

July 1, 2011

CERTIFIED MAIL # 7008 1300 0000 7202 9980

Kevin Brown, Chief Strategic Officer Swedish Health Services 747 Broadway Seattle, Washington 98122

Dear Mr. Brown:

Enclosed is Certificate of Need #1264R2A issued to Swedish Health Services approving an amendment of Certificate of Need #1264R2 because of a change in the approved site.

The certificate is not approval for any other local, federal, or state statutes, rules, or regulations. Such a project may also need Department of Health approval for a construction plan and facility licensing or certification, as well as other federal or local jurisdiction permits.

CN #1264R2A is valid until December 27, 2011. If there is substantial and continuing progress, we may extend the certificate for one six month period. For an extension, you must submit an extension request at least 120 days before the expiration. You cannot begin a project after the expiration date.

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

Mailing Address: Adjudicative Service Unit Mail Stop 47879 Olympia, WA 98504-7879 Other Than By Mail
Adjudicative Clerk Office
310 Israel Road SE, Building 6
Tumwater, WA 98501

Kevin Brown, Swedish Health Services Certificate of Need App #11-30 July 1, 2011 Page 2 of 2

We monitor projects until completed or the expiration date, whichever occurs last. We do this with quarterly progress reports. At least 30 days before the report's due date, you will receive a form to complete and return. If you have any question, please contact Janis Sigman, Manager of the Certificate of Need Program at (360) 236-2955.

Sincerely

Steven M. Saxe, FACHE

Director, Health Professions and Facilities

Enclosure

cc: Linda Foss, Department of Health, Investigations and Inspections Office

Karen Stricklett, Department of Health, Customer Service Office



This Certificate is granted under the authority of RCW 70.38. Issuance of this Certificate does not constitute approval under any other local, federal or state statute, implementing rules and regulations. Examples where additional approval may be necessary include, but are not limited to, construction plan approval through the Construction Review Unit of the Department of Health, facility licensing/certification through the Department of Social and Health Services or Department of Health, and other federal or local jurisdiction permits.

Certificate of Need #1264R2A is issued to:

Legal Name of

Swedish Health Services

Applicant:

Address of Applicant:

747 Broadway, Seattle, Washington 98122

Type of Service:

Ambulatory Surgery Center

Facility Name:

Swedish Eastside Ambulatory Surgery Center

Facility Address:

751 Northeast Blakely Drive, Bellevue, Washington 98029

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION DATED JUNE 24, 2011 (CN App #11-30)

Project Description:

Swedish Health Services is approved to move the ambulatory surgery center authorized by Certificate of Need #1264 from 3326 – 160th Avenue Southeast in Bellevue to 751 Northeast Blakely Drive in Issaquah. Both sites are located in the east King County secondary health services planning area as identified in WAC 246-310-270(3).

At project completion, the number of operating rooms is five and the ambulatory surgery center would provide the following ambulatory services: orthopedic, gastroenterology, ENT, general surgery, urology, gynecology, and ophthalmology.

Once the Swedish Health Services' Issaquah hospital is licensed and the five operating rooms become part of that hospital, a new Certificate of Need would be required to license them as a freestanding ambulatory surgery center or move them off of the Issaquah hospital campus.

Conditions:

See Page 2

Approved Costs:

There is no approved capital expenditure associated with this project. The capital expenditure required for the ambulatory surgery center space within the new Issaquah hospital was included as part of the cost to build the hospital. Since the space for the ASC has already been built, no additional capital cost approval is necessary.

This Certificate authorizes commencement of the project from October 22, 2010 to December 27, 2011, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: July 1, 2011

Steven Saxe

Director, Health Professions and Facilities

This Certificate is not transferable.

Certificate of Need #1264R2A Page Two

Conditions:

- 1. Approval of the project description as stated above.
- 2. Swedish Health Services' new ambulatory surgery center must provide charity care in compliance with the charity care policies provided in its Certificate of Need application and the requirements of the applicable law. Specifically, Swedish Health Services will use reasonable efforts to provide charity care in an amount comparable to the average amount of charity care provided by all hospitals in the King County Region (less Harborview) during the three most recent years as of the writing of this amendment evaluation. For historical years 2007-2009, these amounts are 1.42% gross revenue and 2.51% adjusted revenue. Swedish Health Services will maintain records at the facility documenting the amount of charity care it provides and demonstrating compliance with its charity care policies and applicable law.
- 3. Prior to providing services at the ambulatory surgery center, Swedish Health Services will provide to the department for review and approval the executed medical director agreement. The executed agreement will be consistent with the draft agreement provided in this application.
- 4. Prior to providing services at the ambulatory surgery center, Swedish Health Services will provide to the department for review and approval the executed patient transfer agreement. The executed agreement will be consistent with the draft agreement provided in this application.