable	Pedigo Products, Inc	P-1015	Draft (New)	1	\$174.20
Forest FA.4 NICU	Stool, Step, Stackable	Pedigo Products, Inc	P-1015	Draft (New)	1	\$174.20
Forest FA.4 NICU	Stool, Step, Stackable	Pedigo Products, Inc	P-1015	Draft (New)	1	\$174.20
Forest FA.4 NICU	Stool, Step, Stackable	Pedigo Products, Inc	P-1015	Draft (New)	1	\$174.20
Forest FA.4 NICU	Stool, Step, Stackable	Pedigo Products, Inc	P-1015	Draft (New)	1	\$174.20
Forest FA.4 NICU	Stool, Step, Stackable	Pedigo Products, Inc	P-1015	Draft (New)	1	\$174.20
Forest FA.4 NICU	Stool, Step, Stackable	Pedigo Products, Inc	P-1015	Draft (New)	1	\$174.20
Forest FA.4 NICU	Table, Interiors, Personal	Nemschoff, Inc.	Palisade Rectangular Mobile Table	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Table, Interiors, Personal	Nemschoff, Inc.	Palisade Rectangular Mobile Table	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Table, Interiors, Personal	Nemschoff, Inc.	Palisade Rectangular Mobile Table	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Table, Interiors, Personal	Nemschoff, Inc.	Palisade Rectangular Mobile Table	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Table, Interiors, Personal	Nemschoff, Inc.	Palisade Rectangular Mobile Table	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Table, Interiors, Personal	Nemschoff, Inc.	Palisade Rectangular Mobile Table	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Table, Interiors, Personal	Nemschoff, Inc.	Palisade Rectangular Mobile Table	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Table, Interiors, Personal	Nemschoff, Inc.	Palisade Rectangular Mobile Table	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Table, Interiors, Personal	Nemschoff, Inc.	Palisade Rectangular Mobile Table	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Table, Interiors, Personal	Nemschoff, Inc.	Palisade Rectangular Mobile Table	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Table, Interiors, Personal	Nemschoff, Inc.	Palisade Rectangular Mobile Table	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Table, Interiors, Personal	Nemschoff, Inc.	Palisade Rectangular Mobile Table	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Table, Overbed, General	Nemschoff, Inc.	Overbed Table	Draft (New)	1	\$676.32
Forest FA.4 NICU	Table, Overbed, General	Nemschoff, Inc.	Overbed Table	Draft (New)	1	\$676.32
Forest FA.4 NICU	Table, Overbed, General	Nemschoff, Inc.	Overbed Table	Draft (New)	1	\$676.32
Forest FA.4 NICU	Table, Overbed, General	Nemschoff, Inc.	Overbed Table	Draft (New)	1	\$676.32

Department	Description	Manufacturer	Model	Status	Qty	Total Cost
Forest FA.4 NICU	Table, Overbed, General	Nemschoff, Inc.	Overbed Table	Draft (New)	1	\$676.32
Forest FA.4 NICU	Table, Overbed, General	Nemschoff, Inc.	Overbed Table	Draft (New)	1	\$676.32
Forest FA.4 NICU	Table, Overbed, General	Nemschoff, Inc.	Overbed Table	Draft (New)	1	\$676.32
Forest FA.4 NICU	Table, Overbed, General	Nemschoff, Inc.	Overbed Table	Draft (New)	1	\$676.32
Forest FA.4 NICU	Table, Overbed, General	Nemschoff, Inc.	Overbed Table	Draft (New)	1	\$676.32
Forest FA.4 NICU	Table, Overbed, General	Nemschoff, Inc.	Overbed Table	Draft (New)	1	\$676.32
Forest FA.4 NICU	Table, Overbed, General	Nemschoff, Inc.	Overbed Table	Draft (New)	1	\$676.32
Forest FA.4 NICU	Table, Overbed, General	Nemschoff, Inc.	Overbed Table	Draft (New)	1	\$676.32
Forest FA.4 NICU	Table, Overbed, General	Nemschoff, Inc.	Overbed Table	Draft (New)	1	\$676.32
Forest FA.4 NICU	Table, Overbed, General	Nemschoff, Inc.	Overbed Table	Draft (New)	1	\$676.32
Forest FA.4 NICU	Thermometer, Digital, Wall Mount	Hillrom - Welch Allyn, Inc.	SureTemp Plus 692 (Rectal w/ Security ID)	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Thermometer, Digital, Wall Mount	Hillrom - Welch Allyn, Inc.	SureTemp Plus 692 (Rectal w/ Security ID)	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Thermometer, Digital, Wall Mount	Hillrom - Welch Allyn, Inc.	SureTemp Plus 692 (Rectal w/ Security ID)	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Thermometer, Digital, Wall Mount	Hillrom - Welch Allyn, Inc.	SureTemp Plus 692 (Rectal w/ Security ID)	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Thermometer, Digital, Wall Mount	Hillrom - Welch Allyn, Inc.	SureTemp Plus 692 (Rectal w/ Security ID)	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Thermometer, Digital, Wall Mount	Hillrom - Welch Allyn, Inc.	SureTemp Plus 692 (Rectal w/ Security ID)	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Thermometer, Digital, Wall Mount	Hillrom - Welch Allyn, Inc.	SureTemp Plus 692 (Rectal w/ Security ID)	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Thermometer, Digital, Wall Mount	Hillrom - Welch Allyn, Inc.	SureTemp Plus 692 (Rectal w/ Security ID)	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Thermometer, Digital, Wall Mount	Hillrom - Welch Allyn, Inc.	SureTemp Plus 692 (Rectal w/ Security ID)	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Thermometer, Digital, Wall Mount	Hillrom - Welch Allyn, Inc.	SureTemp Plus 692 (Rectal w/ Security ID)	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Thermometer, Digital, Wall Mount	Hillrom - Welch Allyn, Inc.	SureTemp Plus 692 (Rectal w/ Security ID)	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Thermometer, Digital, Wall Mount	Hillrom - Welch Allyn, Inc.	SureTemp Plus 692 (Rectal w/ Security ID)	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Thermometer, Digital, Wall Mount	Hillrom - Welch Allyn, Inc.	SureTemp Plus 692 (Rectal w/ Security ID)	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Toaster, Commercial	Waring Commercial	WCT704 (2 Long Slot)	Draft (New)	1	\$220.50
Forest FA.4 NICU	Ultrasound, Imaging, Multipurpose, Portable	FUJIFILM SonoSite, Inc	SonoSite SII P20883-13	Draft (New)	1	\$22,050.00
Forest FA.4 NICU	Valve, O2 Instant Flow	Instrumentation Industries		Draft (New)	1	\$196.27
Forest FA.4 NICU	Valve, O2 Instant Flow	Instrumentation Industries		Draft (New)	1	\$196.27
Forest FA.4 NICU	Valve, O2 Instant Flow	Instrumentation Industries		Draft (New)	1	\$196.27
Forest FA.4 NICU	Valve, O2 Instant Flow	Instrumentation Industries		Draft (New)	1	\$196.27
Forest FA.4 NICU	Valve, O2 Instant Flow	Instrumentation Industries		Draft (New)	1	\$196.27
Forest FA.4 NICU	Valve, O2 Instant Flow	Instrumentation Industries		Draft (New)	1	\$196.27
Forest FA.4 NICU	Valve, O2 Instant Flow	Instrumentation Industries		Draft (New)	1	\$196.27
Forest FA.4 NICU	Valve, O2 Instant Flow	Instrumentation Industries		Draft (New)	1	\$196.27
Forest FA.4 NICU	Valve, O2 Instant Flow	Instrumentation Industries		Draft (New)	1	\$196.27
Forest FA.4 NICU	Valve, O2 Instant Flow	Instrumentation Industries		Draft (New)	1	\$196.27
Forest FA.4 NICU	Valve, O2 Instant Flow	Instrumentation Industries		Draft (New)	1	\$196.27
Forest FA.4 NICU	Ventilator, Adult / Pediatric	Draeger, Inc.	Evita Infinity V500 w/C500 Medical Cockpit	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Ventilator, Adult / Pediatric	Draeger, Inc.	Evita Infinity V500 w/C500 Medical Cockpit	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Ventilator, Adult / Pediatric	Draeger, Inc.	Evita Infinity V500 w/C500 Medical Cockpit	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Ventilator, Adult / Pediatric	Draeger, Inc.	Evita Infinity V500 w/C500 Medical Cockpit	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Ventilator, Adult / Pediatric	Draeger, Inc.	Evita Infinity V500 w/C500 Medical Cockpit	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Ventilator, Adult / Pediatric	Draeger, Inc.	Evita Infinity V500 w/C500 Medical Cockpit	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Ventilator, Adult / Pediatric	Draeger, Inc.	Evita Infinity V500 w/C500 Medical Cockpit	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Ventilator, Adult / Pediatric	Draeger, Inc.	Evita Infinity V500 w/C500 Medical Cockpit	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Ventilator, Adult / Pediatric	Draeger, Inc.	Evita Infinity V500 w/C500 Medical Cockpit	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Ventilator, Adult / Pediatric	Draeger, Inc.	Evita Infinity V500 w/C500 Medical Cockpit	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Ventilator, Adult / Pediatric	Draeger, Inc.	Evita Infinity V500 w/C500 Medical Cockpit	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Ventilator, Adult / Pediatric	Draeger, Inc.	Evita Infinity V500 w/C500 Medical Cockpit	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Ventilator, Infant / Neonatal	Draeger, Inc.	Babylog VN500 w/ Infinity Medical Cockpit C500	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Ventilator, Infant / Neonatal	Bio-Med Devices, Inc.	Crossvent 21+ Stand-Alone w/blender	Draft (Existing)	145	\$0.00

Department	Description	Manufacturer	Model	Status	Qty	Total Cost
Forest FA.4 NICU	Ventilator, Infant / Neonatal, High Frequency	Vyair Medical	3100A HFOV	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Ventilator, Infant / Neonatal, High Frequency	Bunnell Inc.	LIFE Pulse HFJV w/ Pole Stand Cart	Draft (Existing)	2	\$0.00
Forest FA.4 NICU	Ventilator, Infant / Neonatal, Nitric Oxide Inhalation Therapy	Mallinckrodt Pharmaceuticals	InoMax DSIR System	Draft (Existing)	1	\$0.00
Forest FA.4 NICU	Warmer, Bottle, Neonatal	Medela Inc. - Breastfeeding	Waterless Milk Warmer	Draft (New)	1	\$1,018.71
Forest FA.4 NICU	Warmer, Bottle, Neonatal	Medela Inc. - Breastfeeding	Waterless Milk Warmer	Draft (New)	1	\$1,018.71
Forest FA.4 NICU	Warmer, Bottle, Neonatal	Medela Inc. - Breastfeeding	Waterless Milk Warmer	Draft (New)	1	\$1,018.71
Forest FA.4 NICU	Warmer, Bottle, Neonatal	Medela Inc. - Breastfeeding	Waterless Milk Warmer	Draft (New)	1	\$1,018.71
Forest FA.4 NICU	Warmer, Bottle, Neonatal	Medela Inc. - Breastfeeding	Waterless Milk Warmer	Draft (New)	1	\$1,018.71
Forest FA.4 NICU	Warmer, Bottle, Neonatal	Medela Inc. - Breastfeeding	Waterless Milk Warmer	Draft (New)	1	\$1,018.71
Forest FA.4 NICU	Warmer, Bottle, Neonatal	Medela Inc. - Breastfeeding	Waterless Milk Warmer	Draft (New)	1	\$1,018.71
Forest FA.4 NICU	Warmer, Bottle, Neonatal	Medela Inc. - Breastfeeding	Waterless Milk Warmer	Draft (New)	1	\$1,018.71
Forest FA.4 NICU	Warmer, Bottle, Neonatal	Medela Inc. - Breastfeeding	Waterless Milk Warmer	Draft (New)	1	\$1,018.71
Forest FA.4 NICU	Warmer, Bottle, Neonatal	Medela Inc. - Breastfeeding	Waterless Milk Warmer	Draft (New)	1	\$1,018.71
Forest FA.4 NICU	Warmer, Bottle, Neonatal	Medela Inc. - Breastfeeding	Waterless Milk Warmer	Draft (New)	1	\$1,018.71
Forest FA.4 NICU	Warmer, Bottle, Neonatal	Medela Inc. - Breastfeeding	Waterless Milk Warmer	Draft (New)	1	\$1,018.71
Forest FA.4 NICU	Warmer, Cleansing Bath	Medline Industries Inc.	ReadyBath Warmer (24-Slots)	Draft (New)	1	\$0.00
Forest FA.4 NICU	Warmer, Infant, Allowance	Fisher & Paykel Healthcare	IW910JEU Servo Mobile Infant Warmer	Draft (New)	1	\$3,307.50
Forest FA.4 NICU	Warmer, Infant, Care System	GE Healthcare - Maternal/Infant Care	Giraffe Warmer (Elevating Base)	Draft (New)	1	\$19,845.00
Forest FA.4 NICU	Warmer, Infant, Care System	GE Healthcare - Maternal/Infant Care	Giraffe Warmer (Elevating Base)	Draft (New)	1	\$19,845.00
Forest FA.4 NICU	Warmer, Infant, Care System	GE Healthcare - Maternal/Infant Care	Giraffe Warmer (Elevating Base)	Draft (New)	1	\$19,845.00
Forest FA.4 NICU	Warmer, Infant, Care System	GE Healthcare - Maternal/Infant Care	Giraffe Warmer (Elevating Base)	Draft (New)	1	\$19,845.00
Forest FA.4 NICU	Warmer, Infant, Care System	GE Healthcare - Maternal/Infant Care	Giraffe Warmer (Elevating Base)	Draft (New)	1	\$19,845.00
Forest FA.4 NICU	Warmer, Infant, Care System	GE Healthcare - Maternal/Infant Care	Giraffe Warmer (Elevating Base)	Draft (New)	1	\$19,845.00
Forest FA.4 NICU	Warmer, Infant, Care System	GE Healthcare - Maternal/Infant Care	Giraffe Warmer (Elevating Base)	Draft (New)	1	\$19,845.00
Forest FA.4 NICU	Warmer, Infant, Care System	GE Healthcare - Maternal/Infant Care	Giraffe Warmer (Elevating Base)	Draft (New)	1	\$19,845.00
Forest FA.4 NICU	Warmer, Infant, Care System	GE Healthcare - Maternal/Infant Care	Giraffe Warmer (Elevating Base)	Draft (New)	1	\$19,845.00
Forest FA.4 NICU	Warmer, Infant, Care System	GE Healthcare - Maternal/Infant Care	Giraffe Warmer (Elevating Base)	Draft (New)	1	\$19,845.00
Forest FA.4 NICU	Warmer, Infant, Care System	GE Healthcare - Maternal/Infant Care	Giraffe Warmer (Elevating Base)	Draft (New)	1	\$19,845.00
Forest FA.4 NICU	Warmer, Infant, Care System	GE Healthcare - Maternal/Infant Care	Giraffe Warmer (Elevating Base)	Draft (New)	1	\$19,845.00
Forest FA.4 NICU	Warmer, Infant, Care System	GE Healthcare - Maternal/Infant Care	Giraffe Warmer (Elevating Base)	Draft (New)	1	\$19,845.00
Forest FA.4 NICU	Warmer, Infant, Care System	GE Healthcare - Maternal/Infant Care	Giraffe Warmer (Elevating Base)	Draft (New)	1	\$19,845.00
Forest FA.4 NICU	Waste Can, 03-19 Gallon	Rubbermaid Commercial Products	1955959 Vented Slim Jim 16 Gal/Black	Draft (New)	1	\$0.00
Forest FA.4 NICU	Waste Can, 03-19 Gallon	Rubbermaid Commercial Products	1955959 Vented Slim Jim 16 Gal/Black	Draft (New)	1	\$0.00
Forest FA.4 NICU	Waste Can, 20-31 Gallon	Rubbermaid Commercial Products	Slim Jim Vented 23 Gal/Black	Draft (New)	1	\$0.00
Forest FA.4 NICU	Waste Can, 20-31 Gallon	Rubbermaid Commercial Products	Slim Jim Vented 23 Gal/Black	Draft (New)	1	\$0.00
Forest FA.4 NICU	Waste Can, 20-31 Gallon	Rubbermaid Commercial Products	Slim Jim Vented 23 Gal/Black	Draft (New)	1	\$44.10
Forest FA.4 NICU	Waste Can, 20-31 Gallon	Rubbermaid Commercial Products	3540 Slim Jim Beige (23 gal)	Draft (New)	1	\$44.10
Forest FA.4 NICU	Waste Can, 20-31 Gallon	Rubbermaid Commercial Products	3540 Slim Jim Beige (23 gal)	Draft (New)	1	\$44.10
Forest FA.4 NICU	Waste Can, 20-31 Gallon	Rubbermaid Commercial Products	3540 Slim Jim Beige (23 gal)	Draft (New)	1	\$44.10
Forest FA.4 NICU	Waste Can, 20-31 Gallon	Rubbermaid Commercial Products	3540 Slim Jim Beige (23 gal)	Draft (New)	1	\$44.10
Forest FA.4 NICU	Waste Can, 20-31 Gallon	Rubbermaid Commercial Products	3540 Slim Jim Beige (23 gal)	Draft (New)	1	\$44.10
Forest FA.4 NICU	Waste Can, 20-31 Gallon	Rubbermaid Commercial Products	3540 Slim Jim Beige (23 gal)	Draft (New)	1	\$44.10
Forest FA.4 NICU	Waste Can, 20-31 Gallon	Rubbermaid Commercial Products	3540 Slim Jim Beige (23 gal)	Draft (New)	1	\$44.10
Forest FA.4 NICU	Waste Can, 20-31 Gallon	Rubbermaid Commercial Products	3540 Slim Jim Beige (23 gal)	Draft (New)	1	\$44.10
Forest FA.4 NICU	Waste Can, 20-31 Gallon	Rubbermaid Commercial Products	3540 Slim Jim Beige (23 gal)	Draft (New)	1	\$44.10
Forest FA.4 NICU	Waste Can, Open Top	Rubbermaid Commercial Products	2543 Fire Resistant Black (28 qt.)	Draft (New)	1	\$32.44
Forest FA.4 NICU	Waste Can, Open Top	Rubbermaid Commercial Products	2543 Fire Resistant Black (28 qt.)	Draft (New)	1	\$32.44
Forest FA.4 NICU	Waste Can, Open Top	Rubbermaid Commercial Products	2543 Fire Resistant Black (28 qt.)	Draft (New)	1	\$32.44
Forest FA.4 NICU	Waste Can, Open Top	Rubbermaid Commercial Products	2543 Fire Resistant Black (28 qt.)	Draft (New)	1	\$32.44
Forest FA.4 NICU	Waste Can, Open Top	Rubbermaid Commercial Products	2543 Fire Resistant Black (28 qt.)	Draft (New)	1	\$32.44

Department	Description	Manufacturer	Model	Status	Qty	Total Cost
Forest FA.4 NICU	Waste Can, Open Top	Rubbermaid Commercial Products	2543 Fire Resistant Black (28 qt.)	Draft (New)	1	\$32.44
Forest FA.4 NICU	Waste Can, Open Top	Rubbermaid Commercial Products	2543 Fire Resistant Black (28 qt.)	Draft (New)	1	\$32.44
Forest FA.4 NICU	Waste Can, Open Top	Rubbermaid Commercial Products	2543 Fire Resistant Black (28 qt.)	Draft (New)	1	\$32.44
Forest FA.4 NICU	Waste Can, Open Top	Rubbermaid Commercial Products	2543 Fire Resistant Black (28 qt.)	Draft (New)	1	\$32.44
Forest FA.4 NICU	Waste Can, Open Top	Rubbermaid Commercial Products	2543 Fire Resistant Black (28 qt.)	Draft (New)	1	\$32.44
Forest FA.4 NICU	Waste Can, Open Top	Rubbermaid Commercial Products	2543 Fire Resistant Black (28 qt.)	Draft (New)	1	\$32.44
Forest FA.4 NICU	Waste Can, Open Top	Rubbermaid Commercial Products	2543 Fire Resistant Black (28 qt.)	Draft (New)	1	\$32.44
Forest FA.4 NICU	Waste Can, Open Top	Rubbermaid Commercial Products	2543 Fire Resistant Black (28 qt.)	Draft (New)	1	\$32.44
Forest FA.4 NICU	Waste Can, Open Top	Rubbermaid Commercial Products	2543 Fire Resistant Black (28 qt.)	Draft (New)	1	\$32.44
Forest FA.4 NICU	Waste Can, Open Top	Rubbermaid Commercial Products	2543 Fire Resistant Black (28 qt.)	Draft (New)	1	\$32.44
Forest FA.4 NICU	Waste Can, Open Top	Rubbermaid Commercial Products	2543 Fire Resistant Black (28 qt.)	Draft (New)	1	\$32.44
Forest FA.4 NICU	Waste Can, Open Top	Rubbermaid Commercial Products	2543 Fire Resistant Black (28 qt.)	Draft (New)	1	\$32.44
Forest FA.4 NICU	Waste Can, Open Top	Rubbermaid Commercial Products	2543 Fire Resistant Black (28 qt.)	Draft (New)	1	\$32.44
Forest FA.4 NICU	Waste Can, Open Top	Rubbermaid Commercial Products	2543 Fire Resistant Black (28 qt.)	Draft (New)	2	\$64.87
Forest FA.4 NICU	Waste Can, Open Top	Rubbermaid Commercial Products	2543 Fire Resistant Black (28 qt.)	Draft (New)	2	\$64.87
Forest FA.4 NICU	Waste Can, Recycle	Rubbermaid Commercial Products	Slim Jim Vented 23 Gal/Blue	Draft (New)	1	\$41.42
Forest FA.4 NICU	Waste Can, Recycle	Rubbermaid Commercial Products	Slim Jim Vented 23 Gal/Green	Draft (New)	1	\$48.51
Forest FA.4 NICU	Waste Can, Recycle	Rubbermaid Commercial Products	Slim Jim Vented 23 Gal/Blue	Draft (New)	1	\$41.42
Forest FA.4 NICU	Waste Can, Recycle	Rubbermaid Commercial Products	Slim Jim Vented 23 Gal/Green	Draft (New)	1	\$48.51
Forest FA.4 NICU	Waste Can, Recycle	Rubbermaid Commercial Products	Slim Jim Vented 23 Gal/Blue	Draft (New)	1	\$41.42
Forest FA.4 NICU	Waste Can, Recycle	Rubbermaid Commercial Products	Slim Jim Vented 23 Gal/Blue	Draft (New)	1	\$41.42
Forest FA.4 NICU	Waste Can, Recycle	Rubbermaid Commercial Products	3540-75 Slim Jim (Blue)	Draft (New)	1	\$41.42
Forest FA.4 NICU	Waste Can, Recycle	Rubbermaid Commercial Products	2956-73 Deskside Medium (Blue)	Draft (New)	2	\$11.03
Forest FA.4 NICU	Waste Can, Recycle	Rubbermaid Commercial Products	2956-73 Deskside Medium (Blue)	Draft (New)	2	\$11.03
Forest FA.4 NICU	Waste Can, Step-On	Rubbermaid Commercial Products	6144 Beige 12 Gallon	Draft (New)	1	\$147.65
Forest FA.4 NICU	Waste Can, Step-On	Rubbermaid Commercial Products	FG614300BEIG (Beige, 8 gal.)	Draft (New)	1	\$147.65
Forest FA.4 NICU	Waste Disposal, Pharmaceutical, Secure	Stericycle	CsRx w/ Locking Bracket (1 gal.)	Draft (New)	1	\$0.00
Forest FA.4 NICU	Water Treatment System, Ice Maker, Wall Mount	Follett LLC	Bacterial-retentive Filter System 01233659	Draft (New)	1	\$435.49
Forest FA.4 NICU	Water Treatment System, Ice Maker, Wall Mount	Follett LLC	Bacterial-retentive Filter System 01233659	Draft (New)	1	\$435.49
						\$1,430,919.62

Exhibit 12
Letter from Suzanne Beitel, CFO of Seattle Children's



July 12, 2021

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

Re: Certificate of Need for expansion of Level IV NICU beds

Dear Mr. Hernandez:

As Senior Vice President and Chief Financial Officer of Seattle Children's Hospital, this letter serves to confirm the intent to use existing reserves to fund the \$7,866,402 capital expenditure associated with this project. As can be confirmed by the audited FY2020 financials included with the application, the reserves to fully fund the project are available

Please do not hesitate to contact me if you have any questions or require additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Suzanne Beitel".

Suzanne Beitel,
Senior Vice President and Chief Financial Officer

Exhibit 13
Medical Director Job Description

JOB DESCRIPTION

This job description is applicable to all workers performing in this capacity

Job Code: XXXX-XXX **Job Title:** MEDICAL DIRECTOR, SCH NICU

Department: Neonatology

Reports to Job Title: Division of Neonatology Division Chief

Supervises: None

<u>Approvals</u>	Effective Date:	Next Review Date:
SIGNATURES:		
Supervisor:		Next Level Approval:
Human Resources:		

	Job Family: MDD	ASC Code: 9
<u>SECTION I: Job Information</u>	FLSA Status: Exempt	ADA Profile: MDD 1
Group Credentialing Code:		

JOB SUMMARY:

Provides medical leadership to the NICU and Transport programs at Seattle Children's, including supervision of neonatal providers. Provides medical care in assigned area so that there is coordination of care with patients and attending physicians, and collaboration with nursing, pediatric and other medical and surgical subspecialty services, community physicians and ancillary health team providers. Ensures the quality of all patient care and service, incorporating patient centered care and quality standards, and integration of these services with Seattle Children's goals, vision and philosophy.

SECTION II: QUALIFICATIONS

The **minimum** qualifications listed below (along with education/experience) are representative of the knowledge, skills, and abilities needed to perform this job successfully. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential duties and responsibilities of this position.

Minimum Education and Experience: (Identify only education requirements that are legally defensible – e.g., an attorney needs a Juris Doctor)

Required Education/Experience:

- Board certification in Neonatal-Perinatal Medicine by the American Board of Pediatrics
- Medical Staff membership and appropriate clinical privileges at Seattle Children's
- Previous leadership experience in Neonatology

Required Credentials:

- Licensed as a Physician in the State of Washington
- Federal DEA Registration
- Active Neonatal Resuscitation Program (NRP) credential and instructor
- Prior to start of employment, must obtain, and maintain in good standing, medical or allied health professional staff privileges that are not limited, revoked, suspended, conditioned, or probationary, except for normal probationary periods due to initial appointment. All medical and allied health professional staff members are provisional for the first year.
- Any and all medical or allied health professional staff privileges at Children's will terminate automatically upon the termination of the individual's employment at Children's. Termination of employment does not prohibit the individual

Job Code: xxxx-xxx

Job Title: MEDICAL DIRECTOR, SCH NICU

from seeking medical or allied health professional staff privileges at Children's as a non-employee in any category for which the individual qualifies. Questions regarding medical or allied health professional staff privileges may be directed to Medical Staff Services.

Preferred:

n/a

Knowledge, Skills, and Abilities:

- Educational and learning competencies
- Clinical competency
- Demonstrated leadership competencies
- Basic payer knowledge
- Knowledge of basic computer applications and ability to learn and apply new technologies and skills
- Excellent interpersonal and communication skills
- Excellent problem-solving skills
- Excellent customer service skills
- Skill in supervising, evaluating and guiding other care providers
- Ability to work and function as a team leader in cooperation with faculty and community physicians, administrators, nurses, medical personnel, and community agencies
- Ability to make independent clinical decisions in a collaborative practice environment
- Ability to work effectively in a team environment
- Ability to adapt to changes in the work environment and to shifts in organizational philosophy and expectations

Clinical Knowledge, Skills & Abilities:

- Knowledge of human growth and development to modify care to the age and development status of the patient population served
- Knowledge of patient safety according to the assigned department
- Ability to identify and apply planning, care and/or intervention techniques appropriate to the physical, motor and sensory, cognitive and psychosocial characteristics of each patient population served

Physical Demands:

MEDIUM - Exerting 20-50 lb. of force occasionally and/or 10-25 lb. frequently, or up to 10 lb. constantly for lifting/carrying/pushing/pulling. Six or more hours of walking/standing in 8 hour shift. Sitting occasional. Stooping may be required frequently. For a more detailed description of the physical demands required, please refer to the Job Demand Analysis or ADA Profile by contacting the Human Resources Department.

SECTION III: PRIMARY JOB RESPONSIBILITIES AND ACCOUNTABILITIES: *(Please list no more than 10 primary job responsibilities). The primary job responsibilities and accountabilities listed below represent work performed by this position and are not all-inclusive. The omission of a specific accountability will not preclude it from the position if the work is similar, related, or a logical extension of the position.*

Provide direct patient care within the NICU at Seattle Children's Hospital:

- Assure patients are seen and a history, physical examination, and plan of care established on all patients
- Complete charting documentation; ensure all charts meet documentation standards and are completed by end of shift
- Continually assess and improve effectiveness of clinical care; use evaluations to define areas of improvement in clinical practice
- Practice in a professional manner as defined by Professionalism P&Ps

Under the direction of the Neonatology Division Chief to provide medical leadership to assigned program:

- Working with Neonatology leadership, maintains unit policies, procedures and systems, and assures compliance with regulatory and financial policies and procedures
- Provides frequent and timely clinical and policy updates, and solicits feedback on new policies and guidelines of care from neonatologists practicing at Seattle Children's Hospital via bi-weekly core team meeting
- Participates with NICU/Neonatology leadership in developing short- and long-term goals, mission and vision for SCH NICU
- Conducts bi-monthly reviews of morbidities and mortalities, and bounce backs to the SCH NICU to identify areas of clinical and policy improvements
- Develops Quality Improvement Program consistent with the hospital's annual goals; supports continuous process improvement initiatives and new program development as needs are identified.
- Participates in weekly quality improvement meetings via the NICU QI Microsystem and quarterly NICU QI meeting
- Participates in identifying gaps in transitional longitudinal care and discharge to home of NICU patients. Through QI process, identified gaps are reviewed and process improvements are made
- Works closely with OT/PT, lactation and nutrition services to improve care provided to neonatal patients
- Works closely with the neuro-NICU collaborative to improve care of neonatal patients with neurologic morbidities
- Works closely with Neonatal Telemedicine Director to improve telemedicine resources for clinical practice at SCH NICU and to communicate with referring providers in the community
- Maintains communication, provides clinical consultation and ensures follow-up to referring community pediatricians, family practitioners, and neonatology physicians
- Addresses all patient and referring physician complaints in person, by telephone or written contact; provides family and/or referring physician with a written response when appropriate, shares feedback with providers; ensures that clinical complaints, problems and recommendations are addressed and resolved in a timely manner
- Participates in hospital-wide QI initiatives such as CLABSI reduction and performs smaller unit level improvement processes at the NICU microsystems level
- Participates in quality review of neonatal surgical patients
- Participates in the development and review of policies and guidelines surrounding the use of medications as it pertains to neonates
- Participates in monthly CUMG clinical practice committee to tackle large clinical operational improvement projects such as appropriate practice within scope of medical providers license, integrating and transitioning patient care to community pediatricians, improving outpatient provider appointment scheduling, equitable distribution of sleep rooms to providers
- Represents the NICU on the Blood Transfusion Committee and works on process improvements in neonatal transfusion practices

Works in collaboration with the Neonatal Transport Team to provide medical leadership to assigned program:

- Works with representatives of transport team from all the ICUs and ED to develop and revise guidelines, discuss maintenance and revision of transport materials and equipment, develop and revise medical control physician education, discuss and implement process improvements in intake call from referring hospital and timely dispatch of transport team
- Participates with Transport leadership in developing short- and long-term goals, mission and vision for SCH Critical Care Transport Team
- Participates in neonatal transport case reviews and provides appropriate feedback to transport team and medical control physician
- Addresses all referring physician complaints in person, by telephone or written contact
- Participates in on-going critical care transport team education through didactics and simulation

Exhibit 14
Conformance with Washington State Perinatal Level of Care Guidelines (2018)

Washington State Perinatal and Neonatal Level of Care (LOC) 2018 Guidelines

Neonatal Patients: Additional Details of Services and Capabilities

Level I	Level II	Level III	Level IV	Seattle Children's (SC)
Services and capabilities of all Level I: <ul style="list-style-type: none"> ✓ Newborn resuscitation per AHA Guidelines including intubation and vascular access for medications and volume ✓ Stabilize sick newborns pending arrival of transport team ✓ Breastfeeding support per AAP and WHO guidelines⁴ ✓ Controlled thermal environment ✓ Neonatal cardiorespiratory monitor for use during stabilization, assessment or observation prior to transport ✓ Neonatal pulse oximeter ✓ Oxygen blender ✓ Device for blood glucose screening ✓ Gavage feeding ✓ Device and appropriate-size cuffs for assessing blood pressure ✓ Hood oxygen/nasal cannula ✓ Peripheral IV insertion for fluids, glucose, and antibiotics prior to transport ✓ Phototherapy equipment available that produces irradiance of at least 30μWcm²/nm or ability to simultaneously cover body surface under and over baby. ✓ Irradiance meter to measure light irradiance of equipment⁵ ✓ Device to measure blood gas in <0.4 mL blood 	Services and capabilities of Level I plus: <p>If services are limited to ≥34 wk and ≥2000 g and for newborns whose problems are expected to resolve rapidly and without need for CPAP, assisted ventilation, or arterial catheter:</p> <ul style="list-style-type: none"> + Space designated for care of sick/ convalescing neonates + Cardiorespiratory monitor for continuous observation + Peripheral IV insertion, maintenance and monitoring for fluids, glucose, antibiotics + Neonatal blood gas monitoring + Average daily census of at least one - two Level II patients + Relationship with regional neonatal center for routine and urgent consultation and medical direction advice by phone, videoconference, or regular visits <p>If caring for 32-33 wk gestation or moderately- ill infants, add:</p> <ul style="list-style-type: none"> + Umbilical or peripheral arterial catheter insertion, maintenance and monitoring + Peripheral or central administration and monitoring of total parenteral nutrition and/or medication and fluids + High flow nasal cannula + Nasal CPAP + Average daily census of at least two to four Level II patients 	Services and capabilities of Level II plus: <ul style="list-style-type: none"> + Conventional mechanical ventilation + Cranial ultrasound + Pediatric echocardiography with written protocols for pediatric cardiology interpretation and consultation⁶ + High-risk NICU follow-up program + Quality improvement program with comparisons to national benchmarks for level III NICUs, e.g. VON + Complete range of genetic diagnostic services and genetic counselor available, referral arrangement for geneticist and diagnostics per written protocol + Arrangement for perinatal pathology services + Average daily census of at least 10 Level II/Level III patients <p>If services include high-frequency ventilation or inhaled nitric oxide, add:</p> <ul style="list-style-type: none"> + NICU respiratory care practitioners continuously present in the NICU during use <p>If services include major surgical procedure, add⁷</p> <ul style="list-style-type: none"> + 24/7 pediatric surgeons + 24/7 pediatric anesthesiologists + 24/7 pediatric diagnostic and interventional radiology + NICU nurses trained to care for post-op infants 	Services and Capabilities of Level III plus: <ul style="list-style-type: none"> + Full spectrum (all possible) of medical and surgical pediatric subspecialists available 24/7 	<ul style="list-style-type: none"> • Same as Level IV and include the following pediatric subspecialists involved in the 24/7 care of NICU patients: anesthesiology and pain medicine, bioethicists, bronchopulmonary dysplasia, craniofacial, critical care, dermatology, neurodevelopment, endocrinology/diabetes, gastroenterology, genetics, cardiology, interventional cardiology, hematology/ oncology, immunology, infectious diseases, intestinal failure program, lab medicine, pathology, neonatology, nephrology, neurology, pulmonary, radiology. Surgical subspecialists involved in the 24/7 care of NICU patients include pediatric and thoracic surgery, brachial plexus program, oral and maxillofacial surgery, intestinal failure and GI transplant, cardiac surgery, neurosurgery, ophthalmology, orthopedics, otolaryngology, plastic and craniofacial surgery, urology, vascular anomalies, pelvic floor reconstruction program. • SC has multidisciplinary teams. For example, management of myelomeningocele (spina bifida) patients by neurosurgery, plastic surgery, urology, orthopedics, and neurodevelopmental.

			<ul style="list-style-type: none">+ Multi-disciplinary teams for management of complex patients, including those with meningomyelocele, hydrocephalus, urogenital anomalies, orthopedic problems, chronic lung disease, congenital diaphragmatic hernia, congenital heart disease, etc.+ Therapeutic hypothermia program for hypoxic-ischemic encephalopathy, including aEEG, cEEG, pediatric neurologist, and pediatric neuroradiologist+ Surgical repair of complex conditions that may require cardiopulmonary bypass, ECMO, dialysis, tracheostomy, etc.⁸+ Neuro-developmental follow-up program+ Quality improvement program with comparisons to national benchmarks for Level IV NICUs (Children’s Hospital Neonatal Consortium (CHNC))+ Training and educational relationship with referring hospitals	<ul style="list-style-type: none">• SC has a therapeutic hypothermia program.• SC provides surgical repair of complex conditions such as hypoplastic left heart, congenital diaphragmatic hernia, chronic renal failure, tracheomalacia, etc. which frequently require cardiopulmonary bypass, ECMO, chronic dialysis, tracheostomy, etc.• SC has a neuro-developmental follow-up program.• SC utilizes national benchmarks for rates of infection and unintended extubation rates. SC is part of the Children’s Hospital Neonatal Consortium.• SC has a variety of training and educational relationships with referring hospitals. Some of these services include but are not limited to: outreach program for training in airway management, neonatal resuscitation, transport review, and selected neonatal topics such as therapeutic hypothermia. SC participates in grand rounds and have a robust SIM program.
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Additional sites of perinatal and neonatal care

Location	Capabilities	Provider Types	Seattle Children’s
Hospital without delivery service	Basic newborn support including thermoregulation and resuscitation as needed following AHA Guidelines for Neonatal Resuscitation (<i>ref13</i>) and stabilization pending transfer to appropriate level of care facility based on maternal and/or neonatal services required.	Emergency room physicians	These capabilities apply to adult hospitals without delivery services which occasionally manage women in labor and deliver babies in their Emergency Room, but this does not apply to Seattle Children’s which never delivers babies in its Emergency Room.
Non-hospital birth center (37-42 wk gestation; low-risk pregnancies)	Manage newborn resuscitation per AHA Guidelines for Neonatal Resuscitation (<i>ref13</i>), including thermoregulation, initial steps of resuscitation and mask ventilation and supplemental oxygen if required pending arrival of Emergency Medical Services. ARNPs and medical providers, if present, may provide endotracheal intubation, emergency vascular access and administration of medication and volume if indicated per AHA Guidelines (<i>ref13</i>).	Licensed Midwives, Certified Nurse Midwives Naturopathic Physician	Seattle Children’s is not a non-hospital birth center.

Obstetrical Patients: Services and Capabilities

Level I	Level II	Level III	Level IV	Seattle Children’s
<p>Uncomplicated pregnancies with the ability to detect, stabilize, and initiate management of unanticipated maternal– fetal or neonatal problems that occur during the antepartum, intrapartum, or postpartum period until patient can be transferred to a facility at which specialty maternal care is available.</p> <p>Capabilities¹⁰</p> <ul style="list-style-type: none">✓ Ability to begin emergency cesarean delivery within a time interval that best incorporates maternal and fetal risks and benefits with the provision of emergency care✓ Available support services, including access to obstetric ultrasonography, laboratory testing, and blood bank supplies at all times✓ Protocols and capabilities for emergency release of blood products, and management of multiple component therapy✓ Ability to establish formal transfer plans in partnership with a higher- level receiving facility✓ Ability to initiate education and quality improvement programs to maximize patient safety, and/or collaborate with higher-level facilities to do so <p>Types of Healthcare Providers¹⁰</p> <ul style="list-style-type: none">✓ Continuous availability of adequate number of RNs with competence in Level I care criteria and ability to stabilize and transfer high-risk women and newborns✓ Nursing leadership has expertise in perinatal nursing care✓ Anesthesia services available to provide labor analgesia and surgical anesthesia	<p>Level I Facility Capabilities plus:</p> <ul style="list-style-type: none">+ Computed tomography scan and, ideally, magnetic resonance imaging with interpretation available+ Basic ultrasonographic imaging services for maternal and fetal assessment <p>Level I Facility Healthcare Providers plus:¹⁰</p> <ul style="list-style-type: none">+ Continuous availability of adequate numbers of RNs with competence in Level II care criteria and ability to stabilize and transfer high-risk women and newborns who exceed Level II care criteria+ Nursing leadership and staff have formal training and experience in the provision of perinatal nursing care and should coordinate with respective neonatal care services+ OB/GYN available at all times+ Director of obstetric service is a board-certified OB/GYN+ MFM available for consultation onsite, by phone, or by telemedicine, as needed+ Anesthesia services available at all times to provide labor analgesia and surgical anesthesia+ Medical and surgical consultants available to stabilize obstetric patients who have been admitted to the facility <p>For hospitals prepared to care for newborns ≥ 32 0/7 weeks gestation and estimated birthweight > 1500 grams, OB capabilities include management consistent with ACOG guidelines of selected high-risk pregnancy conditions such as preterm labor or other complications of pregnancy judged unlikely to deliver before 32 weeks gestation.</p>	<p>Level II Facility Capabilities plus:</p> <ul style="list-style-type: none">+ Advanced imaging services available at all times+ Medical and surgical ICUs accepts pregnant women and have critical care providers onsite to actively collaborate with MFMs at all times+ Appropriate equipment and personnel available onsite to ventilate and monitor women in labor and delivery until they can be safely transferred to the ICU <p>Level II Healthcare Providers plus:</p> <ul style="list-style-type: none">+ RNs with competence in Level III care criteria and ability to transfer and stabilize high-risk women and newborns who exceed Level III care criteria, and with special training and experience in the management of women with complex maternal illnesses and obstetric complications+ OB/GYN available onsite at all times+ MFM with inpatient privileges available at all times, either onsite, by phone, or by telemedicine+ Director of MFM service is a board-certified MFM+ Director of obstetric service is a board- certified ob-gyn with special interest and experience in obstetric care+ Anesthesia services available at all times onsite+ Board-certified anesthesiologist with special training or experience in obstetric anesthesia	<p>If obstetrical services are offered, OB capabilities are the same as for Level III.</p>	<p>SC does not provide obstetrical services.</p>

Patient Transport				
Level I	Level II	Level III	Level IV	Seattle Children's
<p>All hospitals demonstrate capabilities to stabilize and initiate transport of patients in the event of unanticipated maternal-fetal-newborn problems that require care outside the scope of the designated level of care. Access to return transport services may be a necessary capability for Level III and Level IV intensive care nurseries.</p> <p>Transport patients:</p> <ul style="list-style-type: none"> ✓ Who are anticipated to deliver a neonate of earlier gestational age than appropriate for the facility's designated level of care, but should not transport if the fetus or mother is medically unstable or delivery is imminent. ✓ Whose illness or complexity requires services with a higher level of care than provided at the admitting facility. For neonatal transport, refer to AAP reference titled, "Guidelines for Air and Ground Transport of Neonatal and Pediatric Patients"¹¹ <p>A hospital that transports patients to a higher level of care facility should:</p> <ul style="list-style-type: none"> ✓ Demonstrate on-going relationships with referral hospital(s) for education, immediate consultation, urgent transport facilitation, and quality assurance ✓ Establish a written policy and procedure for maternal and neonatal transport that includes an established triage system for identifying patients at risk who should be transferred to a facility that provides the appropriate level of care ✓ Establish guidelines that ensure a provider's continuing responsibility for and care of the patient until transport team personnel or receiving hospital personnel assume full responsibility for the patient <p>A hospital that accepts maternal or neonatal transports in order to provide a higher level of care than is offered at the referral hospital, should:</p> <ul style="list-style-type: none"> ✓ Participate in perinatal and/or neonatal case reviews at the referral hospital ✓ Maintain a 24 hrs/day, 7 days/week system for reliable, comprehensive communication between hospitals for immediate consultation, initiation, and approval of maternal and newborn transports ✓ Provide referring physicians with ongoing communication and recommendations for ongoing patient care at discharge 			<ul style="list-style-type: none"> • Level III criteria excluding obstetrical care if not provided. • Return transport may be necessary to make acute care beds accessible and for discharge planning closer to patient's community. 	<ul style="list-style-type: none"> • SC meets all Level III criteria, with the exception of providing obstetrical care. • SC operates our own Critical Care Transport team for ground transport and uses Airlift NW for air transports when necessary. Our specialty team can also provide clinical care on flights transporting neonatal patients outside of Western Washington. We are the only pediatric and neonatal critical care transport service in Western Washington that transfers patients to any facility, regardless of destination (not just to Seattle Children's).

Medical Director				
Level I	Level II	Level III	Level IV	Seattle Children's
<p>Obstetrics: Board- certified in OB/GYN or family medicine</p> <p>Nursery: Board - certified in pediatrics or family medicine</p> <p>If the medical director is a family medicine physician, he or she may direct both services</p>	<p>Obstetrics: Board-certified in OB/GYN Nursery: Board-certified in pediatrics</p> <p>If caring for 32-34 week infants:</p> <p>Obstetrics: Board-certified in OB/GYN</p> <p>Nursery: Board-certified in neonatology or pediatric hospitalist who has oversight from neonatologist</p>	<p>Obstetrics (if provided): Board-certified in maternal-fetal medicine</p> <p>Nursery: Board-certified in neonatology</p>		<ul style="list-style-type: none"> • For the Level IV requirements, even though SC does not have an obstetrics services, SC has a prenatal diagnosis program and this program includes a board certified maternal-fetal medicine provider. • Yes, the NICU has a Neonatology board-certified medical director.

Healthcare Providers

Level I	Level II	Level III	Level IV	Seattle Children’s
<ul style="list-style-type: none">✓ Physician or credentialed obstetrical provider in-house, immediately available in late stage labor or when fetal or maternal complications are imminent or apparent✓ Every delivery is attended by at least one person whose sole responsibility is the baby, whose Neonatal Resuscitation Program (NRP) provider status is current, and who is capable of initiating newborn resuscitation¹²✓ Another person is in-house and immediately available whose NRP provider status is current and who is capable of assisting with chest compressions, intubation, and administering medications¹²✓ Anesthesiologist or nurse-anesthetist available to initiate cesarean section within 30 minutes of decision to do so✓ Consultation arrangement with genetic counselor per written protocol.	<p>Level I coverage plus:</p> <ul style="list-style-type: none">✓ Every high risk delivery is attended by at least two people (<i>ref 12</i>) one of whom is a pediatrician, family practice physician, or advanced practice nurse capable of a complete resuscitation, including chest compressions, intubation and administering medications <p>If providing HFNC or CPAP:</p> <ul style="list-style-type: none">✓ Continuous in-house availability of personnel experienced in airway management and the diagnosis and treatment of pneumothorax when a patient is being treated with high flow nasal cannula or nasal CPAP.✓ Radiologist on-staff with daily availability who can interpret neonatal studies such as chest and abdominal radiographs, and cranial ultrasounds✓ Ophthalmologist with pediatric experience available to do eye exams for neonates who are at high risk for retinopathy of prematurity (ROP) if accepting back transport of such infants; written protocol for referral or treatment✓ Arrangement for neurodevelopmental follow-up or referral per written protocol	<p>Level II coverage plus:</p> <ul style="list-style-type: none">✓ Obstetrics: Immediate availability of an obstetrician with demonstrated competence in the management of complicated labor and delivery patients✓ Newborn: Immediate availability of neonatologist, or Neonatal Advanced Practice Provider (AAP) with demonstrated competence in the management of severely ill neonates, including those requiring mechanical ventilation✓ Obstetrical anesthesiologist or nurse anesthetist immediately available <p>If services include major surgical procedure, add:</p> <ul style="list-style-type: none">✓ Pediatric surgeon available within 30 minutes of request 24/7✓ Pediatric anesthesiologist, with at least 10 infant cases per year, available within 60 minutes of request 24/7	<p>Same as Level III Staff plus:</p> <ul style="list-style-type: none">✓ Full spectrum of medical and surgical pediatric sub-specialists available 24/7	<ul style="list-style-type: none">• SC meets Level IV requirements. See list in “Neonatal Patients: Additional Details of Services and Capabilities” section for a comprehensive list. All are either available in-house or immediately 24/7.

Nurse: Patient Ratio	Seattle Children’s
<p>Staffing parameters (ref 13) should be clearly delineated in a policy that reflects:</p> <ul style="list-style-type: none">✓ (1) staff mix and ability levels✓ (2) patient census, intensity, and acuity; and✓ (3) plans for delegation of selected, clearly defined tasks to competent assistive personnel. <p>It is an expectation that allocation of personnel provides for safe care of all patients in a setting where census and acuity are dynamic¹⁴</p> <p>Newborns</p> <ul style="list-style-type: none">✓1:6-8 neonates requiring only routine care*✓1:4 recently born neonates and those requiring close observation✓1:3-4 neonates requiring continuing care✓1:2-3 neonates requiring intermediate care✓1:1-2 neonates requiring intensive care✓1:1 for unstable neonates requiring multisystem support✓1:1 or greater for unstable neonates requiring complex critical care <p>*Reflects traditional newborn nursery care. A nurse should be available at all times, but only one may be necessary, as most healthy neonates will not be physically present in the nursery. Direct care of neonates in the nursery may be provided by ancillary personnel under the nurse’s direct supervision. Additional staff is needed to respond to acute and emergency situations. The use of assistive personnel is not considered in the nurse:</p> <p>patient ratios noted here.</p>	<ul style="list-style-type: none">• SC provides the following staffing ratios with neonatal ICU nurses experienced in the care of even the most complex and unstable neonates:<ul style="list-style-type: none">○ ✓ 1:1-2 neonates requiring intensive care○ ✓ 1:1 for unstable neonates requiring multisystem support○ ✓ 1:1 or greater for unstable neonates requiring complex critical care

Nursing Management

Level I	Level II	Level III	Level IV	Seattle Children’s
<p>Nurse manager of perinatal and nursery services:</p> <ul style="list-style-type: none">✓Maintains RN licensure✓Directs perinatal and/or nursery services✓Guides perinatal and/or nursery policies and procedures✓Collaborates with medical staff✓Consults with higher level of care units as necessary	<p>Same as Level I plus:</p> <p>✚Advanced degree or equivalent experience is desirable</p>			<ul style="list-style-type: none">• Current NICU clinical managers have RN and BS degrees, >15 years of level III NICU management experience, and leadership certifications.• Current Director is an RN with Masters Degree, >25 years, with advanced Nurse Executive Advanced Certification.

**One RN may manage both services but additional managers may be necessary based on number of births, average daily census, or number of full-time equivalents (FTEs).*

Pharmacy, Nutrition/Lactation and OT/PT

Level I	Level II	Level III	Level IV	Seattle Children’s
Pharmacy Services				
<ul style="list-style-type: none">✓ Registered pharmacist immediately available for telephone consultation, 24 hrs/day and 7 days/wk✓Provision for 24 hr/day and 7 days/wk access to emergency drugs	<ul style="list-style-type: none">✓ Registered pharmacist available 24 hrs/day and 7 days/wk <p>If caring for 32-33 week infants:</p> <ul style="list-style-type: none">✓Registered pharmacist with experience in neonatal/perinatal pharmacology available 24 hrs/day, and 7 days/wk esp. when ordering TPN		<ul style="list-style-type: none">• Registered pharmacist in-house 24/7• All in-house inpatient pharmacists have extensive experience in neonatal pharmacology.• Pharmacists are part of the interdisciplinary team and round daily on NICU patients.	
Nutrition/Lactation				
<ul style="list-style-type: none">✓ Dietary and lactation services and consultation available¹⁵	<p>One healthcare professional who is knowledgeable in</p> <ul style="list-style-type: none">✓ Management of special maternal and neonatal dietary needs.✓ Lactation services and consultation available.✓ Diabetic educator for inpatient and outpatient OB services. <p>If caring for 32-33 week infants:</p> <ul style="list-style-type: none">✓ Registered dietician knowledgeable in parenteral nutrition of low birthweight and other high-risk neonates	<p>Level II services plus:</p> <ul style="list-style-type: none">✦ At least one registered dietitian who has special training in neonatal/perinatal nutrition and can plan diets that meet the special needs of high-risk mothers and neonates, and oversee TPN orders	<ul style="list-style-type: none">• Two highly experienced neonatal dieticians who are knowledgeable in the management of special neonatal dietary needs who are dedicated to the NICU, with experienced back-up dieticians 7 days per week.• Dieticians are part of the interdisciplinary team and round daily on NICU patients.• Lactation services and consultation from specially trained nursing staff as well as occupational therapists who specialize in the diagnosis and treatment of infant feeding disorders• No diabetic educator for OB patients because no OB services are offered• Dedicated neonatal registered dietician with >15 years’ experience in management of surgical and complex medical NICU patient population, with special training in neonatal nutrition	
OT/PT Services				
Provide for inpatient consultation and outpatient follow-up services				<ul style="list-style-type: none">• Provide inpatient consultation and outpatient follow-up services

Social Services/Case Management, Respiratory Therapy, Nurse Educator/Clinical Nurse Specialist/Neonatal Advanced Practice Provider

Level I	Level II	Level III	Level IV	Seattle Children's
Social services/case management: ✔ Mechanism available for high-risk assessment and provision of social services	Level I services plus: +Personnel with relevant experience whose responsibilities include perinatal patients; specific personnel for discharge planning and education, community follow-up, referral process, and home care arrangements If caring for 32-33 week infants: + At least one MSW with relevant experience	Level II services plus: + At least one FTE licensed MSW for every 20 NICU patients in delivery hospital ⁸ and for every 15 NICU patients in children's hospital ⁸ who has experience with socioeconomic and psychosocial problems of high-risk mothers and babies, available 24 hrs/day and 7 days/wk	<ul style="list-style-type: none">• SC meets the Level IV requirements and includes two dedicated MSWs for the 32-bed NICU with extensive experience with high-risk mothers and babies; back-up from trained MSW 24/7	
Nurse Educator/ Clinical Nurse Specialist: ✔ Phone/TeleHealth/ email consultation /education provided by nurse educator/CNS located at regional Level III or IV NICU ✔ Staff education on maternal or newborn stabilization prior to transport, provided to all staff caring for newborns via TeleHealth Computer technology or onsite.	<ul style="list-style-type: none">✔ A nurse educator with appropriate training in special care nursery or perinatal care to coordinate staff education and development✔ If caring for full spectrum of Level II patients, an advanced practice nurse with appropriate training in high risk neonatal care (clinical nurse specialist with graduate education is recommended) for staff development and to effect system-wide changes to improve programs of care	<ul style="list-style-type: none">✔ An advanced practice nurse with appropriate training in high risk neonatal care (clinical nurse specialist with graduate education is preferred) for staff development and to effect system-wide changes to improve programs of care	<ul style="list-style-type: none">• SC meets the Level IV requirements and includes 2 dedicated nurse educators with extensive neonatal training and a CNS with >20 years in NICU nursing and leading ECMO program and who is masters prepared.	
Respiratory Therapy: ✔ The role of a Respiratory Care Practitioner is prescribed by the medical director and clearly delineated per written protocol. If attending deliveries or providing neonatal respiratory care will have current NRP Provider status	Same as Level I plus: + When CPAP in use: in-house and immediately-available RCP with documented competence and experience in the management of neonates with cardiopulmonary disease	Level II plus: + One Respiratory Care Practitioner for every six or fewer ventilated neonates with additional staff for procedures + RCP skilled in neonatal airway management immediately available for every high-risk delivery	<ul style="list-style-type: none">• SC's meets the Level IV requirements by providing at least 1 RCP per 6 ventilated neonates.• Delivery services not provided	

X-Ray/Ultrasound

Level I	Level II	Level III	Level IV	Seattle Children's
<ul style="list-style-type: none">✓ Portable x-ray and ultrasound equipment available to Labor and Delivery and Nursery within 30 minutes✓ Performance and interpretation of neonatal x-rays and perinatal ultrasound available 24 hrs/day and 7 days/wk✓ Antepartum surveillance techniques available	Level I Services plus: <ul style="list-style-type: none">+ Ultrasound equipment immediately accessible and available to the Labor and Delivery unit 24 hrs/day and 7 days/wk	Level II Services plus: <ul style="list-style-type: none">+ Advanced level ultrasound available to Labor and Delivery and Nursery on-site <p>If therapeutic hypothermia offered:</p> <ul style="list-style-type: none">+ Neonatal MRI with special HIE sequences	<ul style="list-style-type: none">• Full range of plain films, ultrasound, nuclear medicine, fluoroscopy, interventional radiology, CT, and MRI.• SC provides Neonatal MRI with special HIE sequences.	

Laboratory and Blood Bank Services				
Level I	Level II	Level III	Level IV	Seattle Children's
Laboratory ✓ Laboratory technician available 24 hrs/day, and 7 days/wk present in the hospital or within 30 minutes ✓ Capability to report laboratory results in a timely fashion	Same as Level I plus: + Lab technician in-house 24 hrs/day and 7 days/wk + Personnel skilled in phlebotomy and IV placement in the newborn immediately available 24 hrs/day and 7 days/wk + Microtechnique for hematocrit and blood gases within 15 minutes	✓ Comprehensive services available 24 hrs/day and 7 days/wk		• Comprehensive laboratory services available 24/7 • Point-of-care testing of most common tests
Blood Bank ✓ Blood bank technician on-call and available w/in 30 minutes for performance of routine blood banking procedures ✓ Provision for emergent availability of blood and blood products				• In-house blood bank with 24/7 service including emergency blood and blood products, including massive transfusion protocol