



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

April 19, 2010

Andy Agwunobi, MD CEO  
Providence Health & Services  
101 West 8th Avenue  
Spokane, WA 99204

RE: CN09-09 Sacred Heart Medical  
Proposed Settlement

Dear Dr. Agwunobi:

Enclosed are copies of the comments we received on the proposed settlement between the Department and Sacred Heart Medical Center. You have until April 28, 2010, to submit rebuttal comments.

Rebuttal comments are to be limited to the documents submitted to the department during the proposed settlement's public comment period. Comments or information submitted that are not directly related to these items will not be considered by the department.

**Please Note:** The program does not accept faxes. Therefore, your comments should be sent by regular mail or overnight delivery.

If you have any questions, please call Mark Thomas at (360) 236-2931.

Sincerely,

Janis R. Sigman, Manager  
Certificate of Need Program  
Health Professions and Facilities



## City of Spokane

April 6, 2010

Ms. Janis Sigman  
Health Professions and Facilities  
Washington State Department of Health  
P.O. Box 47852  
Olympia, WA 98504-7852

Dear Ms. Sigman:

I am writing to express my support of the proposed settlement for the Providence Sacred Heart Certificate of Need application, to expand the hospital and increase its number of licensed beds.

Sacred Heart fills a vital role in serving the eastern Washington region's growing need for services, particularly as the only Level II Trauma Center east of the Cascade Mountains. It is critical for our communities to have adequate facilities and services to meet the ongoing demand for medical services, now and in the future. This proposed settlement represents an effective approach toward meeting those demands.

I applaud the Washington State Department of Health for its thorough and thoughtful analysis of the Providence Sacred Heart application. Continued access to quality and affordable health is vitally important to the residents of this community and the region as a whole.

Thank you for the opportunity to express my continued support for this important project.

Sincerely,

Mary B. Verner  
Mayor

cc: Andy Agwunobi, MD, Chief Executive  
Providence Sacred Heart Medical Center

*"Spokane - Near Nature, Near Perfect"*

808 W. Spokane Falls Blvd., Spokane, Washington 99201-3335  
Phone: (509) 625-6250 FAX: (509) 625-6563

RECEIVED

APR 6 2010

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

April 3, 2010

Janis Sigman  
Health Professions and Facilities  
Washington State Department of Health  
P.O. Box 47890  
Olympia, WA 98504-78890

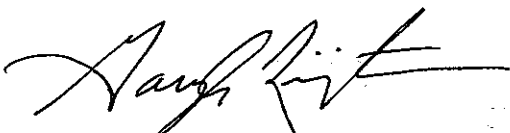
Dear Ms. Sigman:

I am Gary Livingston, Chancellor of the Community Colleges of Spokane. As an interested and concerned citizen, I am writing to express my personal support of the proposed settlement for the Providence Sacred Heart Certificate of Need application to expand the hospital and increase its number of licensed beds.

Sacred Heart fills a vital role serving the eastern Washington region's growing need for services, particularly as the only Level II Trauma Center east of the Cascades. It is critical, in my personal opinion, that our community has adequate facilities and services to meet the ever growing demand, now and into the future.

Thank you for your serious consideration.

Sincerely,



Gary A. Livingston

cc. Andy Agwunobi, MD Chief Executive  
Providence Sacred Heart Medical Center

**R E C E I V E D**

APR 06 2010

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH



\*Fellows  
American College of Cardiology

www.heartclinicsnw.com



Nuclear Cardiology  
Accredited Nuclear  
Cardiology Laboratory



ICAEEL  
Accredited Echocardiography  
Laboratory

**MAIN OFFICE** – Providence Heart & Vascular Institute  
122 W 7th Avenue, Suite 310, Spokane, WA 99204  
509-838-7711 x Fax 509-747-4664

\*William R. Bennett, MD      \*R. Dean Hill, MD  
\*Andrew J. Boulet, MD      \*Michael D. Hostetler, MD  
Eteri S. Byazrova, MD      \*Kevin M. Kavanaugh, MD  
\*Donald A. Chilson, MD      \*Timothy J. Lessmeier, MD  
\*Angelo S. Ferraro, MD      \*Eric C. Orme, MD

**NORTHSIDE**  
212 E Central Avenue, Suite 240, Spokane, WA 99208  
509-489-7504 x Fax 509-482-9011

John P. Everett, MD      \*Keith A. Kadel, MD  
Marek Janout, MD      \*Eric D. Stucky, MD

**WALLA WALLA** – St. Mary Medical Center  
401 W Poplar, Cardiology Suite, Walla Walla, WA 99362  
509-522-5731 x Fax 509-522-5747

\*Suwong Wongsuwan, MD

\*Michael E. Ring, MD  
\*Stephen T. Thew, MD  
\*L. Douglas Waggoner, Jr., MD  
\*Michael P. Williams, MD

**COEUR D'ALENE**  
700 Ironwood Drive, Suite 350  
Coeur d'Alene, ID 83814  
208-676-9913 x Fax 208-666-0885

\*Dennis B. Cooke, MD  
\*Ronald M. Fritz, DO  
Carl L. Hanson, MD  
\*Ronald D. Jenkins, MD  
\*Kevin M. Kavanaugh, MD  
James Pataky, MD  
\*Wolfgang J.T. Spyra, MD

**SANDPOINT**  
606 N 3rd Avenue, Suite 203  
Sandpoint, ID 83864  
208-263-2505 x Fax 208-263-2908  
\*Joseph A. Abate, MD  
\*Ronald D. Jenkins, MD

April 12, 2010

Janis Sigman  
Health Professions and Facilities  
Washington State Department of Health  
P.O. Box 47890  
Olympia, WA 98504-78890

Dear Ms. Sigman:

I am writing to express my strong support of the proposed settlement for the Providence Sacred Heart Medical Center Certificate of Need application to increase the number of licensed beds at Providence Sacred Heart Medical Center. I have practiced at Providence Sacred Heart Medical Center since 1990 and have observed its evolving and increasing role in the medical care of the residents of the Spokane area as well as the entire Inland Northwest. We have been experiencing ever-increasing demand for the type of services available only at our institution. This includes not only those related with providing the only Level II Trauma Services available east of the Cascades, but also a host of sophisticated cardiovascular services best provided at an institution with the experience and resources available at our facility. In order to meet the region's current and future needs for these services, it is vital that we expand the number of hospital beds required to care for increasing population, with ever growing numbers of older residents who will require precisely the type of cardiac services discussed above.

Please do not hesitate to contact me if you have any questions regarding any aspect of this issue. I sincerely appreciate the opportunity to express my strong support for the proposed settlement.

Sincerely,

Michael Ring, MD, FACC, FSCAI  
Incoming Governor, Washington Chapter of the American College of Cardiology

Cc: Andy Agwunobi, MD, Chief Executive

**RECEIVED**  
APR 15 2010  
CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

**Northwest Heart and Lung Surgical Associates**  
Cardiac, Thoracic and Vascular Surgery 1.800.366.0262 • [nwhl@nwheartlung.com](mailto:nwhl@nwheartlung.com)

**Spokane**  
William S. Coleman, MD  
D. Vernon Holbert, MD  
Jack J. Leonard, MD  
Steven J. Nisco, MD  
Branden R. Reynolds, MD  
Leland G. Siwek, MD  
Mandya Vishwanath, MD  
Neil K. Worrall, MD

**Coeur d'Alene**  
Robert J. Burnett, MD

**Wenatchee**  
John R. Rowles, MD

April 9, 2010

Janis Sigman  
Health Professions and Facilities  
Washington State Department of Health  
P.O. Box 47890  
Olympia, WA 98504-78890

Dear Ms Sigman:

As the Chair of Providence Sacred Heart Medical Center Department of Surgery, I am writing to express my support of the proposed settlement for the Providence Sacred Heart Medical Center Certificate of Need application to expand the hospital and increase its number of licensed beds.

Sacred Heart fills a vital role in serving the eastern Washington region's growing need for services, particularly as the only Level II Trauma Center east of the Cascades. It is critical that our community have adequate facilities and services to meet the growing demand for services, now and into the future.

I applaud the Department of Health for its thorough and thoughtful analysis of the Sacred Heart Certificate of Need application. Continued access to quality and affordable health care is vitally important to the residents of our community.

Thank you for the opportunity to express my continued support of this important project.

Respectfully;



William Coleman, MD, Cardiovascular Surgeon  
Chair Sacred Heart Medical Center Department of Surgery

CC: Andy Agwunobi, MD, Chief Executive  
Providence Sacred Heart Medical Center

**R E C E I V E D**  
APR 15 2010  
CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

Diplomates of the  
American Board  
of Surgery and the  
American Board of  
Thoracic Surgery

**Spokane**  
• 122 West Seventh Avenue, Suite 110  
• 910 West Fifth Avenue, Suite 380  
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**Coeur d'Alene**  
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f: 208.666.2556

**Wenatchee**  
933 Red Apple Road, Suite E  
Wenatchee, WA 98801  
t: 509.667.2003  
f: 509.668.2363

 **PROVIDENCE**  
Sacred Heart  
Medical Center &  
Children's Hospital

April 7, 2010

**R E C E I V E D**

APR 12 2010

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH


Janis Sigman  
Health Professions and Facilities  
Washington State Department of Health  
P. O. Box 47890  
Olympia, WA 98504-78890

Dear Ms. Sigman,

I am writing to express my support for the proposed settlement for the Providence Sacred Heart Certificate of Need application to expand the hospital and increase its number of beds. The settlement represents an effective approach to meeting the current and future health care needs of the residents in our Spokane region.

I congratulate the Department of Health on its thorough analysis of the application. Access to quality and affordable health care is vital to our community residents. I appreciate this opportunity to express my support for this important project.

Sincerely,



James G. Falkner, Chairman  
Providence Health Care Board of Directors

CC: Andy Agwunobi, MD, Chief Executive  
Providence Sacred Heart Medical Center



Sacred Heart Doctors Building  
Spokane, Washington 99204  
Fax: 509.624.1087

105 West Eighth Avenue, Suite 200  
Phone: 509.624.9112  
Web: www.neuroandspine.com

April 5, 2010

Janis Sigman  
Health Professions and Facilities  
Washington State Department of Health  
P.O. Box 47890  
Olympia, WA 98504-7980

Dear Ms. Sigman:

I am writing to express my support of the proposed settlement for the Providence Sacred Heart Certificate of Need application to expand the hospital and increase its number of licensed beds.

Sacred Heart fills a vital role in serving the eastern Washington region's growing need for services, particularly as the only level II Trauma Center east of the Cascades. It is critical that our community have adequate facilities and services to meet the growing demand for services, now and into the future.

Thank you for this opportunity.

Sincerely,

Dean Martz, M.D.

RDM:SG

cc: Andy Agwunobi, M.D., Chief Executive  
Providence Sacred Heart Medical Center

**R E C E I V E D**

APR 08 2010

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

Jeffrey S. Hirschauer, M.D.  
David P. Gruber, M.D.  
William E. Bronson, M.D.

Dean Martz, M.D.  
William L. Weigel, M.D.  
John A. Hatheway, M.D.

Benjamin C. Ling, M.D.  
Jonathan D. Carlson, M.D., Ph.D.

April 6, 2010

Janis Sigman  
Health Professions and Facilities  
Washington State Department of Health  
P.O. Box 47890  
Olympia, WA 98504-78890

Dear Ms. Sigman:

I am pleased to write in support of the proposed settlement for Providence Sacred Heart Hospital's Certificate of Need application to expand and increase its number of licensed beds.

It is critical that our community have adequate facilities and services to meet growing regional demand for services, now and into the future. Spokane and Eastern Washington are giving priority to development of academic health care services – Nursing, Pharmacy, Medicine, Allied and Public Health – to support the health care and economic development needs of the region. This includes plans for a medical school. With regional population growth and health care changes, demand will increase significantly. Sacred Heart Hospital fills an important role in Eastern Washington region's growing need for services, particularly as the only Level II Trauma Center east of the Cascades. Sacred Heart Hospital will be an important partner with undergraduate and graduate medical education.

Thank you for consideration of these comments.

Sincerely,



Brian L. Pitcher, Chancellor  
Washington State University Spokane

c: Andrew Agwunobi, MD, Chief Executive  
Providence Sacred Heart Medical Center

**R E C E I V E D**

APR 13 2010

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH





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www.  
greaterspokaneincorporated.org

April 6, 2010

Janis Sigman  
Health Professions and Facilities  
Washington State Department of Health  
P.O. Box 47890  
Olympia, WA 98504-78890

Dear Ms Sigman:

I am writing to express my support of the proposed settlement for the Providence Sacred Heart Certificate of Need application to expand the hospital and increase its number of licensed beds.

Sacred Heart fills a vital role in serving the eastern Washington region's growing need for services, particularly as the only Level II Trauma Center east of the Cascades. It is critical that our community have adequate facilities and services to meet the growing demand for services, now and into the future.

Thank you for this opportunity.

Sincerely,

A handwritten signature in black ink that reads "Richard G. Hadley". The signature is written in a cursive, flowing style.

Richard G. Hadley  
President and Chief Executive Officer

CC: Andy Agwunobi, MD, Chief Executive  
Providence Sacred Heart Medical Center

**R E C E I V E D**

APR 13 2010

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH



Deaconess Medical Center  
Valley Hospital and Medical Center

**DEACONESS MEDICAL CENTER  
VALLEY HOSPITAL AND MEDICAL CENTER  
P. O. Box 248  
Spokane, Washington 99210**

April 16, 2010

Ms. Janis Sigman, Manager  
Certificate of Need Program  
Department of Health  
MS 47852  
Olympia, WA 98504-7852

Dear Ms. Sigman:

Re: Proposed Settlement with Sacred Heart Medical Center

Deaconess Medical Center (Deaconess) and Valley Hospital and Medical Center (Valley) hereby submit the following comments to the Department of Health's (Department) proposed settlement of Sacred Heart Medical Center's (Sacred Heart) appeal of its denied 152-bed expansion application in Spokane County. Our respective hospitals have reviewed the proposed settlement and have concluded that it fails to comply with the requirements of WAC 246-310-210 (need), WAC 246-310-220 (financial feasibility), WAC 246-310-230 (structure and process of care), and WAC 246-310-240 (cost containment). We see no need for the Department to change its analysis and the conclusion set forth in its previous evaluation that was issued on or around June 19, 2009. Accordingly, we respectfully object to the proposed settlement.

Underlying data, rationale and analysis in support of our public comment and objection to the proposed settlement are included in the attached analysis.

In conclusion, there is simply no need for the addition of new acute care beds at Sacred Heart. Even under the Department's revised methodology, no need is identified until 2016 (and then for only 17 beds). This has not changed from the Department's original evaluation. Therefore, there is no basis for a change in the Department's decision. Sacred Heart's project is, at its core, an attempt to thwart the ongoing efforts to restore the vitality of Deaconess and Valley. Both of our

**R E C E I V E D**

APR 16 2010

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

Ms. Janis Sigman, Manager  
April 16, 2010  
Page 2

respective institutions have under-used capacity and both are available and accessible. We respectfully request that the Department reject the proposed settlement and stand by its original decision in this matter.

Very truly yours,



William L. Gilbert,  
Chief Executive Officer  
Deaconess Medical Center



Dennis Barts,  
Chief Executive Officer  
Valley Hospital and Medical Center

## **Public Comment and Analysis in Opposition to the Department's Proposed Settlement with Sacred Heart to Allow it to Add 75 beds of New Capacity to the Spokane Hospital Planning Area**

### **BACKGROUND**

Sacred Heart submitted a Certificate of Need (CN) application in October of 2008 requesting to add 152 acute care beds and 21 Level II neonatal beds. The 152 acute beds, to be added in 5 phases between 2011 and 2015, had a capital expenditure of approximately \$80 million. The Level II beds were to be added in two phases between 2009 and 2011 at a capital expenditure of approximately \$5.5 million.

During the course of review on the project, Deaconess and Valley, as well as Premera and SEIU, each sought and secured affected party status on the application.

In June of 2009, the Department of Health (Department) issued its analysis approving the Level II beds and denying the acute care beds. Sacred Heart requested an adjudicative proceeding to contest the Department's decision to deny the acute beds (the "Sacred Heart appeal"). On October 12, 2009, Deaconess and Valley were permitted to intervene in the Sacred Heart appeal and to "fully participate in all procedures authorized under Chapter 246-310." Over the next several months, the Department and Sacred Heart engaged in secret settlement negotiations without including Deaconess and Valley in these negotiations. Around the beginning of January of 2010, the Department notified Deaconess and Valley that it was contemplating settlement.

On February 18, 2010 representatives of Deaconess and Valley met with the Department and its Attorney General, to discuss the proposed settlement. According to Department staff, Sacred Heart initially approached the Department with a settlement that, from the Department's perspective, included "too many beds". The Department then countered with 75 beds. Sacred Heart ultimately agreed to the 75 beds, with the caveat that it reserved the right to contest the number of set up and available beds in the Planning Area if any party brings a challenge or appeal to the settlement agreement and/or the Department's decision.

In preparation for the February 18, 2010 meeting, the Department provided to Deaconess and Valley copies of materials related to the tentative settlement agreement. These materials included a one page document entitled "Draft Outline of Settlement between Sacred Heart and the Department of Health" and five revised iterations of the Department's acute care need projection methodology. The five iterations are summarized below:

Iteration	Description (Note: All iterations use the same Planning Area population – corrected by the Department)	Year Bed Need Turns Positive	Number of Beds Needed in that Year	Year All 75 Beds are Supported
A	Patient days and beds at St. Luke's Rehabilitation Institute excluded. NICU patient days and beds included.	2016	26.8	2018
B	St. Luke's included. NICU included – uses Sacred Heart assumptions/calculations elsewhere	2016	28.3	2018
C	St. Luke's included. NICU patient days and beds excluded.	2015	4.3	2017
D	Same as #B, but DOH assumptions/calculations are used.	2017	0.6	2019
E	St. Luke's excluded. NICU patient days and beds excluded.	2016	16.8	2018

At the February 18, 2010 meeting, the Department indicated that it believed that its previous decision to deny Sacred Heart's request to add 152 acute care beds was correct and would be upheld on appeal. Nevertheless, the Department also indicated that it intended to settle with Sacred Heart and use the assumptions and bed need projections from iteration E. Accordingly, on March 17, 2010, the Department issued a Notice of Proposed Settlement based on iteration E.

Per the Proposed Settlement, Sacred Heart would add 50 "new" beds and transfer 25 existing beds from Holy Family Hospital, for a total of 75 beds.<sup>1</sup> Twenty-one of the beds would be made operational in 2011, 36 in 2012, and 18 in 2013. At project completion, Sacred Heart would be licensed for 719 beds.

The cost for the original 152-bed project was \$79,402,781. The Department has indicated that the new cost is \$54,013,224.

The Department's settlement analysis includes no real discussion of why the Department is changing its decision and electing to settle with Sacred Heart. The closest indication is from page 13 of the analysis where the Department states:

In its initial evaluation, the department addressed public comments submitted in relation to the proposed expansion of the hospital. The issues outlined in the proposed settlement agreement considered many of the issues regarding the desire

<sup>1</sup>The 50 new beds is a mischaracterization of the settlement as the 25 Holy Family beds are unused and, therefore, not counted in "supply" in any of the Department's bed need iterations. The net effect of the settlement is an increase of 75 beds in the Spokane Hospital Planning Area supply.

to have some relief for reported over-crowding at Sacred Heart while avoiding the potential of adding unneeded acute care beds to the planning area. The 50 new beds considered in this proposed settlement would equate to a 4.5% increase in the total acute care bed capacity in the planning area.

As shown in the revised need projections detailed above, the need for additional capacity has been demonstrated, though notably less than that presented in the initial evaluation. The details of the proposed settlement establish a reduction in the requested number of beds to coincide with the need demonstrated. Further, the current availability of unused licensed capacity at area hospitals was considered and account for 25 of the 75 total beds approved.

In conclusion, the proposed settlement for a 75 bed addition to Sacred Heart is consistent with this sub-criterion of need. Based upon the details described above, this sub-criterion is met.

## FINDINGS AND ANALYSIS

In addition to our previous comments that were submitted under the letters dated April 2, 2009, and April 16, 2009, which we incorporate herein, we have identified the following reasons why the Department's original decision should stand and the proposed settlement should not be adopted:

1. Sacred Heart's application was submitted on October 23, 2008 and used 2007 CHARS data as the baseline year for its bed need projections. Accordingly, the appropriate target date for bed need projections for Sacred Heart's project is and remains 2014. None of the Department's five (5) revised acute bed iterations show **any** need for additional acute care beds in the Spokane Hospital Planning Area within this planning horizon. In fact, the iteration the Department has chosen for settlement shows no bed need until 2016 (and then only for 17 beds). This is not a significant change from the Department's original analysis. The Department has not provided any reasonable basis for a change in its decision when the revised numeric need analysis arrives at the same result. The only way that the Department can arrive at some need for the project under the numeric need methodology is to revise the target year for projections to 2017 without comment, thereby extending the planning horizon beyond the seven year planning horizon that is outlined in the *1987 State Health Plan* (see, page C-30 of the State Health Plan), and that has been consistently used by the Department in the past, including in its original analysis of the Sacred Heart project. We are aware of 12 CN applications proposing acute care bed need expansions in Washington during the 2002 forward timeframe. In the Department's analysis of those 12 applications, the "sample target year" (as it was referred to in the early years) and the "specified target year" (as it was referred to later) have regularly been seven years or less. In all but two instances, the bed need turned positive and/or all beds being requested were identified as needed prior to the specified target year. In one of the two instances in which the bed need did not turn positive within the seven year

planning horizon, the Department, again in settlement, analyzed and noted extraordinary circumstances. In the other situation, the beds were already licensed and operational, and the applicant was simply seeking the removal of a condition which limited their use to a specific service line. In both cases there was no opposition and no planning area hospitals in a new ownership/stabilization phase. No such extraordinary circumstances have been noted to exist here, nor has the Department performed any analysis of Sacred Heart's claims about offering unique services. In sum, the Department has offered no rationale for its sudden deviation from its longstanding, consistent policy of using a seven year planning horizon. Even if one were to accept the idea that the target year for projections is a moving target – and can be appropriately moved without explanation from 2014 to 2017 – the Department acknowledges at page 13 of its revised analysis that the Settlement Proposal will still result in the planning area being over-bedded.

2. Sacred Heart has not put forth any data to substantiate the financial feasibility of a 75-bed project. In fact, throughout its original application, Sacred Heart references that it needs all 152 beds to financially “make the project work”. As described in its application, the first three of Sacred Heart's project phases added 89 beds. As a result, there is no data in the record from which the Department can determine the financial feasibility of 75 beds. In past similar instances, the Department has elected to deny the application because of an inability to determine financial feasibility.
3. The timing of Sacred Heart's project remains highly questionable and indicates an attempt to thwart Deaconess's and Valley's efforts to restore the vitality of their hospitals. Sacred Heart submitted a letter of intent proposing its project only a few weeks after the Department's August, 2008, CN decision approving the Deaconess and Valley acquisition. The Department has a responsibility to Deaconess and Valley – and to the residents of Spokane County and the Inland Empire - to allow an adequate start-up phase for our CN projects to achieve the patient day and financial projections for each hospital that were accepted by the Department. The addition of 75 new beds at Sacred Heart over the next three years, in the absence of a demonstrated community need for these beds, will compromise and complicate the ongoing efforts to restore the vitality of Deaconess and Valley. The approval of 75 new beds to Sacred Heart is not the superior alternative under WAC 246-310-240(1) and the Department's analysis fails to address the potential impact that the settlement proposal will have on Deaconess and Valley's ongoing efforts to restore the vitality of their hospitals.
4. The Department's revised analysis and its proposed settlement does not take into account the recent affiliation between Rockwood Clinic and Deaconess and Valley, which will substantially affect referral patterns in the Spokane Planning Area. Rockwood Clinic is the region's largest medical clinic, with 133 physicians and about 900 staff working at 32 clinics, and will be eventually relocating from the Sacred Heart campus as Rockwood, Deaconess and Valley Hospital develop an integrated healthcare delivery system to serve the planning area. According to 2008 CHARS data, Rockwood's providers generated an average daily inpatient census of 54.2 patients. Of this, over 92% were hospitalized at Sacred Heart. First half 2009 CHARS also shows more than 92% to Sacred Heart.

Internal Rockwood data demonstrates that by the end of the first quarter of 2010, Sacred Heart's percentage of Rockwood days was below 60%. Clearly the referral pattern is changing, and will substantially mitigate any patient census pressures at Sacred Heart.

5. The Department has recently undertaken a rulemaking process to update its acute care bed need projection methodology. The Department recently indicated that the new methodology should be adopted into rule by fall of 2010, meaning that Sacred Heart could reapply before year's end. The better alternative would be for Sacred Heart's parent (Providence Health System) to continue to engage in the current acute care bed need projection rulemaking process, and advocate for changes that would allow it to submit a project that is in conformance with proposed new rules.
6. In advance of the February meeting between Deaconess, Valley, and the Department, the Department shared a Draft Outline of the Settlement between Sacred Heart and the Department of Health. In that document, Sacred Heart reserved the right to contest the number of set-up and available beds in the Spokane Hospital Planning Area if any party brings a challenge or appeal to any settlement agreement and/or the Department's CN decision. Sacred Heart's threatened challenge of bed counts should not be viewed as a reason to settle. Deaconess and Valley are confident in their capacity numbers and have previously welcomed the Department to independently verify these counts.
7. The Department's notice of the proposed settlement is inadequate and invalid. The Department's notice fails to identify that Deaconess and Valley intervened in the adjudicative proceeding, fails to include a copy of the settlement agreement between the Department and Sacred Heart or specify all of the terms of the settlement, and improperly attempts to limit comments to those that were previously provided during the Department's review of Sacred Heart's original application.
8. The settlement proposal fails to recognize that there are superior alternatives to increasing the bed surplus in the planning area. As the Department previously recognized at page 28 of its original analysis, the average number of available beds in the planning area on any given day may exceed 370. Furthermore, as previously indicated on page 18 of the initial public comment submitted by the SEIU, Sacred Heart – even before this project – is already 10% more expensive than Deaconess based on net patient service revenue per ACMVU. The proposal to award additional beds to the more expensive provider when the planning area has a surplus capacity will significantly increase the cost of delivering hospital services in the planning area. Deaconess and Valley in their public comments on Sacred Heart's original project actually suggested that a small transfer of unused capacity from Holy Family to Sacred Heart might be appropriate. This was apparently rejected by both Sacred Heart and the Department. While Deaconess and Valley may remain supportive of a small transfer, it cannot be linked with the award of new beds. In fact, the Department's own projections show that a 25-bed transfer of unused capacity is a much better fit with the projected need.



Additional data and analysis in support of continued denial of the Sacred Heart application is contained below.

***There is no need for the project:***

Exhibit 10A of the Department's March 17 proposed settlement evaluation identifies no need for beds in the Spokane Planning area within the standard seven year planning horizon. This application was originally submitted in October of 2008 and used 2007 data as the "baseline" CHARS data. Prior to Sacred Heart's application, the Department had, during the 2002-2009 timeframe, reviewed and rendered decisions on 12 acute care bed need expansion applications<sup>2</sup>. Attachment 1 contains a listing of those applications. In the Department's analysis of those 12 applications, the "sample target year" (as it was referred to in the early years) and the "specified target year" have consistently been seven years or less. In ten of the twelve instances the acute care bed need projection methodology calculated a need for additional beds in the Planning Area before the end of the seven year planning horizon. In one of the other two instances, the Department, in settlement, noted extraordinary circumstances<sup>3</sup> occurring within the hospital and community. In the other situation, the beds were already licensed and operational, and the applicant was simply seeking the removal of a condition which limited their use to a specific service line. In both cases there was no opposition, and no planning area hospitals were in a new ownership/stabilization phase. No such extraordinary circumstances have been noted to exist here, nor has the Department performed any analysis of Sacred Heart's claims about offering unique services. In sum, the Department has offered no rationale for its sudden deviation from its longstanding, consistent policy of using a seven year planning horizon.

In fact, the Department is silent of why it has opted to modify its practice of a seven year horizon. At Step 7A of the June 19, 2009 denial of the Sacred Heart application, the Department noted its practice of a seven year horizon and wrote:

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<sup>2</sup> This number excludes the Southwest Washington Hospital application for an 80 bed expansion in 2002. This application was reviewed comparatively with that of Legacy Health System's proposed new 220 bed hospital, and the Department's 10 step acute bed analysis does not differentiate between the expansion and the new hospital (for which a 20 year planning horizon is allowed under rule).

<sup>3</sup> "As required by law, the CN Program is charged with health planning to promote, maintain, and assure the health of all citizens in the state, to provide accessible health services, health manpower, health facilities, and other resources, while controlling excessive increases in costs. It is further encouraged to promote health planning that is responsive to changing health and social needs and conditions, and to encourage involvement in health planning from both consumers and providers throughout the state [Source: RCW 70.38.015(1)]. Further, by law, the Department of Health is charged with promoting the appropriate use of health care resources to maximize access to adequate health care services. [Source: RCW 43.70.060] Generally, when more than one hospital exists in a planning area and those hospitals offer similar services, the hospitals have comparable occupancy percentages. It is unclear why the Benton/Franklin community uses KGH more than the other three hospitals in the planning area; **however, data evaluated by the department verifies this anomaly.**" (Page 16, August 21, 2002, Department of Health's Evaluation of Kennewick General Hospital's proposal to add 34 acute care beds). (Emphasis added).

*The methodology is designed to project bed need in a specified "target year". It is the practice of the department to evaluate need for a given project through seven years from the last full years of available CHARS data, or 2007 for the purposes of this analysis, Therefore, the target year for this analysis will be 2014. (p. 11)*

Then at Step 8, the step at which the Department forecasts non-psychiatric patient days for each hospital planning area by multiplying the area's trend adjusted use rates by the forecasted population in the target year, the Department has typically restated the target year. In its June 19, 2009 denial, of the Sacred Heart application it wrote at Step 8:

*Using the forecasted use rate for the target year 2014 and population projections, patient days for Spokane planning area residents are illustrated... (p. 11)*

At step 7A of the settlement analysis, the Department is silent about the planning horizon, but at Step 8 it writes:

*Using the forecasted use rate for the target year 2017, as prescribed in the proposed settlement... (p. 9)*

In other words, the Department – without explanation or rationale – has chosen to alter its exclusive practice of using a seven year planning horizon. Had the Department maintained its seven year horizon, as the *State Health Plan* and its historical practice would dictate, 2014 would be the correct planning horizon. At Step 10A of the settlement decision, in 2014 (and only counting 294 of Deaconess' 330 beds), the Department calculated a surplus of 47 beds in the planning area. In other words, at no time in the Department's standard seven year planning horizon for expansion projects is **any** need for new beds identified. In fact, the need does not turn positive until 2016 (a need for only 17 beds) and the 75 beds the Department is proposing to approve, are not supported by the methodology until 2018 – or eleven years into the future.

The Department has not put forth any data or rationale to support why it would alter from its practiced seven year horizon. Altering the planning horizon is without precedent and should not be relied upon in issuing a decision.

### ***The financial feasibility of the project can not be established:***

Throughout its application and the public review process, Sacred Heart made references to the fact that the feasibility of the project was contingent on all 152 beds being approved. These references include:

*Its six-year plan to modernize existing hospital facilities, open a new children's emergency department, expand the adult emergency department and add 152 acute care and 21 intermediate care nursery beds in a constrained urban environment will require a series of steps involving construction, renovation and movement of hospital units, all carefully orchestrated to ensure that patient care is not limited as changes are made. Sacred Heart cannot bear the cost of modernizing the hospital without the additional revenues and efficiencies that will be generated by the proposed expansion of the hospital's licensed bed capacity. Sacred Heart Medical Center Certificate of Need Application Pg. 4*

And:

*Each phase of the project is interdependent and relies on a required sequence of steps to maximize use of existing space and resources. Therefore, many areas of the project are not new construction, but renovation of existing space to maximize efficient use of resources. The financial feasibility of the plan is also interdependent. Meeting the costs of modernizing the hospital is dependent in substantial part on revenues and efficiencies from the proposed expansion. Sacred Heart Medical Center Certificate of Need Application Pg. 5*

WAC 246-310-220 requires the Department to make a determination of financial feasibility of a project, based on the following criteria:

- (1) The immediate and long-range capital and operating costs of the project can be met.
- (2) The costs of the project, including any construction costs, will probably not result in an unreasonable impact on the costs and charges for health services.
- (3) The project can be appropriately financed.

Despite Sacred Heart's statements about "needing to undertake the entire project", the Department concludes at page 16 of its proposed settlement that the project is feasible. The fact is that there is no scenario included in the Sacred Heart record that permits the Department to evaluate the financial feasibility of the option it is now recommending.

***The anticipated shift of patient referral patterns due to the recent affiliation between the Rockwood Clinic and Deaconess and Valley will substantially mitigate any patient pressures at Sacred Heart.***

When it issued its denial in June of 2009, the Department made the correct decision based on the facts in the record at the time of the close of public comment. The Department is now proposing to settle with Sacred Heart and has offered no rationale as to why it is appropriate to ignore its past practice and *State Health Plan* guidance regarding a seven year planning horizon. Prior to the time the Department decided to propose settlement, a major change occurred in the Spokane

Hospital Planning Area market that should mitigate any census pressure that Sacred Heart alleges it may have been experiencing during the 2008-2009 timeframe. Specifically, the Department must consider the impact of the affiliation between Deaconess and Valley and the Rockwood Clinic, a group of approximately 130+ multispecialty providers in Spokane County (the largest provider group in the Inland Empire) that occurred on December 31, 2009.

The following table, using CHARS<sup>4</sup>, demonstrates that during 2008, Rockwood physicians averaged an inpatient census 54.2 inpatients. Of that number, 50 or 92.3% were hospitalized at Sacred Heart. In the first half of 2009, the total daily census was 52.8 and again, over 92% were cared for at Sacred Heart.

**Rockwood Clinic Providers**  
**Total Days by Hospital (Attending Provider – CHARS)**  
**Excludes Psychiatric Patients (MDC 19), and All Newborns (MDC 15)**

Hospital	2008	ADC	%	2009 1st Half Annualized	ADC	%
Sacred Heart Medical Center	18,306	50.0	92.3%	17,908	49.1	92.9%
Deaconess Medical Center	752	2.1	3.8%	800	2.2	4.2%
Valley Hospital and Medical Center	458	1.3	2.3%	346	0.9	1.8%
Holy Family Hospital	316	0.9	1.6%	198	0.5	1.0%
Mid-Valley Hospital		–	0.0%	10	0.0	0.1%
North Valley Hospital	1	0.0	0.0%	6	0.0	0.0%
<b>TOTAL</b>	<b>19,833</b>	<b>54.2</b>	<b>100.0%</b>	<b>19,268</b>	<b>52.8</b>	<b>100.0%</b>

Historically, many of Rockwood’s physicians were located on the Sacred Heart campus; however, as a result of the affiliation, Rockwood physicians will eventually be relocating to Deaconess or Valley. Internal Rockwood data for the period of Q42009-Q12010, included as Attachment 3 demonstrates, consistent with CHARS, that historically (see October 2009) more than 94% of Rockwood’s patient days were cared for Sacred Heart. However, by the end of the first quarter of 2010, close to 40% of Rockwood’s patients were admitted to Deaconess an overall increase of nearly 1000%.

<sup>4</sup> Attachment 2 contains a listing of Rockwood provider’s names and their associated provider numbers, so that, if it chooses, the Department can replicate this query.

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While we had expected that within 5 years of affiliation that up to 90% of Rockwood's admissions would migrate to Deaconess, the response of Sacred Heart has resulted in more migration occurring in a much faster manner. With an expected reduction of 45 or more patients per day already beginning to happen, Sacred Heart does not need any additional beds.

***The Department has failed to adequately evaluate the requirements of WAC related to cost containment and superior alternatives. The Sacred Heart project fails these provisions.***

RCW 70.38.015 (2) declares it to be the public policy of the State of Washington that:

*The development of health services and resources, including the construction, modernization and conversion of health care facilities, should be accomplished in a planned, orderly fashion, consistent with identified priorities and without unnecessary duplication or fragmentation*

WAC 246-310-200 requires, in part, that:

- (1) *The findings of the department's review of certificate of need applications and the action of the secretary's designee on such applications shall be based on determinations as to:*
  - (a) *Whether the proposed project is needed;*
  - (b) *Whether the proposed project will foster containment of the costs of health care;*

And, WAC 246-310-240 requires that:

*A determination that a proposed project will foster cost containment shall be based on the following criteria:*

- (1) *Superior alternatives, in terms of cost, efficiency, or effectiveness, are not available or practicable*

In our original public comments, Deaconess and Valley put forth data to demonstrate that Sacred Heart's proposal failed to conform with *Need* and *Cost Containment* standards because, among other factors:

- When the correct supply of acute care beds is used, there is no need in the planning area for additional acute care beds; and
- Superior alternatives, in terms of cost, efficiency, and effectiveness, are available.

As noted in the original public comment, the certificate of need applications put forth by our two hospitals in January of 2008 to gain regulatory approval to transfer ownership from Empire were predicated on the two hospitals maintaining, at minimum, current market share.<sup>5</sup> Only a few weeks after the Deaconess and Valley applications received certificate of need approval, and even prior to closing the transaction, Sacred Heart came forward with its plan to expend well more than \$100 million to expand Sacred Heart's inpatient capacity and further increase its market share. During the summer 2008 public comment process on the Deaconess and Valley acquisition, literally hundreds of Spokane area providers and members of the general public spoke eloquently about the need to preserve choice in the market. Sacred Heart, by its own account in its October 2008 application stated it had a 46% market share of the Spokane Hospital Planning Area. Within its CN, it proposed to grow that market share to almost 50% by 2016<sup>6</sup>, an increase of more than 8%. Market share is a zero sum game: if Sacred Heart gains market share, Deaconess and Valley will lose market share, and our commitments to the Spokane Community and the State of Washington become potentially compromised. If Sacred Heart does not achieve its market share gains, its volumes, need rationale and pro formas are invalid.

In 2006, Washington Legislature's Joint Legislative Audit and Review Committee conducted a performance audit of the CN Program and urged the Department to develop new strategies for ensuring that the cost-containment criteria in CN statute and rule are fully vetted. The Department itself concurred with the recommendation. In this case, the Department must actively explore alternatives other than those outlined by Sacred Heart and must evaluate the impact on Deaconess and Valley.

In conclusion, there is simply no need for the addition of new acute care beds at Sacred Heart. Even under the Department's revised methodology, no need is identified until 2016 (and then for only 17 beds). This has not changed from the Department's original evaluation and, therefore, there is no basis for a change in the Department's decision. Sacred Heart's project is, at its core, an attempt to thwart the ongoing efforts to restore the vitality of Deaconess and Valley. Under any scenario, the project is not needed: As of June 19, 2009, both of our respective institutions had under-used capacity that was both available and accessible. The Department should also consider the impact of the recent affiliation between Deaconess, Valley, and the Rockwood Clinic which is already reducing census at Sacred Heart. We respectfully request that the Department reject the proposed settlement and stand by its original decision in this matter.

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<sup>5</sup> At the time of applications, Deaconess assumed a 2.1% increase in total patient days annually, and Valley assumed 0% in Year 1, and then only 2.5% in Year 2 and Year 3. The identified rate of growth in Spokane Planning Area patient days based on actual 1997-2006 CHARS data was 2.1%.

<sup>6</sup> p. SR-00025, Table 31 (Updated) of Sacred Heart's February 20, 2009 screening response.

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**Attachment 1**  
**Review of Prior Department of Health Acute Care Bed Expansions**

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**Attachment 1**  
**Review of Prior Department of Health Acute Care Bed Expansions**



<b>Applicant</b>	<b>Decision Date</b>	<b>CHARS Data</b>	<b>Year Bed Need Turned Positive (Without Project)</b>	<b>Number of Years Until Bed Need Turns Positive (From Last Year of CHARS Data)</b>
Evergreen Hospital Medical Center	May 20, 2002	1996-2000	2001	1 Year
Children's Hospital and Regional Medical Center	June 12, 2002	1996-2000	2002	2 Years
Overlake Hospital Medical Center	August 16, 2002	1996-2000	2002	2 Years
Kennewick General Hospital	August 21, 2002	1996-2000	2010	10 Years
Evergreen Hospital Medical Center	July 16, 2004	1996-2002	2010	8 Years
Kadlec Medical Center	August 1, 2005	1996-2003	2008	5 Years
Good Samaritan Hospital	July 28, 2006	1996-2004	2009	5 Years
Providence Everett Medical Center	December 18, 2006	1996-2005	2008	4 Years
FHS (St. Francis Hospital)	June 12, 2007	1996-2005	2012	7 Years
Good Samaritan Hospital	December 21, 2007	1997-2006	2008	2 Years
Evergreen Hospital Medical Center	March 31, 2009	1998-2007	2011	4 Years
Harrison Medical Center	May 27, 2009	1998-2007	2011	4 Years

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**Attachment 2**  
**Rockwood Clinic Providers and Provider Numbers**

**Rockwood Clinic Providers  
 Total Days in CHARS  
 Excludes Psychiatric Patients (MDC 19), and Newborns (MDC 15)**

Provider Name	CHARS: IDATTEND	2008	2009H
BASSETT, MARK R. - MD	1037514	64	-
BASSETT, MARK R. - MD	1619969045	11	30
BASSLER, HOLLY - DO	8454977	18	-
BLYKOWSKI-MAY, MONICA - MD	1114929932	2	-
BOCEK, ZDENEK - MD	1790787513	2	18
BRADLEY, SCOT L. - MD	1174525802	44	278
BRADLEY, SCOT L. - MD	8217705	205	-
BRICKNER, CHARLES D. - MD	1912909748	19	48
BRICKNER, CHARLES D. - MD	8278962	60	-
BRIGHT, R. ANDREW - MD	1619979358	182	442
BRIGHT, R. ANDREW - MD	8229924	594	-
BYRD, RICHARD B. - MD	1104819226	268	1,476
BYRD, RICHARD B. - MD	8217903	741	-
CAREY, ALEXANDRA - MD	1467661116		10
CARLSON, SCOTT E. - MD	1659373116	20	-
CARLSON, SCOTT E. - MD	8304081	60	-
CARSON, RICHARD W. - MD	1114929668	217	482
CARSON, RICHARD W. - MD	8203531	475	-
CAVALIERI, STUART A. - MD	1487656930	83	514
CAVALIERI, STUART A. - MD	8244659	287	-
CHESTER, KAWAL D. - MD	1619963600	58	170
CHESTER, KAWAL D. - MD	8264491	277	-
CHURCH, ERIN A. - MD	1891797353	14	24
COOTS, BRADLEY - MD	1972611481	118	374
COOTS, BRADLEY - MD	8493355	252	-
CRUM, TIMOTHY E. - MD	1306848775	7	40
CRUM, TIMOTHY E. - MD	8131567	29	-
DELICH, PHILIP C. - MD	1407858889		20
DELICH, PHILIP C. - MD	8290892	10	-
DEVILLE, JASON - DO	1255440459	5	36
D'HULST, SARAHE. - MD	1033111414	2	2
D'HULST, SARAH E. - MD	8034225	4	-
DIDIER, MARK E. - MD	1255333647		4
DIDIER, MARK E. - MD	8270985	2	-
FALON, WILLIAM W. - MD	1538153929	78	346
FALON, WILLIAM W. - MD	8167256	218	-
FELD, ANDREW D. - MD	8442501	9	-

Provider Name	CHARS: IDATTEND	2008	2009H
FROST, RICHARD A. - DPM	1086875	5	-
GAPEN, CHRISTOPHER J. - MD	8470585	19	-
GERAGHTY, MADELEINE C. - MD	1902898877	270	222
GERAGHTY, MADELEINE C. - MD	8432924	565	-
GERMAN, MONICA M. - MD	1659363596	2	14
GERMAN, MONICA M. - MD	8328742	14	-
GOLLHOFER, JOHN G. - MD	1811989759	94	364
GOLLHOFER, JOHN G. - MD	8308116	228	-
GRIFFITH, J. LANCE - MD	1038322	9	-
GRIM, TAMARA K. - MD	1891787743	37	100
GRIM, TAMARA K. - MD	8265282	57	-
GROZA, PETRU - MD	1730187360	107	288
GROZA, PETRU - MD	8462830	223	-
GRUBB, PAUL N. - MD	1568454817	6	-
GRUBB, PAUL N. - MD	8140014	28	-
GWINN, DOUGLAS R. - MD	1427040377		2
HALVORSON, THOMAS L. - MD	8244063	6	-
HAUXWELL, CLINTON T. - MD	1205828159		4
HIXON, MICHAEL D. - MD	1396850756	185	304
HIXON, MICHAEL D. - MD	8480691	298	-
HORNE, LANDON T. - MD	1083710073	15	6
HUBBARD, BENJAMIN - DO	1154588978	1	6
JOHNSON, JEFF L. - MD	1558353201	102	546
JOHNSON, JEFF L. - MD	8209678	163	-
JONES, DAVID - MD	1922057454	53	216
JONES, DAVID - MD	8312365	3	-
KEBLAWI, SAMIR S. - MD	1790777472	54	118
KEBLAWI, SAMIR S. - MD	8018798	109	-
KLIM, JOHN N. - MD	1036425	357	-
KLIM, JOHN N. - MD	1962494831	193	660
KNOX, GARY - MD	8175689	5	-
KOOY, JAMIE L. - MD	1417949025	9	36
KOOY, JAMIE L. - MD	8263147	28	-
LAGERQUIST, LYNN G. - MD	1568454312	5	4
LAGERQUIST, LYNN G. - MD	8250631	12	-
LAING, SUSAN - MD	8264756	3	-
LASALLE, ANDRE J. - MD	1720070576	117	280
LASALLE, ANDRE J. - MD	8547200	249	-
LASELLE, THOMAS C. - MD	1932191343	18	30
LASELLE, THOMAS C. - MD	8219008	159	-
LAUDENBACH, CHARLES W. - MD	1255324638	142	144

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Provider Name	CHARS: IDATTEND	2008	2009H
LAUDENBACH, CHARLES W. - MD	8188617	234	-
LAVALLE, GREGORY - MD	1316912215	103	468
LOPEZ, CORI R. - DO	1487875647	9	12
LOPEZ, CORI R. - DO	8483364	10	-
LOVELL, TIMOTHY P. - MD	1326030743	400	852
LOVELL, TIMOTHY P. - MD	8138984	479	-
LUND, KIRK A. - MD	1881686228	184	876
LUND, KIRK A. - MD	8018749	535	-
MARTINEZ, DEBORAH - MD	1841359304	1	22
MCGINNIS, SHANI - DPM	1003809252	10	8
MCVEY, KEVIN K. - MD	1016377	12	-
MCVEY, KEVIN K. - MD	1245226810	1	2
MICHELS, JOSEPH T. - MD	1326031584	122	806
MICHELS, JOSEPH T. - MD	8121436	272	-
MIELKE, BRENDAN A. - MD	1265425532	3	-
MIELKE, BRENDAN A. - MD	8281941	95	-
MONKMAN, GEORGE R. - MD	1007236	286	-
MONKMAN, GEORGE R. - MD	1508859885	113	280
MOON, CHRISTOPHER J. - MD	1831182096	12	22
MOON, CHRISTOPHER J. - MD	8433427	18	-
MORIMOTO, KAIULANI W. - MD	1124011408	11	44
MORIMOTO, KAIULANI W. - MD	8394512	67	-
MUSA, JOHN L. - MD	1154314367	337	450
MUSA, JOHN L. - MD	8291528	240	-
MYERS, PAUL E. - MD	1063405272	322	668
MYERS, PAUL E. - MD	8310096	622	-
NAIR, GIJU R. - MD	1518096189	59	218
NELSON, BRADFORD A. - MD	1962466045	178	454
NELSON, BRADFORD A. - MD	8456295	330	-
NELSON, BRENT D. - MD	1066125	3	-
NELSON, BRENT D. - MD	1669465779	5	2
NEWMAN, CORLISS L. - MD	1760475073	144	458
NEWMAN, CORLISS L. - MD	8394488	95	-
OLEK, MICHAEL J. - DO	1396705810	50	-
OLEK, MICHAEL J. - DO	8499121	38	-
OLSON, K. STEPHEN - MD	1831182153	236	888
OLSON, K. STEPHEN - MD	8322158	788	-
OSMUN, PAUL MD	8466526	135	-
PATTERSON, HOLLAND - MD	1174742407		6
POWELL, TIMOTHY W. - MD	1982697090	157	384
POWELL, TIMOTHY W. - MD	8255473	313	-

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<b>Provider Name</b>	<b>CHARS: IDATTEND</b>	<b>2008</b>	<b>2009H</b>
PREIKSAITIS, HAROLD G. - MD	1962495283	20	6
PREIKSAITIS, HAROLD G. - MD	8367310	17	-
RAWLINS, MATHEW C. - MD	8297194	508	-
RICHARDSON, HEIDI - MD	1285843235		6
SCHADE, SCOTT H. - MD	1467445510	95	308
SCHADE, SCOTT H. - MD	8307910	188	-
SHANBOUR, J. MAKRINA - MD	1619960770	97	-
SHANBOUR, J. MAKRINA - MD	8394496	145	-
SINHA, RENU - MD	1912954421	23	94
SINHA, RENU - MD	8278988	82	-
SOLOMON, NOAH - MD	1780674754	163	314
SPITZ, JONATHAN - MD	1194785014	123	510
STABEN, JONATHAN M. - MD	1720071889	6	22
STABEN, JONATHAN M. - MD	8356818	15	-
STAGAMAN, DAVID J. - MD	1457344517	60	344
STAGAMAN, DAVID J. - MD	8117210	187	-
VENTERS, WAYNE - MD	1366435430	3	10
VENTERS, WAYNE - MD	8270647	6	-
WHITING, J CRAIG - MD	1068634	258	-
WHITING, J CRAIG - MD	1871586958	92	42
WICKRE, CURTIS G. -MD	1033102116	126	352
WICKRE, CURTIS G. -MD	8342602	399	-
WISER, DEBORAH - MD	1467627430		2
WITTENKELLER, JAY L. - MD	1487647566	222	466
WITTENKELLER, JAY L. - MD	8192734	434	-
WUKELIC, MICHAEL S. - MD	1477546554	71	212
WUKELIC, MICHAEL S. - MD	8130064	207	-
WYSHAM, CAROL H. - MD	1457344541	3	-
WYSHAM, CAROL H. - MD	8136434	4	-
WYSHAM, DOUGLAS G. - MD	1275526360	82	262
WYSHAM, DOUGLAS G. - MD	8135832	162	-
YERKEY, MICHAEL, MD	1982691127	6	-
	<b>TOTAL</b>	<b>19,833</b>	<b>19,268</b>

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**Attachment 3**  
**Rockwood Clinic Providers – Admissions to Deaconess Medical Center,**  
**And Sacred Heart Medical Center**  
**October 2009-April 12, 201**

**Rockwood Clinic Provider Admissions and Percent to Sacred Heart and Deaconess  
 October 2009 - April 2010 (partial)**

		Deaconess Medical Center	Percent	Sacred Heart Medical Center	Percent	TOTAL
2009	October	17	4.8%	339	95.2%	356
	November	24	6.7%	333	93.3%	357
	December	20	5.5%	345	94.5%	365
2010	January	28	7.8%	331	92.2%	359
	February	41	12.1%	298	87.9%	339
	March	149	38.8%	235	61.2%	384
	April (thru 4/12)	45	41.7%	63	58.3%	108

