

18416

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE ADMINISTRATIVE LAW COURT

Ralph King Anderson, III, Administrative Law Judge

Case No 2007-ALJ-07-0389-CC

MRI at Belfair, LLC,

Appellant,

v

South Carolina Department of Health and Environmental Control
and Coastal Carolina Medical Center,

Respondents

RECORD ON APPEAL

VOLUME II

John F Beach
John J Pringle, Jr
Ellis, Lawhorne & Sims, P A
1501 Main Street, 5th Floor (29201)
Post Office Box 2285
Columbia, SC 29202
(803) 343-1269
Attorneys for Appellant
MRI at Belfair, LLC

Travis Dayhuff
Holly G Gillespie
Nelson Mullins Riley & Scarborough LLP
1320 Main Street, 17th Floor
Post Office Box 11070 (29211-1070)
Columbia, SC 29201
(803) 799-2000
Attorneys for Respondent
Coastal Carolina Medical Center

Ashley C Biggers
South Carolina Department of Health and
Environmental Control
2600 Bull Street, 3rd Floor
Columbia, SC 29201
(803) 898-3350
Attorneys for Respondent
South Carolina Department of Health and
Environmental Control

July 22, 2010

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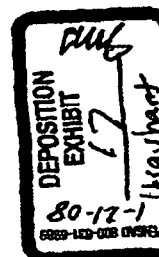
ON 01/08/2008-0935

SHIFT STATISTICS

MAGNETIC RESONANCE IMAGING (09/01/2006 - 12/31/2007)

EXAM	0700 - 1459		1500 - 2259		2300 - 0659		UNKNOWN	
	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS
MRA ABDOMEN W/O CONTRAST	6	6	4	4	0	0	0	0
MRA ABDOMEN W/O CONTRAST	1	1	0	0	0	0	0	0
MRA BRAIN W/O CONTRAST	124	104	54	48	0	0	0	0
MRA BRAIN W/CONTRAST	0	0	1	1	0	0	0	0
MRA CHEST W/O CONTRAST	0	0	1	1	0	0	0	0
MRA HEAD W/O CONTRAST	4	3	0	0	0	0	0	0
MRA HEAD W/O CONTRAST	0	0	1	1	0	0	0	0
MRA NECK W/O CONTRAST	5	*	2	*	0	0	0	0
MRA NECK W/CONTRAST	0	0	1	1	0	0	0	0
MRA NECK W/O CONTRAST	89	12	37	5	0	0	0	0
MRI ABDOMEN W/O CONTRAST	4	4	0	0	0	0	0	0
MRI ABDOMEN W/O CONTRAST	5	4	4	2	0	0	0	0
MRI BRAIN W/ CONTRAST	7	6	2	1	0	0	0	0
MRI BRAIN W/O CONTRAST	78	61	21	16	0	0	0	0
MRI BRAIN W/O CONTRAST	210	117	73	28	0	0	0	0
MRI CHEST W/O CONTRAST	0	0	1		0	0	0	0
MRI C-SPINE W/O CONTRAST	56	41	15	8	0	0	0	0
MRI C-SPINE W/ CONTRAST	0	0	1	1	0	0	0	0
MRI C-SPINE W/O CONTRAST	6	2	4	2	0	0	0	0
MRI HIP W/O CONTRAST (LT)	2	1	1	1	0	0	0	0
MRI HIP W/O CONTRAST (RT)	3	1	3	3	0	0	0	0
MRI HIP W/CONTRAST (LT)	1	1	0	0	0	0	0	0
MRI HIP W/O CONTRAST (RT)	1	1	0	0	0	0	0	0
MRI IAC W/O CONTRAST	2	2	0	0	0	0	0	0
MRI KNEE W/O CONTRAST (LT)	28	27	3	3	0	0	0	0
MRI KNEE W/O CONTRAST (RT)	33	31	7	7	0	0	0	0
MRI KNEE W/O CONTRAST (RT)	1	1	2	2	0	0	0	0
MRI LOWER EXT JOINT W/O (LT)	6	5	0	0	0	0	0	0
MRI LOWER EXT JOINT W/O (RT)	3	3	2	2	0	0	0	0
MRI LOWER EXT JOINT W/CON (LT)	1	1	0	0	0	0	0	0
MRI LOWER EXT JOINT W/O (LT)	4	3	0	0	0	0	0	0
MRI LOWER EXT JOINT W/O (RT)	3	3	1	1	0	0	0	0
MRI LOW EXT MOUNT W/O CON (RT)	4	3	0	0	0	0	0	0
MRI LOW EXT MOUNT W/O CON (LT)	2	2	0	0	0	0	0	0
MRI LOWER EXT MOUNT W/CON (RT)	2	2	0	0	0	0	0	0
MRI LOWER EXT MOUNT W/O (LT)	9	9	5	5	0	0	0	0
MRI LOWER EXT MOUNT W/O (RT)	6	6	2	2	0	0	0	0
MRI L-SPINE W/O CONTRAST	77	69	23	18	0	0	0	0
MRI L-SPINE W/O CONTRAST	22	17	9	5	0	0	0	0
MRI MRCP CHOLE	6	6	3	3	0	0	0	0
MRI NECK W/O CONTRAST	4	3	0	0	0	0	0	0
MRI NECK W/O CONTRAST	5	1	0	0	0	0	0	0
MRI ORBITS W/O CONTRAST	2	1	2	1	0	0	0	0
MRI PELVIS W/O CONTRAST	2	1	1	1	0	0	0	0
MRI PELVIS W/O CONTRAST	9	8	4	4	0	0	0	0
I PITUITARY W/O CONTRAST	1	*	0	0	0	0	0	0
I T-SPINE W/O CONTRAST	8	2	5	1	0	0	0	0
I T-SPINE W/CONTRAST	0	0	1	1	0	0	0	0
I T-SPINE W/O CONTRAST	8	2	6	2	0	0	0	0
MRI UP EXT JOINT W/O CONT (LT)	17	14	7	6	0	0	0	0

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COASTAL CAROLINA MED CNTR CCL HIS "LIVE"
SHIFT STATISTICS
MAGNETIC RESONANCE IMAGING (09/01/2006 - 12/31/2007)

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EXAM	0700 - 1459		1500 - 2259		2300 - 0659		UNKNOWN	
	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS
MRI UP EXT JOINT W/O CONT (RT)	29	23	8	8	0	0	0	0
MRI UP EXT JOINT W/ CONT (LT)	1	1	0	0	0	0	0	0
MRI UP EXT JOINT W/O (LT)	1	1	0	0	0	0	0	0
MRI UP EXT MOUNT W/O/CON (LT)	1	1	0	0	0	0	0	0
MRI UP EXT MOUNT W/O/CON (RT)	5	4	5	4	0	0	0	0
MRI UP EXT MOUNT W/CONT (RT)	1	1	0	0	0	0	0	0
MRI UP EXT MOUNT W/O/CON (LT)	2	2	0	0	0	0	0	0
MRI UP EXT MOUNT W/O/CON (RT)	1	1	0	0	0	0	0	0
TOTAL	908	621	322	199	0	0	0	0

* = Patients with multiple exams are counted elsewhere

(Continued)

660 7³ 737₀
243 3^{p-11p} 277₀

903

ON 01/08/2008-0935

COASTAL CAROLINA MED CTR CCL HHS *LIVE*

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SHIFT STATISTICS

FOR SELECTED EXAM TYPES (09/01/2006 12/31/2007)

	0700 - 1459		1500 2259		2300 - 0659		UNKNOWN	
	EXAMS PATIENTS		EXAMS PATIENTS		EXAMS PATIENTS		EXAMS PATIENTS	
GRAND TOTAL	908	621	322	199	0	0	0	0

DTN ON 01/08/2008 0914

COASTAL CAROLINA MED CNTR CCL HIS *LIVE*
 SHIFT STATISTICS
 MAGNETIC RESONANCE IMAGING (09/01/2006 09/30/2006)

PAGE 1

EXAM	0700 1459		1500 2259		2300 - 0659		UNKNOWN	
	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS
MRA ABDOMEN W/O CONTRAST	1	1	0	0	0	0	0	0
MRA BRAIN W/O CONTRAST	4	3	2	2	0	0	0	0
MRA BRAIN W/CONTRAST	0	0	1	1	0	0	0	0
MRA HEAD W/O CONTRAST	0	0	1	1	0	0	0	0
MRA NECK W/O CONTRAST	3	*	1	*	0	0	0	0
MRI ABDOMEN W/O CONTRAST	1	1	0	0	0	0	0	0
MRI BRAIN W/ CONTRAST	1	1	0	0	0	0	0	0
MRI BRAIN W/O CONTRAST	3	3	1	*	0	0	0	0
MRI BRAIN W/O CONTRAST	5	2	4	1	0	0	0	0
MRI CHEST W/O CONTRAST	0	0	1	*	0	0	0	0
MRI KNEE W/O CONTRAST (L/P)	2	2	0	0	0	0	0	0
MRI KNEE W/O CONTRAST (RT)	0	0	1	1	0	0	0	0
MRI LOW EXT NOBJT NO CON (RT)	1	*	0	0	0	0	0	0
MRI LOWER EXT NOBJT W/O (RT)	1	1	0	0	0	0	0	0
MRI L-SPINE W/O CONTRAST	0	0	1	1	0	0	0	0
MRI UP EXT JOINT W/O CONTR (RT)	1	1	2	2	0	0	0	0
MRI UP EXT NOBJT NO/CON (RT)	0	0	1	*	0	0	0	0
TOTAL	23	15	16	9	0	0	0	0

Patients with multiple exams are counted elsewhere

(Continued)

COASTAL CAROLINA MED CNTR CCL HHS *LIVE*

PAGE 2

SHIFT STATISTICS

FOR SELECTED EXAM TYPES (09/01/2006 - 09/30/2006)

ON 01/08/2008 0914

1

	0700	1459	1500 - 2259	2300 - 0659	UNKNOWN
	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS
	PATIENTS		PATIENTS		PATIENTS
GRAND TOTAL	23	15	16	9	0

RUN ON 01/08/2008-0914

COASTAL CAROLINA MED CTR CCL HIS *LIVE*
SHIFT STATISTICS
MAGNETIC RESONANCE IMAGING (10/01/2006 - 10/31/2006)

PAGE 1

EXAM	0700 - 1459		1500 - 2259		2300 - 0659		UNKNOWN	
	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS
MRA ABDOMEN W/O CONTRAST	1	1	0	0	0	0	0	0
MRA BRAIN W/O CONTRAST	7	3	4	2	0	0	0	0
MRA NECK W/O CONTRAST	8	1	3	1	0	0	0	0
MRI ABDOMEN W/O CONTRAST	1	1	0	0	0	0	0	0
MRI BRAIN W/O CONTRAST	2	2	1	1	0	0	0	0
MRI BRAIN W/O CONTRAST	9	6	7	4	0	0	0	0
MRI C SPINE W/O CONTRAST	2	1	1	1	0	0	0	0
MRI KNEE W/O CONTRAST (LT)	1	1	1	1	0	0	0	0
MRI KNEE W/O CONTRAST (RT)	1	1	1	1	0	0	0	0
MRI KNEE W/O CONTRAST (RT)	0	0	1	1	0	0	0	0
MRI L-SPINE W/O CONTRAST	4	3	0	0	0	0	0	0
MRI L-SPINE W/O CONTRAST	1	1	0	0	0	0	0	0
MRI PELVIS W/O CONTRAST	0	0	2	2	0	0	0	0
MRI T-SPINE W/O CONTRAST	1	1	1	1	0	0	0	0
MRI T SPINE W/CONTRAST	0	0	1	1	0	0	0	0
MRI UP EXT JOINT W/O CONTR (RT)	0	0	1	1	0	0	0	0
MRI UP EXT JOINT W/O CONTR (RT)	1	1	1	1	0	0	0	0
TOTAL	39	23	25	17	0	0	0	0

Patients with multiple exams are counted elsewhere

(Continued)

COASTAL CAROLINA MED CNTR CCL RIS *LIVE*

PAGE 2

ON 01/08/2008 0914

SHIFT STATISTICS

FOR SELECTED EXAM TYPES (10/01/2006 10/31/2006)

	0700 - 1459		1500 - 2259		2300 0659		UNKNOWN	
	EXAMS PATIENTS		EXAMS PATIENTS		EXAMS PATIENTS		EXAMS PATIENTS	
GRAND TOTAL	39	23	25	17	0	0	0	0

ON 01/08/2008 0915

SHIFT STATISTICS

MAGNETIC RESONANCE IMAGING (11/01/2006 - 11/30/2006)

EXAM	0700 - 1459		1500 - 2259		2300 - 0659		UNKNOWN	
	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS
MRA BRAIN W/O CONTRAST	5	5	3	2	0	0	0	0
MRA HEAD W/O CONTRAST	2	1	0	0	0	0	0	0
MRA NECK W/O CONTRAST	4	1	3	*	0	0	0	0
MRI ABDOMEN W/O CONTRAST	1	1	0	0	0	0	0	0
MRI BRAIN W/O CONTRAST	5	5	0	0	0	0	0	0
MRI BRAIN W/O CONTRAST	15	9	4	2	0	0	0	0
MRI C-SPINE W/O CONTRAST	2	2	1	1	0	0	0	0
MRI KNEE W/O CONTRAST (LT)	1	1	0	0	0	0	0	0
MRI LOW EXT JOINT W/O CONTR (LT)	1	1	0	0	0	0	0	0
MRI LOWER EXT JOINT W/O CONTR (RT)	1	1	0	0	0	0	0	0
MRI L-SPINE W/O CONTRAST	3	2	0	0	0	0	0	0
MRI L-SPINE W/O CONTRAST	1	1	0	0	0	0	0	0
MRI T SPINE W/O CONTRAST	1	*	0	0	0	0	0	0
MRI T SPINE W/O CONTRAST	2	1	0	0	0	0	0	0
MRI UP EXT JOINT W/O CONTR (LT)	1	1	1	1	0	0	0	0
MRI UP EXT JOINT W/O CONTR (RT)	0	0	2	2	0	0	0	0
MRI UP EXT JOINT W/O CONTR (LT)	1	1	0	0	0	0	0	0
TOTAL	46	33	14	8	0	0	0	0

Patients with multiple exams are counted elsewhere

(Continued)

1

ON 01/08/2008-0915

COASTAL CAROLINA MED CTR CCL HIS *LIVE*
SHIFT STATISTICS
FOR SELECTED EXAM TYPES (11/01/2006 11/30/2006)

PAGE 2

	0700 1459		1500 - 2259		2300 - 0659		UNKNOWN	
	EXAMS PATIENTS		EXAMS PATIENTS		EXAMS PATIENTS		EXAMS PATIENTS	
GRAND TOTAL	46	33	14	8	0	0	0	0

4
1
2
2

COASTAL CAROLINA MED CNTR CCL HHS *LIVE*
SHIFT STATISTICS
MAGNETIC RESONANCE IMAGING (12/01/2006 - 12/31/2006)

PAGE 1

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EXAM	0700 - 1459		1500 - 2259		2300 - 0659		UNKNOWN	
	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS
MRA ABDOMEN W/O CONTRAST	0	0	1	1	0	0	0	0
MRA BRAIN W/O CONTRAST	12	10	1	1	0	0	0	0
MRA HEAD W/O CONTRAST	1	1	0	0	0	0	0	0
MRA NECK W/O CONTRAST	10	3	0	0	0	0	0	0
MRI ABDOMEN W/O CONTRAST	0	0	1	*	0	0	0	0
MRI BRAIN W/O CONTRAST	6	5	0	0	0	0	0	0
MRI BRAIN W/O CONTRAST	16	6	1	*	0	0	0	0
MRI C SPINE W/O CONTRAST	3	3	1	1	0	0	0	0
MRI KNEE W/O CONTRAST (LT)	2	1	0	0	0	0	0	0
MRI KNEE W/O CONTRAST (RT)	2	2	0	0	0	0	0	0
MRI L-SPINE W/O CONTRAST	4	4	2	1	0	0	0	0
MRI L-SPINE W/O CONTRAST	1	1	0	0	0	0	0	0
MRI MRCP CHOLE	1	1	0	0	0	0	0	0
MRI NECK W/O CONTRAST	1	*	0	0	0	0	0	0
MRI PELVIS W/O CONTRAST	1	1	0	0	0	0	0	0
MRI UP EXT JOINT W/O CONTR (LT)	2	2	2	2	0	0	0	0
MRI UP EXT JOINT W/O CONTR (RT)	0	0	2	2	0	0	0	0
MRI UP EXT JOINT W/O CONTR (RT)	0	0	1	1	0	0	0	0
TOTAL	62	40	12	9	0	0	0	0

Patients with multiple exams are counted elsewhere

(Continued)

COASTAL CAROLINA MED CNTR CCL HIS "LIVE"

PAGE 2

SHIFT STATISTICS

FOR SELECTED EXAM TYPES (12/01/2006 - 12/31/2006)

ON 01/08/2008 0916

	0700	1459	1500	2259	2300 - 0659	UNKNOWN
	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS
GRAND TOTAL	62	40	12	9	0	0

ON 01/08/2008-0916

SHIFT STATISTICS

MAGNETIC RESONANCE IMAGING (01/01/2007 - 01/31/2007)

EXAM	0700 - 1459		1500 - 2259		2300 - 0659		UNKNOWN	
	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS
MRA ABDOMEN W/O CONTRAST	1	1	0	0	0	0	0	0
MRA BRAIN W/O CONTRAST	4	4	3	3	0	0	0	0
MRA HEAD W/O CONTRAST	1	1	0	0	0	0	0	0
MRA NECK W/O CONTRAST	5	*	2	*	0	0	0	0
MRI BRAIN W/ CONTRAST	1	1	0	0	0	0	0	0
MRI BRAIN W/O CONTRAST	1	1	0	0	0	0	0	0
MRI BRAIN W/O CONTRAST	12	7	8	5	0	0	0	0
MRI C SPINE W/O CONTRAST	4	2	3	1	0	0	0	0
MRI C SPINE W/O CONTRAST	1	*	0	0	0	0	0	0
MRI KNEE W/O CONTRAST (LT)	4	4	1	1	0	0	0	0
MRI KNEE W/O CONTRAST (RT)	2	2	1	1	0	0	0	0
MRI KNEE W/O CONTRAST (RT)	1	1	0	0	0	0	0	0
MRI LOWER EXT NON-JT W/O (LT)	1	1	2	2	0	0	0	0
MRI LOWER EXT NONJT W/O (RT)	1	1	0	0	0	0	0	0
MRI L-SPINE W/O CONTRAST	6	6	2	1	0	0	0	0
MRI L-SPINE W/O CONTRAST	4	2	1	1	0	0	0	0
MRI PELVIS W/O CONTRAST	1	*	2	2	0	0	0	0
MRI T-SPINE W/O CONTRAST	1	1	1	*	0	0	0	0
MRI T-SPINE W/O CONTRAST	1	*	1	*	0	0	0	0
MRI UP EXT JOINT W/O CONTR (LT)	2	2	0	0	0	0	0	0
MRI UP EXT JOINT W/O CONTR (RT)	1	1	1	1	0	0	0	0
MRI UP EXT JOINT W/ CONTR (LT)	1	1	0	0	0	0	0	0
MRI UP EXT NONJT W/O CONTR (RT)	0	0	1	1	0	0	0	0
MRI UP EXT NONJT W/O CONTR (LT)	1	1	0	0	0	0	0	0
TOTAL	57	40	29	19	0	0	0	0

* = Patients with multiple exams are counted elsewhere

(Continued)

ON 01/08/2008 0916

COASTAL CAROLINA MED CNTR CCL HIS *LIVE*
SHIFT STATISTICS
FOR SELECTED EXAM TYPES (01/01/2007 01/31/2007)

PAGE 2

	0700 - 1459		1500 - 2259		2300 - 0659		UNKNOWN	
	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS
GRAND TOTAL	57	40	29	19	0	0	0	0

RUE ON 01/08/2008 0917

SHIFT STATISTICS

MAGNETIC RESONANCE IMAGING (02/01/2007 - 02/28/2007)

EXAM	0700 - 1459		1500 - 2259		2300 - 0659		UNKNOWN	
	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS
MRA ABDOMEN W/O CONTRAST	1	1	0	0	0	0	0	0
MRA BRAIN W/O CONTRAST	7	5	2	2	0	0	0	0
MRA NECK W/O CONTRAST	6	3	0	0	0	0	0	0
MRI BRAIN W/ CONTRAST	2	1	1	1	0	0	0	0
MRI BRAIN W/O CONTRAST	5	2	1	1	0	0	0	0
MRI BRAIN W/O CONTRAST	11	8	2	1	0	0	0	0
MRI C SPINE W/O CONTRAST	4	2	0	0	0	0	0	0
MRI C-SPINE W/O CONTRAST	1	1	0	0	0	0	0	0
MRI HIP W/O CONTRAST (RT)	0	0	1	1	0	0	0	0
MRI KNEE W/O CONTRAST (LT)	1	1	0	0	0	0	0	0
MRI KNEE W/O CONTRAST (RT)	2	2	1	1	0	0	0	0
MRI LOWER EXT JOINT W/O (RT)	0	0	1	1	0	0	0	0
MRI LOWER EXT JOINT W/O (RT)	1	1	0	0	0	0	0	0
MRI LOWER EXT JOINT W/O (RT)	1	1	0	0	0	0	0	0
MRI L-SPINE W/O CONTRAST	8	6	1	1	0	0	0	0
MRI L-SPINE W/O CONTRAST	2	1	3	2	0	0	0	0
MRI MRCP CHOLE	0	0	1	1	0	0	0	0
MRI NECK W/O CONTRAST	3	2	0	0	0	0	0	0
MRI PELVIS W/O CONTRAST	0	0	1	1	0	0	0	0
MRI T SPINE W/O CONTRAST	2	*	0	0	0	0	0	0
T-SPINE W/O CONTRAST	1	*	2	*	0	0	0	0
UP EXT JOINT W/O CONT (LT)	1	1	1	1	0	0	0	0
UP EXT JOINT W/O CONT (RT)	4	3	0	0	0	0	0	0
MRI UP EXT JOINT W/O (LT)	1	1	0	0	0	0	0	0
MRI UP EXT JOINT W/O (RT)	1	1	0	0	0	0	0	0
TOTAL	65	43	18	13	0	0	0	0

* = Patients with multiple exams are counted elsewhere

(Continued)

RUN ON 01/08/2008 0917

COASTAL CAROLINA MED CNTR OCL HIS *LIVE*
SHIFT STATISTICS
FOR SELECTED EXAM TYPES (02/01/2007 - 02/28/2007)

PAGE 2

	0700 - 1459		1500 - 2259		2300 0659		UNKNOWN	
	EXAMS PATIENTS		EXAMS PATIENTS		EXAMS PATIENTS		EXAMS PATIENTS	
GRAND TOTAL	65	43	18	13	0	0	0	0

ON 01/08/2008-0917

SHIFT STATISTICS

MAGNETIC RESONANCE IMAGING (03/01/2007 - 03/31/2007)

EXAM	0700 EXAMS PATIENTS	1459 EXAMS PATIENTS	1500 EXAMS PATIENTS	2259 EXAMS PATIENTS	2300 - 0659 EXAMS PATIENTS	UNKNOWN EXAMS PATIENTS
MRA BRAIN W/O CONTRAST	6	5	7	7	0	0
MRA NECK W/CONTRAST	0	0	1	1	0	0
MRA NECK W/O CONTRAST	3	*	6	1	0	0
MRI ABDOMEN W/O CONTRAST	0	0	1	1	0	0
MRI BRAIN W/ CONTRAST	0	0	1	1	0	0
MRI BRAIN W/O CONTRAST	5	5	1	*	0	0
MRI BRAIN W/O CONTRAST	14	9	6	*	0	0
MRI C SPINE W/O CONTRAST	7	5	4	2	0	0
MRI HIP W/O CONTRAST (LT)	1	1	0	0	0	0
MRI HIP W/O CONTRAST (RT)	1	*	1	1	0	0
MRI KNEE W/O CONTRAST (LT)	2	2	0	0	0	0
MRI KNEE W/O CONTRAST (RT)	2	2	0	0	0	0
MRI L-SPINE W/O CONTRAST	7	7	2	*	0	0
MRI MRCP CHOLE	1	1	0	0	0	0
MRI PELVIS W/O CONTRAST	4	4	0	0	0	0
MRI T SPINE W/O CONTRAST	1	*	1	*	0	0
MRI UP EXT JOINT W/O COST (LT)	3	2	1	*	0	0
MRI UP EXT JOINT W/O COST (RT)	2	2	0	0	0	0
TOTAL	59	45	32	14	0	0

Patients with multiple exams are counted elsewhere

(Continued)

COASTAL CAROLINA MED CNTR CCL HIS *LIVE*

PAGE 2

SHIFT STATISTICS

FOR SELECTED EXAM TYPES (03/01/2007 - 03/31/2007)

	0700	1459	1500	2259	2300	0659	UNKNOWN
	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS PATIENTS
GRAND TOTAL	59	45	32	14	0	0	0 0

ON 01/08/2008 0918

SHIFT STATISTICS

MAGNETIC RESONANCE IMAGING (04/01/2007 - 04/30/2007)

EXAM	0700 1459		1500 - 2259		2300 - 0659		UNKNOWN	
	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS
MRA BRAIN W/O CONTRAST	7	7	5	5	0	0	0	0
MRA NECK W/O CONTRAST	4	*	4	3	0	0	0	0
MRI ABDOMEN W/O CONTRAST	1	1	0	0	0	0	0	0
MRI BRAIN W/O CONTRAST	4	3	5	5	0	0	0	0
MRI BRAIN W/O CONTRAST	15	9	7	2	0	0	0	0
MRI C SPINE W/O CONTRAST	4	3	0	0	0	0	0	0
MRI HIP W/CONTRAST (LT)	1	1	0	0	0	0	0	0
MRI IAC W/O CONTRAST	1	1	0	0	0	0	0	0
MRI KNEE W/O CONTRAST (RT)	3	3	1	1	0	0	0	0
MRI LOWER EXT JOINT W/O (LT)	1	1	0	0	0	0	0	0
MRI LOWER EXT JOINT W/O (RT)	1	1	1	1	0	0	0	0
MRI LOWER EXT NON-JT W/O (LT)	2	2	0	0	0	0	0	0
MRI L SPINE W/O CONTRAST	6	5	1	1	0	0	0	0
MRI L-SPINE W/O CONTRAST	1	*	2	2	0	0	0	0
MRI MRCP CHOLE	1	1	0	0	0	0	0	0
MRI ORBITS W/O CONTRAST	0	0	1	*	0	0	0	0
MRI PELVIS W/O CONTRAST	1	*	0	0	0	0	0	0
MRI T SPINE W/O CONTRAST	1	*	0	0	0	0	0	0
MRI UP EXT JOINT W/O CONTR (LT)	1		0	0	0	0	0	0
MRI UP EXT JOINT W/O CONTR (RT)	3	2	0	0	0	0	0	0
UP EXT MONJT W/O/CON (RT)	0	0	1	1	0	0	0	0
UP EXT MONJT W/O/CON (LT)	1	1	0	0	0	0	0	0
TOTAL	59	41	28	21	0	0	0	0

* - Patients with multiple exams are counted elsewhere

(Continued)

COASTAL CAROLINA MED CNTR CCL HIS *LIVE*

PAGE 2

SHIFT STATISTICS

FOR SELECTED EXAM TYPES (04/01/2007 - 04/30/2007)

ON 01/08/2008 0918

	0700 - 1459		1500 - 2259		2300 - 0659		UNKNOWN	
	EXAMS PATIENTS		EXAMS PATIENTS		EXAMS PATIENTS		EXAMS PATIENTS	
GRAND TOTAL	59	41	28	21	0	0	0	0

SHIFT STATISTICS

MAGNETIC RESONANCE IMAGING (05/01/2007 - 05/31/2007)

ON 01/08/2008 0919

EXAM	0700 1459		1500 2259		2300 - 0659		UNKNOWN	
	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS
MRA ABDOMEN W/O CONTRAST	0	0	1	1	0	0	0	0
MRA BRAIN W/O CONTRAST	6	6	4	4	0	0	0	0
MRA NECK W/O CONTRAST	6	1	3	*	0	0	0	0
MRI ABDOMEN W/O CONTRAST	0	0	1	*	0	0	0	0
MRI BRAIN W/O CONTRAST	5	3	2	2	0	0	0	0
MRI BRAIN W/O CONTRAST	14	8	7	4	0	0	0	0
MRI C SPINE W/O CONTRAST	8	7	1	*	0	0	0	0
MRI C SPINE W/O CONTRAST	1	*	0	0	0	0	0	0
MRI KNEE W/O CONTRAST (LT)	2	2	0	0	0	0	0	0
MRI KNEE W/O CONTRAST (RT)	5	5	0	0	0	0	0	0
MRI LOWER EXT JOINT W/O (LT)	2	1	0	0	0	0	0	0
MRI LOWER EXT JOINT W/CON (LT)	1	1	0	0	0	0	0	0
MRI LOWER EXT JOINT W/O (RT)	1	1	0	0	0	0	0	0
MRI L SPINE W/O CONTRAST	7	7	3	3	0	0	0	0
MRI MRCP CHOLE	2	2	0	0	0	0	0	0
MRI ORBITS W/O CONTRAST	1	*	1	1	0	0	0	0
MRI PELVIS W/O CONTRAST	1	1	0	0	0	0	0	0
MRI PELVIS W/O CONTRAST	1	1	0	0	0	0	0	0
MRI T-SPINE W/O CONTRAST	1	*	1	*	0	0	0	0
MRI T-SPINE W/O CONTRAST	1	1	0	0	0	0	0	0
UP EXT JOINT W/O CONT (LT)	1	1	0	0	0	0	0	0
UP EXT JOINT W/O CONT (RT)	6	4	0	0	0	0	0	0
MRI UP EXT JOINT W/O CONT (RT)	1	1	0	0	0	0	0	0
TOTAL	73	53	24	15	0	0	0	0

* = Patients with multiple exams are counted elsewhere

(Continued)

COASTAL CAROLINA MED CNTR CCL HHS *LIVE*

PAGE 2

SHIFT STATISTICS

FOR SELECTED EXAM TYPES (05/01/2007 - 05/31/2007)

	0700 1459 ✓		1500 - 2259		2300 - 0659		UNKNOWN	
	EXAMS PATIENTS		EXAMS PATIENTS		EXAMS PATIENTS		EXAMS PATIENTS	
GRAND TOTAL	73	53	24	15	0	0	0	0

01/08/2008 0919

COASTAL CAROLINA MED CNTR CCL HIS *LIVE*
SHIFT STATISTICS
MAGNETIC RESONANCE IMAGING (06/01/2007 - 06/30/2007)

PAGE 1

EXAM	0700 - 1459		1500 - 2259		2300 - 0659		UNKNOWN	
	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS
MRA BRAIN W/O CONTRAST	10	9	6	6	0	0	0	0
MRA NECK W/O CONTRAST	8	*	5		0	0	0	0
MRI BRAIN W/ CONTRAST	1	1	0	0	0	0	0	0
MRI BRAIN W/O CONTRAST	5	3	0	0	0	0	0	0
MRI BRAIN W/O CONTRAST	16	9	6	*	0	0	0	0
MRI C SPINE W/O CONTRAST	3	3	0	0	0	0	0	0
MRI HIP W/O CONTRAST (LT)	0	0	1	1	0	0	0	0
MRI HIP W/O CONTRAST (RT)	1	*	0	0	0	0	0	0
MRI HIP W/O CONTRAST (RT)	1	1	0	0	0	0	0	0
MRI KNEE W/O CONTRAST (LT)	2	2	0	0	0	0	0	0
MRI LOWER EXT JOINT W/O (RT)	1	1	0	0	0	0	0	0
MRI LOW EXT JOINT W/O CON (LT)	1	1	0	0	0	0	0	0
MRI LOWER EXT JOINT W/O CON (RT)	1	1	0	0	0	0	0	0
MRI LOWER EXT JOINT W/O (RT)	0	0	1	1	0	0	0	0
MRI L-SPINE W/O CONTRAST	7	6	1	1	0	0	0	0
MRI L-SPINE W/O CONTRAST	0	0	1	*	0	0	0	0
MRI NECK W/O CONTRAST	1	*	0	0	0	0	0	0
MRI UP EXT JOINT W/O CONTR (LT)	2	1	0	0	0	0	0	0
MRI UP EXT JOINT W/O CONTR (RT)	2	2	0	0	0	0	0	0
	62	40	21	9	0	0	0	0

* = Patients with multiple exams are counted elsewhere

(Continued)

COASTAL CAROLINA MED CNTR CCL HIS *LIVE*

PAGE 2

01/08/2008-0919

SHIFT STATISTICS

FOR SELECTED EXAM TYPES (06/01/2007 06/30/2007)

	0700	1459	1500	2259	2300	0659	UNKNOWN
	EXAMS PATIENTS		EXAMS PATIENTS		EXAMS PATIENTS		EXAMS PATIENTS
GRAND TOTAL	62	40	21	9	0	0	0 0

N 01/08/2008-0920

SHIFT STATISTICS

MAGNETIC RESONANCE IMAGING (07/01/2007 - 07/31/2007)

EXAM	0700 - 1459		1500 2259		2300 - 0659		UNKNOWN	
	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS
MRA BRAIN W/O CONTRAST	11	8	2	2	0	0	0	0
MRA NECK W/O CONTRAST	6	*	1	*	0	0	0	0
MRI ABDOMEN W/O CONTRAST	1	1	0	0	0	0	0	0
MRI BRAIN W/O CONTRAST	3	3	2	2	0	0	0	0
MRI BRAIN W/O CONTRAST	16	8	5	3	0	0	0	0
MRI C SPINE W/O CONTRAST	3	2	2	2	0	0	0	0
MRI C SPINE W/O CONTRAST	1	*	1	1	0	0	0	0
MRI KNEE W/O CONTRAST (RT)	4	4	0	0	0	0	0	0
MRI LOWER EXT JOINT W/O (LT)	1	1	0	0	0	0	0	0
MRI LOWER EXT NON-JT W/O (LT)	1	1	0	0	0	0	0	0
MRI L-SPINE W/O CONTRAST	3	3	1	1	0	0	0	0
MRI L-SPINE W/O CONTRAST	4	4	0	0	0	0	0	0
MRI NECK W/O CONTRAST	1	*	0	0	0	0	0	0
MRI PELVIS W/O CONTRAST	1	1	0	0	0	0	0	0
MRI PITUITARY W/O CONTRAST	1	*	0	0	0	0	0	0
MRI T-SPINE W/O CONTRAST	0	0	1	1	0	0	0	0
MRI UP EXT JOINT W/O CONT (RT)	1	1	0	0	0	0	0	0
MRI UP EXT NONJT W/O/CON (RT)	1	1	0	0	0	0	0	0
TOTAL	59	38	15	12	0	0	0	0

/Patients with multiple exams are counted elsewhere

(Continued)

COASTAL CAROLINA MED CTR CCL HIS *LIVE*

PAGE 2

SHIFT STATISTICS

FOR SELECTED EXAM TYPES (07/01/2007 - 07/31/2007)

	0700 - 1459		1500 - 2259		2300 - 0659		UNKNOWN	
	EXAMS PATIENTS		EXAMS PATIENTS		EXAMS PATIENTS		EXAMS PATIENTS	
GRAND TOTAL	59	38	15	12	0	0	0	0

COASTAL CAROLINA MED CNTR CCL HIS *LIVE*
SHIFT STATISTICS
MAGNETIC RESONANCE IMAGING (08/01/2007 - 08/30/2007)

PAGE 1

01/08/2008 0921

EXAM	0700 - 1459		1500 - 2259		2300 - 0659		UNKNOWN	
	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS
MRA ABDOMEN WWO CONTRAST	1	1	0	0	0	0	0	0
MRA BRAIN W/O CONTRAST	6	5	2	2	0	0	0	0
MRA CHEST WWO CONTRAST	0	0	1	1	0	0	0	0
MRA NECK W/O CONTRAST	1	*	0	0	0	0	0	0
MRA NECK WWO CONTRAST	3	1	2	*	0	0	0	0
MRI BRAIN W/ CONTRAST	1	1	0	0	0	0	0	0
MRI BRAIN W/O CONTRAST	4	3	2	2	0	0	0	0
MRI BRAIN WWO CONTRAST	13	10	3	1	0	0	0	0
MRI C-SPINE WO CONTRAST	3	3	0	0	0	0	0	0
MRI C-SPINE WWO CONTRAST	0	0	1	1	0	0	0	0
MRI IAC WWO CONTRAST	1	1	0	0	0	0	0	0
MRI KNEE W/O CONTRAST (LT)	5	5	0	0	0	0	0	0
MRI KNEE W/O CONTRAST (RT)	5	3	1	1	0	0	0	0
MRI LOWER EXT JOINT W/O (LT)	1	1	0	0	0	0	0	0
MRI L SPINE W/O CONTRAST	8	8	2	2	0	0	0	0
MRI L-SPINE WWO CONTRAST	4	4	1	*	0	0	0	0
MRI T-SPINE WWO CONTRAST	2	*	1	*	0	0	0	0
MRI UP EXT JOINT W/O COMT (RT)	2	1	0	0	0	0	0	0
TOTAL	60	47	16	10	0	0	0	0

*Patients with multiple exams are counted elsewhere

(Continued)

COASTAL CAROLINA MED CNTR CCL HIS *LIVE*

PAGE 2

SHIFT STATISTICS

FOR SELECTED EXAM TYPES (08/01/2007 - 08/30/2007)

	0700 - 1459		1500 - 2259		2300 - 0659		UNKNOWN	
	EXAMS PATIENTS		EXAMS PATIENTS		EXAMS PATIENTS		EXAMS PATIENTS	
GRAND TOTAL	60	47	16	10	0	0	0	0

IN 01/08/2008 0922

SHIFT STATISTICS

MAGNETIC RESONANCE IMAGING (09/01/2007 09/30/2007)

EXAM	0700 - 1459		1500 - 2259		2300 - 0659		UNKNOWN	
	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS
MRA ABDOMEN W/O CONTRAST	1	1	1	1	0	0	0	0
MRA BRAIN W/O CONTRAST	17	16	4	4	0	0	0	0
MRA NECK W/O CONTRAST	12	2	3	*	0	0	0	0
MRI ABDOMEN W/O CONTRAST	2	1	0	0	0	0	0	0
MRI BRAIN W/O CONTRAST	7	6	0	0	0	0	0	0
MRI BRAIN W/O CONTRAST	24	8	6	2	0	0	0	0
MRI C-SPINE W/O CONTRAST	4	3	0	0	0	0	0	0
MRI C-SPINE W/O CONTRAST	1	1	1	*	0	0	0	0
MRI HIP W/O CONTRAST (RT)	1	1	0	0	0	0	0	0
MRI KNEE W/O CONTRAST (LT)	2	2	1	1	0	0	0	0
MRI KNEE W/O CONTRAST (RT)	1	1	1	1	0	0	0	0
MRI LOWER EXT JOINT W/O (RT)	1	1	0	0	0	0	0	0
MRI LOWER EXT JOINT W/O (LT)	3	2	0	0	0	0	0	0
MRI LOWER EXT JOINT W/O (RT)	1	1	0	0	0	0	0	0
MRI LOWER EXT NON-JT W/O (LT)	3	3	0	0	0	0	0	0
MRI L SPINE W/O CONTRAST	6	5	0	0	0	0	0	0
MRI L-SPINE W/O CONTRAST	1	*	0	0	0	0	0	0
MRI MRCP CHOLE	1	1	0	0	0	0	0	0
MRI NECK W/O CONTRAST	1	*	0	0	0	0	0	0
MRI ORBITS W/O CONTRAST	1	1	0	0	0	0	0	0
PELVIS W/O CONTRAST	1	1	0	0	0	0	0	0
T SPINE W/O CONTRAST	1	*	0	0	0	0	0	0
MRI UP EXT JOINT W/O CONTR (LT)	2	2	0	0	0	0	0	0
TOTAL	94	59	17	9	0	0	0	0

* = Patients with multiple exams are counted elsewhere

(Continued)

COASTAL CAROLINA MED CTR OCL MHS *LIVE*

PAGE 2

SHIFT STATISTICS

FOR SELECTED EXAM TYPES (09/01/2007 - 09/30/2007)

01/08/2008-8922

	0700 - 1459		1500 - 2259		2300 0659		UNKNOWN	
	EXAMS PATIENTS		EXAMS PATIENTS		EXAMS PATIENTS		EXAMS PATIENTS	
GRAND TOTAL	94	59	17	9	0	0	0	0

ON 01/08/2008 0922

SHIFT STATISTICS

MAGNETIC RESONANCE IMAGING (10/01/2007 - 10/31/2007)

EXAM	0700 1459		1500 - 2259		2300 - 0659		UNKNOWN	
	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS
MRA BRAIN W/O CONTRAST	9	6	4	2	0	0	0	0
MRA NECK W/O CONTRAST	1	*	1	*	0	0	0	0
MRA NECK W/O CONTRAST	4	*	1	*	0	0	0	0
MRI BRAIN W/ CONTRAST	1	1	0	0	0	0	0	0
MRI BRAIN W/O CONTRAST	5	3	4	3	0	0	0	0
MRI BRAIN W/O CONTRAST	10	6	2	1	0	0	0	0
MRI C SPINE W/O CONTRAST	4	2	1	*	0	0	0	0
MRI C SPINE W/O CONTRAST	1	*	0	0	0	0	0	0
MRI HIP W/O CONTRAST (LT)	1	*	0	0	0	0	0	0
MRI HIP W/O CONTRAST (RT)	0	0	1	1	0	0	0	0
MRI KNEE W/O CONTRAST (LT)	3	3	0	0	0	0	0	0
MRI KNEE W/O CONTRAST (RT)	1	1	0	0	0	0	0	0
MRI KNEE W/O CONTRAST (RT)	0	0	1	1	0	0	0	0
MRI LOWER EXT JOINT W/O (LT)	1	1	0	0	0	0	0	0
MRI LOWER EXT JOINT W/O (RT)	1	1	0	0	0	0	0	0
MRI LOW EXT NOBJT W/O CON (RT)	2	2	0	0	0	0	0	0
MRI LOWER EXT NOBJT W/O (LT)	0	0	1	1	0	0	0	0
MRI LOWER EXT NOBJT W/O (RT)	2	2	1	1	0	0	0	0
MRI L-SPINE W/O CONTRAST	1	1	2	2	0	0	0	0
MRI L-SPINE W/O CONTRAST	1	1	0	0	0	0	0	0
MRCF CHOLE	0	0	1	1	0	0	0	0
MRCK W/O CONTRAST	1	1	0	0	0	0	0	0
MRI MRCK W/O CONTRAST	1	1	0	0	0	0	0	0
MRI T SPINE W/O CONTRAST	0	0	1	*	0	0	0	0
MRI UP EXT JOINT W/O CONT (LT)	1	1	1	1	0	0	0	0
TOTAL	51	33	22	14	0	0	0	0

* = Patients with multiple exams are counted elsewhere

(Continued)

JN 01/08/2008-0922

COASTAL CAROLINA MED CTR CCL HHS LIVE*
SHIFT STATISTICS
FOR SELECTED EXAM TYPES (10/01/2007 - 10/31/2007)

PAGE 2

	0700 - 1459		1500 - 2259		2300 0659		UNKNOWN	
	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS
LAND TOTAL	51	33	22	14	0	0	0	0

AN 01/08/2008-0924

SHIFT STATISTICS

MAGNETIC RESONANCE IMAGING (12/01/2007 - 12/31/2007)

EXAM	0700 - 1459		1500 - 2259		2300 - 0659		UNKNOWN	
	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS
MRA ABDOMEN W/O CONTRAST	1	1	0	0	0	0	0	0
MRA BRAIN W/O CONTRAST	7	6	3	2	0	0	0	0
MRA NECK W/O CONTRAST	2	*	1	*	0	0	0	0
MRA NECK W/O CONTRAST	3	*	2	*	0	0	0	0
MRI ABDOMEN W/O CONTRAST	1	1	0	0	0	0	0	0
MRI ABDOMEN W/O CONTRAST	1	1	1	1	0	0	0	0
MRI BRAIN W/O CONTRAST	9	7	1	*	0	0	0	0
MRI BRAIN W/O CONTRAST	11	7	2	*	0	0	0	0
MRI C-SPINE W/O CONTRAST	1	1	0	0	0	0	0	0
MRI C-SPINE W/ CONTRAST	0	0	1	1	0	0	0	0
MRI KNEE W/O CONTRAST (LT)	1	1	0	0	0	0	0	0
MRI KNEE W/O CONTRAST (RT)	1	1	0	0	0	0	0	0
MRI LOWER EXT JOINT W/O (RT)	0	0	1	1	0	0	0	0
MRI LOWER EXT JOINT W/O (LT)	1	1	0	0	0	0	0	0
MRI LOWER EXT NON-JT W/O (LT)	0	0	1	1	0	0	0	0
MRI L-SPINE W/O CONTRAST	3	2	2	2	0	0	0	0
MRI L-SPINE W/O CONTRAST	1	1	1	*	0	0	0	0
MRI MRCP CHOLE	0	0	1	1	0	0	0	0
MRI T-SPINE W/O CONTRAST	0	0	1	1	0	0	0	0
MRI UP EXT JOINT W/O CONTR (LT)	1	1	1	1	0	0	0	0
UP EXT JOINT W/O CONTR (RT)	3	2	0	0	0	0	0	0
UP EXT NONJT W/O CONTR (RT)	2	1	0	0	0	0	0	0
TOTAL	49	34	19	11	0	0	0	0

* - Patients with multiple exams are counted elsewhere

(Continued)

01/08/2008-0924

COASTAL CAROLINA MED CNTR CCL HIS *LIVE*
SHIFT STATISTICS
FOR SELECTED EXAM TYPES (12/01/2007 12/31/2007)

PAGE 2

	0700 - 1459		1500 2259		2300 - 0659		UNKNOWN	
	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS	EXAMS	PATIENTS
GRAND TOTAL	49	34	19	11	0	0	0	0

PARKER POE

PARKER POE ADAMS & BERENSTEIN LLP

Attorneys and Counselors at Law

David B. Summer, Jr.
Partner
Telephone: 803.253.8910
Direct Fax: 803.253.8017
davidsummer@parkerpoe.com

1201 Main Street
Suite 1450
PO Box 1509
Columbia, SC 29202 1509
Telephone: 803.255 8000
Fax: 803.255 8017
www.parkerpoe.com

June 18, 2004

Via Hand Delivery

Mr Rodney H. Bowman, Jr
Office of Certification of Need
South Carolina Department of Health
and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29206

***Re. Coastal Carolina Medical Center
Hardeeville, South Carolina
CON Application for New Construction and the Addition of One Fixed MRI***

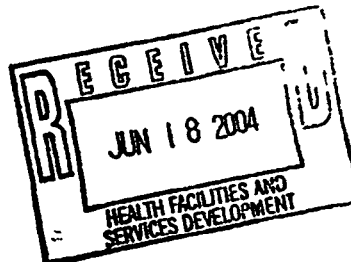
Dear Mr Bowman.

The following is in response to your letter dated May 24, 2004, requesting additional information for the above-referenced certificate of need application.

1 Please document that the proposed charges for project are comparable to those established by other facilities for similar services within health service area or state (B-17)

Response: By trending forward the 2002 statewide average charge for MRI services, Coastal Carolina's average gross charges are consistent with other providers in the state. Assuming a five percent inflation rate, as was done in the application's pro forma, the state average gross charge in 2005 would be approximately \$1,930 per patient. This is consistent with the gross charges proposed by the applicant. It should also be noted that Coastal Carolina's projected net charge less bad debt is only \$1,100 per encounter

2 In accordance with the 2003 S.C. Health Plan, approved by the S C Board of Health and Environmental Control on June 12, 2003, and effective on June 13, 2003, all applicants submitting Certificate of Need applications must address their policies and procedures to assure the quality of healthcare services. At a minimum all applicants must address the following issues (B-27)



000001

CHARLESTON, SC
CHARLOTTE, NC
RALEIGH, NC
SPARTANBURG, SC

PARKER, POE, ADAMS & BERNSTEIN L.L.P

Mr Rodney H Bowman, Jr
June 18, 2004
Page 2

- a) Accuracy of patient identification,
- b) effectiveness of communication among caregivers;
- c) the safety of using high-alert medications,
- d) eliminating wrong-site, wrong patient, wrong procedure surgeries,
- e) the safety of using infusion pumps;
- f) the effectiveness of clinical alarm systems,
- g) any other areas concerning patient safety and/or quality of care issues that the applicant wishes to address, and
- h) a discussion of deficiencies related to any of the foregoing, including complaints cited by the SCDHEC Bureau of Health Facilities Regulation and/or Bureau of Certification within the past year. The applicant may provide additional information and discuss additional time spans if desired.

Response. Please see the proposed policies and procedures for Coastal Carolina Medical Center at Tab 1. These policies and procedures will be finalized for Medical Staff and Board approve prior to the opening of the hospital.

3 Please provide documentation that utilities supplied to the site are adequate for the project. (C-7)

Response. Please see Palmetto Electric Cooperative's letter of June 16, 2004 confirming availability of power for the proposed project at Tab 2.

I believe the above is responsive to your May 24 request. If you need any further information or clarification, please do not hesitate to contact me.

With best regards, I am

Sincerely,



David B Summer, Jr

DBSjr/ccq
Attachments

cc Mr Eric Deaton

000002

CV 4510-1

POLICIES AND PROCEDURES

DEPARTMENT ADMINISTRATION

SUBJECT POSITIVE PATIENT IDENTIFICATION

POLICY

Two patient identifiers will be used to improve the accuracy of patient identification. The two identifiers will be the patient's legal name and the patient's medical record number. If the medical record number is not available, the second identifier will be the patient's date of birth.

PROCEDURE

Patient Identification

If the patient will not receive an armband, the patient (or responsible party) will state the legal name and the birth date.

If the patient receives a temporary armband, the patient will be identified by confirming the legal name and medical record number on the armband. If the medical record number is not on the armband, the patient will be identified by confirming the legal name and the patient's birth date.

If the patient receives a permanent armband, the patient is identified by confirming the legal name and the medical record number. In order to use the information on the armband, the armband must be attached to the patient.

During an emergency situation (such as emergency surgery), two patient identifiers are still required — may be done during the "surgical/procedural pause"

Specimen Identification

If the patient will collect a specimen, the container is to be labeled with the two identifiers prior to giving the container to the patient, ex: urine or sputum container.

Before placing a label with the patient identifiers on the specimen, the employee will verify the label information with the patient's two identifiers.

Verbal and Telephone Orders Policy

Department: Medical Center Wide Policy & Procedure Manual	Policy Number 9-46	
Section:	Effective Date:	Page: 1 of 3

000003

Information Management		
Title.	☐ Non-Clinical	
Verbal and Telephone Orders	☐ Clinical	
Approved by Medical Executive Committee, Medical Records Committee, Patient Care and Safety Committee	Review Date Revision Date	

Purpose

This policy is designed to enhance patient safety by establishing reasonable safeguards for the receipt and review of patient care orders transmitted verbally from a remote location.

Policy

A. A verbal order includes any order given by voice rather than in writing, whether transmitted in person or via the telephone.

B. A written order includes

- a hand-written and signed order
- a pre-printed order form signed by the practitioner
- a facsimile (fax) of orders described above
- computer entries authenticated by the prescriber
- other forms of electronic transmission of the order and the corresponding signature/authentication

C. Clinical staff means those individuals authorized to accept and transcribe a verbal order by this policy

D. The attending/rounding physician refers to the physician charged with overall responsibility for the care of the patient during a given portion of the patient's stay. For example, patients admitted for major joint replacement normally have an orthopedic surgeon as the attending physician. A rounding team of physicians often attend to patients in an observation unit or with medical diagnoses

E. Minimization of verbal orders.

1. Whenever possible, physicians will issue written orders. Physicians will not give verbal orders when it is otherwise practical for a written order to be entered into the medical record.

000004

2 Physicians will make priority use of the following patient order options in order to avoid verbal orders

- handwritten orders when physically present
- faxed order sheets
- complete appropriate routine and PRN orders at time of patient admission
- use pre-printed computer generated order information
- development of pre-printed orders to replace frequently written orders

000005

Verbal and Telephone Orders Policy

Title: Verbal and Telephone Orders	Policy # 9-46	Revision Date	Page 2 of 3

F Acceptance and transcription of verbal or telephone orders

1 Telephone orders will be accepted only from practitioners with current membership/privileges of the professional staff of Coastal Carolina Medical Center. Such orders may be accepted and transcribed only by qualified personnel (within the lawful scope of their practice) who are identified by title or category in the Professional Staff Rules and Regulations.

2. The hospital administrator has determined that the following may receive telephone orders for medications:

- RN: all medications
- Pharmacist: all medications
- Licensed vocational nurse: medications within scope of practice
- Physician assistant: all medications
- Physical therapist: for physical therapy procedures only
- Respiratory therapist: medications to be administered by respiratory care practitioners
- Registered Dietician: medical nutrition therapy (dietary treatments, dietary counseling, laboratory tests, dietary assessment), may not accept or transmit orders for total parenteral nutrition (TPN) or intravenous vitamins or minerals

G Countersignature

In accordance with the Professional Staff Rules and Regulations, the responsible practitioner will countersign telephone orders for medications within 48 hours.

Procedure

A. The clinical staff member receiving the telephone order will read back the order to the prescribing physician. Clinical staff will not accept an order that is not clear. The read back of the order will include enunciating the number, for example, "One, Five" for the number 15.

B. The clinical staff member receiving a verbal order when the prescribing physician is physically present, for example, in the operating room or during a procedure, will repeat back the verbal order as described in A.

C. Clinical staff will accept verbal orders from physicians and others licensed to prescribe and who have current clinical privileges at the hospital.

D. The staff member receiving the telephone order will completely transcribe the order on the physician order form.

000006

E. The staff member will sign the transcribed order, including date and time transcription and his/her professional designation/license and indicate the name of the practitioner.

F The staff member will affix a telephone order sticker to the physician order form.

Example.

DOCTOR PLEASE SIGN TELEPHONE/VERBAL ORDER	
Verbal Orders for medication must be signed within 48 hours	
Date _____	Time _____
_____ Physician Signature	

000007

Verbal and Telephone Orders Policy

Title: Verbal and Telephone Orders	Policy # 9-46	Revision Date	Page 3 of 3

G It is the responsibility of the prescribing physician to review and countersign the telephone or verbal order as soon as possible. Faxed and computer signatures are permissible.

H. During daily rounds the attending/rounding physician will review the treatment plan and all active medication orders. The physician will sign any unsigned orders, thus indicating a review of the order for appropriateness. The attending/rounding physician is correspondingly responsible for making necessary adjustments to the medical regime, including changes made through verbal orders. Any physician involved in the care of the patient may countersign orders.

I Nursing will review physician orders each day and will bring unsigned verbal orders to the attention of the attending/rounding physician.

J Performance improvement activities will be developed where appropriate.

- 1 Incorporation of verbal order reports and related activities into physician department quality improvement meetings and processes
- 2 Feedback processes when verbal orders may impact patient safety
- 3 Medical record review for countersignature of verbal orders for medication orders.
- 4 Performance improvement projects for decreasing verbal order prevalence.

References Joint Commission on Accreditation of Healthcare Organizations,
Professional Staff Rules and Regulations, state regulations

000008

SECTION XIII

PAGE 5

REVIEWED SEPTEMBER 01

Revised December 23, 2003

POLICIES AND PROCEDURES

DEPARTMENT PHARMACY

SUBJECT ABBREVIATIONS

The Pharmacy Department will no longer maintain a list of accepted and/or approved abbreviations. Abbreviations that are not to be used are listed in this policy

SOME PHARMACY GUIDELINES TO REMEMBER

- 1 The abbreviation PRN should be qualified in a doctor's order

EXAMPLES q4h prn pain

q4h prn elevated temperature

at bedtime prn sleep

- 2 The term ON CALL should be qualified in a doctor's order

EXAMPLES on call to OR

on call to Cath Lab

on call to Radiology

- 3 Should one of the abbreviations from the above list appear in a written physician's order, the pharmacy will contact the physician to clarify the intended meaning before the order is carried out. If the order is of an emergent nature, and delay could prove detrimental to the patient's outcome, a registered nurse familiar with the patient will review the order with the pharmacist. If both agree the order is appropriate, the order may be implemented before clarification with the physician, with the understanding it will be clarified as soon as possible. The clarified order will be written as a verbal order in the patient's chart, and validated with the physician's signature within 72 hours.

000009

MEDICAL RECORD ABBREVIATIONS & SYMBOLS NOT TO USE*

The following list provides a reference of abbreviations and symbols not to be used in the medical record.

Abbreviation/Dose Expression	Intended Meaning	Misinterpretation	Correction
MgSO ₄	Magnesium sulfate	Morphine Sulfate	Magnesium sulfate
MSO ₄ , MS	Morphine sulfate	Magnesium sulfate	Morphine sulfate
"ug"	Microgram	Mistaken for "mg" when handwritten	Use "mcg"
TIW or tiw	Three times a week	Mistaken for three times a day	Do not use
q d. or QD	Every day	Mistaken for q.i.d, especially if the period after the "q" or tail of the "q" is misunderstood as an "i"	Use "daily" or "every day"
qod or QOD	Every other day	Misinterpreted as "qid" (four times a day)	Use "every other day"
"qn"	Nightly or at bedtime	Misinterpreted as "qh" (every hour)	Use nightly or "HS"
U or u	Unit	Read as zero (0) or a four (4), causing a 10-fold overdose or greater (4U seen as "40" or 4u seen as "44")	"Unit" has no acceptable abbreviation. Use "unit"

000010

IU	International unit	Misread as "IV" (Intravenous)	Use "units"
"cc"	Cubic centimeters	Misread as "U" units.	Use "mL"
"x3d	For three days	Mistaken for 3 doses	Use "for three days"
Zero after decimal point (1 0)	1 mg	Misread as 10mg if the decimal point is not seen	Do not use terminal zeros for doses expressed in whole numbers.
No Zero before the decimal dose (.5mg)	0 5 mg	Misread as 5 mg.	Always use zero before a decimal when the dose is less than a whole unit.

Reference ISMP (Institute for Safe Medical Practices) www.ismp.org and JCAHO

000011

I. TITLE HIGH ALERT MEDICATIONS - UTILIZATION/HANDLING AND GENERAL STANDARDIZATION/LIMITING OF MEDICATION CONCENTRATIONS

II. PURPOSE

- A. To promote patient safety and positive outcomes.
- B To provide safe and effective guidelines for the handling and administration of (specific) high alert medications, medication concentrations, and medication classes.

Note: Policies and procedures for the handling and administration of numerous high alert medications, medication concentrations and medication classes have been in place separately for multiple years. This policy represents the assemblage/consolidation of these agents/procedures into one umbrella policy

III. POLICY

Guidelines shall be developed and in place which govern/promote the safest and most efficacious handling of specific medications, medication concentrations, and medication classes.

IV. PROCEDURE

A. INJECTABLE POTASSIUM

1. Ordering/Administration

a. Medical Staff approved guidelines shall be in place and utilized which govern the ordering/administration of injectable potassium salts.

- 1 The guidelines can be accessed under a separate policy

2. Storage

a. No concentrated vials of potassium chloride, potassium phosphate or potassium acetate will be stocked in general patient care areas

- 1 Stock and use of these concentrated products will be in Pharmacy Services

3 Stock in general patient care areas will be limited to manufacturer prepared premixed potassium chloride products

a. Available stock will consist of large volume preparations and minibags (10mEq/100ml in designated non critical care areas; 20mEq/100ml in designated critical care areas)

000012

b Availability of premixed potassium chloride preparations in patient care areas will be based on areas' patient populations/needs

4 Vials of injectable potassium products will not be stocked in Pyxis cabmetry and nursing personnel may not access from Pharmacy Services during "after hours" at facilities with non 24 hour Pharmacy Services

B INSULIN

1 Before administering routine or sliding scale insulin, the nurse is to have another licensed nurse check the order against the type of insulin and the amount drawn up in the syringe to assure accuracy Two nurses are to sign MAR to verify check for accuracy

2 Medical Staff approved Sliding Scale Insulin Protocol is to be used for sliding scale insulin orders whenever feasible.

a. The protocol can be accessed under separate cover

C. ANTICOAGULANTS

1 Heparin

a. Medical Staff approved Adult Heparin Dosing Protocol is to be used whenever appropriate.

1 The protocol can be accessed under separate cover

b Manufacturer prepared premixed standard concentration heparin solution is used.

2. Warfarin

a. Branded warfarin (Coumadin®) is used routinely

1 Acquisition/use of a generic warfarin would be based on admission of patient standardized on a delineated generic brand and requires specific physician order This is discouraged.

3 Medical Staff approved procedure is in place which prohibits/prevents the administration of anticoagulants when patient has an epidural catheter

a. Anesthesiologist on call is contacted to discontinue an epidural when anticoagulants are ordered.

b Anticoagulants are not started for 4 hours post catheter removal.

D CONCENTRATED SODIUM CHLORIDE INJECTION (>0.9%)

1 No concentrated sodium chloride injection (>0.9%) will be available in general patient care areas

E. OPIATES AND NARCOTICS

1 Initiation of therapy, changing of a PCA syringe, epidural drip, or continual infusion narcotic drip, and/or changing of rate or concentration requires two

000013

licensed nurses to check physician order against medication being started or changed. Both nurses are to sign MAR to verify check for accuracy

2 Medical Staff approved PCA order form/protocol is available for use.

a. The protocol can be accessed under separate cover

3 Medical Staff developed/approved epidural/intrathecal order form/protocol is available for use.

a. The protocol can be accessed under separate cover

F NEUROMUSCULAR BLOCKING AGENTS

1 Medical Staff approved policy/protocol is utilized for use of neuromuscular blocking agents outside the perioperative surgery areas

a. Policy delineates indications for use (both short-term and long-term) as well as agent selection, dosing and personnel qualifications

b Procedure delineates monitoring and care of the patient.

c. Can be accessed under a separate policy

G CHEMOTHERAPY

1 Ordering

No verbal orders are accepted for chemotherapy

2 Order Review/Entry and Preparation

a. Ongoing patient specific chemotherapy profiles are maintained by Pharmacy Services.

b Dosing calculation (body surface area [BAC] and area under the curve [AUC] is double-checked by nursing

c. Two pharmacists review order and entry (into information system) for accuracy and appropriateness. Two pharmacists sign patient's chemotherapy file noting review/verification of accuracy

1 Call is made to the ordering physician if there is a question about dose.

2 Various reference sources are utilized to verify appropriateness of dose.

d. Two persons double check final preparation (medications, amount dispensed) for verification of accuracy and sign patient's chemotherapy file noting (verification of) accuracy

3 Administration

a. Only RNs with related documented competencies administer chemotherapy

b Nurse checks dosing calculation (body surface area [BSA] and area under the curve [AUC] and verifies with Pharmacy Services

000014

- c. Two nurses review preparation prior to administration, comparing physician's order against medication and dose. Both nurses sign MAR as verification of accuracy

H. INJECTABLE SEDATION AND ANALGESIA ALGORITHMS DOSING IN CRITICAL CARE UNITS

1 Medical Staff approved Adult Critical Care Sedation and Analgesia Algorithms Dosing are utilized to assure safe and efficacious sedation and pain control in the Critical Care Units.

- a. Guidelines can be accessed under separate cover

I. LIMITING OF AVAILABLE INJECTABLE MEDICATION CONCENTRATIONS

1 Medical Staff approved standard injectable medication concentrations are utilized routinely throughout the organization.

2 Standard concentrations used include

- a. Large Volume KCl. 10,20,30, and 40mEq/1000ml

- b. KCl Mini Bags 10 and 20mEq/100ml

- c. Heparin. 25,000units/500ml

- d. Standard Dilutions for NICU patients

- 1 Multiple medications

- e. Emergent/Critical Care Infusions

Amiodarone 500mg/D5W 500ml (Glass)

Cisatracurium 200mg/D5W 200ml

Diltiazem 125mg/D5W 100ml = 125mg/125ml final concentration

Dobutamine 250mg/D5W 250 ml

Dopamine 800mg/D5W 500ml = 400mg/250ml

Epinephrine 2mg/D5W 250ml

Esmolol 5Gm/D5W 500ml

Heparin 25,000 units/D5W 500ml

Insulin, Regular 1 unit/ml

Isoproterenol 1mg/D5W 250ml

Labetalol 200mg/D5W 160ml = 200mg/200ml final concentration

Lidocaine 2GM/D5W 500ml = 1Gm/250ml

Milrinone 20mg/80ml = 20mg/D5W 100ml final concentration

000015

Nitroglycerin 50mg/D5W 250ml (Glass)

Nitroprusside 50mg/D5W (only) 250ml

Norepinephrine 4mg/D5W 250ml

Phenylephrine 10mg/D5W 100ml

Procainamide 2Gm/D5W 500ml

Exception In Critical Care Units, based on patients' physiologic needs, concent

J REVIEW/ADDITION OF NEW MEDICATIONS TO MEDICATION FORMULARY

1 A component of the formulary review for a new medication is consideration/discussion of the potential (for medication) to induce errors and need for standardization/concentration limiting.

000016

Patient, Procedure, and Site Verification Policy

Department: Medical Center Wide Policy & Procedure Manual	Policy Number: 5-31	
Section: Performance Improvement:	Effective Date:	Page: 1 of 4
Title: Patient, Procedure, and Site Verification	☐ Non-Clinical ☐ Clinical	
Approved by: Medical Executive Committee, Patient Care and Safety Committee, Performance Improvement Committee	Review Date: Revision Date:	

Purpose

The policy and procedure is intended to ensure that identification of the correct patient, procedure, anatomic site/side and level is conducted in all areas where operative and other procedures are performed.

Policy

A. The physician and staff members most closely associated with the procedure and the patient are responsible for the following:

1. Correctly identifying the patient.
2. Marking the site of the procedure or surgery as appropriate
3. Verification of the patient, procedure, and site again in the operating room or procedure room immediately prior to the surgery or procedure with the agreement of surgeon/physician, anesthesia practitioner, and the circulating nurse. When contralaterality is an issue, the correct side is also identified.
4. Correctly labeled medications on the surgical field.

B. If imaging studies are required to determine operative site in procedures such as urology and orthopedic cases, the procedure must not commence until the surgeon/physician has verified the imaging findings. In cases where prosthesis or other device is implanted, the staff and physician must ensure that the correct device is implanted.

C. Armbands should be applied, whenever possible, to patients undergoing outpatient procedures.

Scope

Areas where operative and other procedures are performed include but are not limited to

- inpatient hospital settings such as the emergency room, imaging, and other procedure rooms

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-
- 
- outpatient ambulatory settings, including endoscopy and other procedure rooms and surgical rooms
 - all inpatient and outpatient areas where procedural sedation is performed



000018

Patient, Procedure, and Site Verification Policy

Title Patient, Procedure and Site Verification	Policy # 5-31	Revision Date.	Page 2 of 4

Procedure

A. Patient verification

Patient verification must occur prior to arrival in the operating/procedure room using a preoperative verification process, such as a checklist. Verification of the patient, consented procedure, and surgical/procedure site must be accomplished by

- Patient interview
- Review of the consent
- Physician orders
- History and physical
- Procedure/surgery schedule
- Confirming identification and availability in the operating room of a prosthetic device prior to the procedure (make, model, size)
- Confirming the availability of imaging studies

B Patient identification

- 1 Using the consent form, the responsible staff shall (a minimum of two of the following)

- Check the patient's armband for name and medical record number
- Verify patient identity by using the armband, consent form, and patient's acknowledgement of identity or picture identification
- Ask the patient to verbally and physically indicate the operative/procedure site
- If the patient is non-English speaking, interpretive services shall be provided.

- 2 For outpatient procedures when patients do not have armbands, identification of the patient must be verified by other means such as

- Ask the patients their names versus asking them to confirm their names
- Verify picture identification, name, and patient medical record number
- Ask a family member or companion to identify a child or elderly person by name.

C Site-marking

000019

For procedures that require surgical or procedure marking, the site must be marked according to local procedure and must involve the patient whether the patient marks the site or a practitioner marks the site using an **indelible marker* unless the patient requests

another means of marking. Imaging studies must be used to confirm marking of the surgical or procedure site, where appropriate. When anesthesia is involved, using the consent, the anesthesia practitioner will ask the patient to verbally and physically indicate the operative or procedure site during the preanesthesia assessment, prior to transfer to the operating/procedure room. This verification in the outpatient ambulatory setting will be documented by the staff member most closely associated with the patient on the procedure form or in the progress notes found in the outpatient record.

Exception Ophthalmology cases where a special sticker is used for site-marking

D Final verification

In the operating/procedure room, a final verification of patient, procedure, and site—*time out process or surgical pause*—will be made through active communication with the surgeon/physician, anesthesia practitioner, and circulating nurse immediately prior to the procedure. In the event a discrepancy is identified, no one will proceed until the correct site and anticipated procedure/surgery are correctly identified. The patient, physician, anesthesia practitioner, and the circulating nurse take part in the verification process using the consent form, history and physical/preprocedure assessment, and OR schedule.

Subsequent procedures during the same surgical episode require a repeat of the final verification—time out process—as described above.

E. Medications placed on the surgical field

In the operating/procedure room, all medications ordered before and during the procedure will be correctly labeled, with the patient's name, strength of medication, and the date prepared, prior to placing in the surgical field.

F Documentation

Documentation of the patient, the operative plan, procedure verification, and marking of the site will be found on the operative record, anesthesia/procedural record, perioperative record, and procedural sedation record. Documentation in the outpatient care and other settings will be found on the procedure form or in the progress notes found in the outpatient record.

Quality improvement validation procedure for hospital departments

To collect data by direct observation/concurrent data collection and report findings for the purpose of validating compliance with the hospital policy

- 1 Data will be collected by direct observation and completion of a data collection worksheet validating that the patient identification, site marking, final verification, medication labeling, and documentation are completed according to policy and procedure. See Attachment A—Patient Identification and Site Verification Process Indicator Worksheet.
2. Thirty cases will be reviewed quarterly and 30 data collection worksheets completed from each patient care area included in the scope of care

000020

- 3 Data will be aggregated, analyzed, and reported to the appropriate committee(s) for review and recommendations.
- 4 The hospital will review the findings of its data through the Performance Improvement Committee.
- 5 As requested, data will be submitted electronically on a quarterly basis to risk management and will include a corrective action plan in the event compliance is less than 100%.

References Joint Commission on Accreditation of Healthcare Organizations, state regulations

000021

Attachment A

Patient Identification and Site Verification Process Indicator Worksheet

Patient medical record # _____

Date of procedure: _____

Procedure _____ Surgeon _____

Name of observer: _____

Invasive procedure patient care area. ☐ Ambulatory/outpatient

☐ OR ☐ Cardiac Cath Lab

☐ Radiology ☐ GI lab ☐ Emergency department

☐ Other _____

	Met	Not Met
A. Preop holding area. Patient identity confirmed upon entry into preop holding.	☐	☐
1 Was the preoperative checklist complete?	☐	☐
Includes all below ☐ Yes ☒ No Patient identified by two identifiers e.g., ID band verified with patient identification statement, asking patient his/her name, driver's license ☐ Yes ☐ NO Surgical site/side verified both verbally and physically with the patient ☐ Yes ☐ NO Preop diagnosis and procedure planned verified ☐ Yes ☐ NO Procedure confirmed by review of consent form ☐ Yes ☐ NO Procedure confirmed by review of history and physical ☐ Yes ☐ NO Procedure verified by schedule board ☐ Yes ☐ NO Site verified verbally ☐ Yes ☐ NO Site/side verified by Imaging studies ☐ Yes ☐ NO Allergies		000022
2 If devices or prosthesis are to be implanted during the procedures, was the presence of the correct product verified prior to the procedure? ☐ NA	☐	☐
Includes		

☐ Yes ☐ NO correct make, model, size, _____		
☐ Yes ☐ NO Verbally confirmed by the surgical team		
B Was the surgical site marked, as appropriate with an indelible marking pen? ☐ Anatomical location marked If no, note reason not marked. ☐ Patients preference ☐ MD decision ☐ Procedure adjacent to orifice ☐ Site-marking not required, e g. C-section ☐ Other	☐	☐
C. Was the patient involved in the surgical site-marking process?	☐	☐
D Immediately prior to the start of the procedure, did all staff involved in the procedure pause while the surgeon verified the following? Includes ALL ☐ Yes ☐ NO Correct patient ☐ Yes ☐ NO Correct procedure stated verbally as documented on the consent form ☐ Yes ☐ NO Correct anatomical site	☐	☐
B Were all medications on the surgical field labeled?	☐	☐
C Was coaching/prompting required? Note which element required prompting:	☐	☐

000023

Medical Device Safety

Department: Medical Center Wide Policy & Procedure Manual	Policy Number 7-38	
Section: Environment of Care	Effective Date	Page: 1 of 2
Title: Medical Device Safety	☐ Non-Clinical ☐ Clinical	
Approved by: Medical Executive Committee, Patient Care and Safety Committee	Review Date: Revision Date:	

Purpose

- A. To provide guidelines that promote the safe use of medical devices in the hospital.
- B. To delineate the process for risk evaluation, hazard notification, and reporting of medical device-related incidents.

Definitions

Potential device-related event: A situation in which a medical device/medical device failure may have contributed to an illness or injury that is life-threatening, results in permanent impairment of a body part/function, necessitates medical or surgical intervention to preclude permanent impairment/damage. This includes failed surgical implants of any type.

Safe Medical Device Act: Federal legislation that defines device user facilities and describes the terms of incident reporting requirements to the device manufacturer/Food and Drug Administration (FDA).

Medical device. Any instrument, apparatus, or other article that is used to prevent, diagnose, mitigate or treat a disease, or to affect the structure or functions of the body. Examples include the following:

- Catheters
- Dialysis products
- Hospital beds
- Implants
- Intravenous pumps
- Restraints
- Sutures
- Syringes
- Thermometers

000024

- Ventilators
- Wheelchairs

Possible defect: A failure, malfunction, improper or inadequate design, labeling or user error

Policy

A. Coastal Carolina Medical Center will evaluate and manage the risks associated with medical devices.

B Upon receiving notification of a possible incident, the risk manager will initiate the investigation process.

C The risk manager will coordinate the event investigation.

D The risk manager will ensure that appropriate investigatory and follow-up measures ensue, reports are completed, and efforts are coordinated with the legal department to ensure that prudent judgment is exercised and the organization's level of discoverability remains secure in the investigation and report.

E All potential device-related events will be reported to the risk manager within one working day of the occurrence.

F Medical device-related incidents will be identified, investigated, and reported according to the Safe Medical Device Act guidelines.

Procedure

A. Staff responsibilities

When a staff member discovers an occurrence, he/she will contact his/her manager/supervisor or the hospital risk manager

B Manager/Supervisor responsibilities

Upon notification of a possible medical device defect the supervisor must:

- 1 Immediately remove the device to an area where it is safe from further use.
- 2 Refrain from touching or altering the device in any way that hinders an investigation.
- 3 Notify the risk manager or designee
- 4 Document the event, noting the details of the event and witnesses

References Joint Commission on Accreditation of Healthcare Organizations, Safe Medical Device Act

000025

**Universal Protocol for Preventing Wrong Site, Wrong Procedure
Wrong Person Surgery**

PURPOSE

Establishment of a site verification mechanism for operative and invasive procedures that includes

- Review of all relevant documents and studies prior to start of procedure
- Identification of the incision or insertion site
- Final verification of correct patient, procedure, site and as applicable, implant.

SCOPE.

This policy applies to operative and invasive procedures that expose patients to more than minimal risk, including procedures performed in settings other than the operating room, such as special procedures, endoscopy or interventional radiology units.

Site marking is required for all procedures involving:

- Laterality
- Multiple structures (i.e fingers or toes)
- Levels (such as spine)
- Note In addition to pre-op skin marking of the general spinal region, special intraoperative radiographic techniques are used for marking the exact vertebral level.

Site marking is NOT required for:

- Interventional procedures for which the insertion site is not predetermined
- Dental extractions-BUT, indicate operative tooth name(s) on documentation OR mark the operative tooth (teeth) on the dental xray or diagram.
- Premature infants, for whom the mark may cause a permanent tattoo

Routine minor procedures such as venipuncture, peripheral intravenous line placement, or insertion of a nasogastric tube or foley catheter are not within the scope of this policy

DEFINITIONS

1 "Wrong site" is often indiscriminately applied. The categories are defined as follows

- a) Wrong side This is used in describing a procedure that involves extremities or distant sides of the body. The operative/invasive procedure field in which the procedure is carried out is generally some distance away from the originally intended operative field.
- b) Wrong level/part. This includes procedures that are performed at essentially the correct site but are then carried through at the wrong level or part of the

000026

operative/invasive procedure field. An example of this would be lumbar laminectomy performed on L3-L4 instead of L5-S 1

c) Wrong patient. This is when the procedure is performed on a patient that was not scheduled for the procedure at all.

2 Time Out — A process by which members of the health care team pause and verbally confirm correct patient, correct site and correct procedure, using active not passive communication. (i.e., members verbally state patient name, site and procedures and verbally concur)

3 LIP — Licensed Independent Practitioner credentialed by the medical staff.

MANAGEMENT OF A ' WRONG SITE' EVENT

In the event that wrong site operative/invasive procedure occurs, the following guidelines will be followed.

A. Patient's Having Local Anesthesia

If the procedure is being performed under local anesthesia, and the patient is clearly able to comprehend what has occurred, and competent to exercise judgment, the surgeon should.

- 1 Take appropriate steps to return the patient as nearly as possible to the patient's preoperative condition.
- 2 Advise the patient of what has occurred in the surgeon's best judgment, recommend the appropriate course for the patient to follow under the circumstances, and
- 3 Truthfully answer for the patient any relevant questions posed by the patient, and then proceed as directed by the patient.*

B Patient's Having General Anesthesia

If the surgical procedure is being performed under general anesthesia and it is determined the surgery is being performed on the wrong side or the wrong procedure was performed, the surgeon should.

- 1 Take appropriate steps to return the patient, as near as possible, to the patient's preoperative condition,
- 2 Perform the desired procedure on the correct side, unless there are medical reasons not to proceed. For example, if proceeding with the surgery on the correct side would materially increase the risk associated with extended length surgical procedure, or if correct side surgery would likely result in an additional and unacceptable disability,
- 3 Advise the patient and the patient's family, if appropriate, as soon as reasonably possible, of what occurred and the likely consequences of the wrong side or wrong procedure event

* Refer to "Disclosure of Unanticipated Outcomes" Guidelines

000027

If the wrong-site/procedure is discovered after the procedure has been completed, the surgeon/LIP should, as soon as possible, discuss the mistake with the patient, and if appropriate, with the patient's family, and recommend an immediate plan to rectify the mistake unless there is a medical reason not to proceed.

PERFORMANCE IMPROVEMENT AND PATIENT SAFETY

All wrong-site procedures must be documented on an Occurrence Report and immediately to the hospital Risk Manager and Administrator on call. According to the Joint Commission for Accreditation of Healthcare Organizations (JCAHO), wrong-site/procedure surgeries are considered "Sentinel Events" and therefore, a Root Cause Analysis must be performed to determine how this incident occurred and what can be done to prevent its reoccurrence.

The root cause analysis must be timely, thorough, and credible in order to be an acceptable analysis of the event. In addition, JCAHO has listed the following minimum elements that must be reviewed in order to make the root cause analysis acceptable in the event of a wrong site surgery. These elements include:

- 1 The physical assessment process
2. The patient identification process
- 3 Staffing levels
- 4 Orientation and training of staff
- 5 Communication with the patient's family
- 6 Communication among staff members
- 7 Availability of information

000028

Universal Protocol For Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery

Wrong site, wrong procedure, wrong person surgery can be prevented. This universal protocol is intended to achieve that goal. It is based on the consensus of experts from the relevant clinical specialties and professional disciplines and is endorsed by more than 40 professional medical associations and organizations

In developing this protocol, consensus was reached on the following principles.

- Wrong site, wrong procedure, wrong person surgery can and must be prevented.
- A robust approach— using multiple, complementary strategies— is necessary to achieve the goal of eliminating wrong site, wrong procedure, wrong person surgery
- Active involvement and effective communication among all members of the surgical team is important for success
- To the extent possible, the patient (or legally designated representative) should be involved in the process.
- Consistent implementation of a standardized approach using a universal, consensus-based protocol will be most effective.
- The protocol should be flexible enough to allow for implementation with appropriate adaptation when required to meet specific patient needs
- A requirement for site marking should focus on cases involving right/left distinction, multiple structures (fingers, toes), or levels (spine)
- The universal protocol should be applicable or adaptable to all operative and other invasive procedures that expose patients to harm, including procedures done in settings other than the operating room.

In concert with these principles, the following steps, taken together, comprise the Universal Protocol for eliminating wrong site, wrong procedure, wrong person surgery

- Pre-operative verification process
 - Purpose: To ensure that all of the relevant documents and studies are available prior to the start of the procedure and that they have been reviewed and are consistent with each other and with the patient's expectations and with the team's understanding of the intended patient, procedure, site and, as applicable, any implants. Missing information or discrepancies must be addressed before starting the procedure.
 - Process An ongoing process of information gathering and verification, beginning with the determination to do the procedure, continuing through all settings and interventions involved in the preoperative preparation of the patient, up to and including the "time out" just before the start of the procedure.
- Marking the operative site

000029

- Purpose To identify unambiguously the intended site of incision or insertion.
- Process For procedures involving right/left distinction, multiple structures (such as fingers and toes), or multiple levels (as in spinal procedures), the intended site must be marked such that the mark will be visible after the patient has been prepped and draped.
- "Time out" immediately before starting the procedure
 - Purpose: To conduct a final verification of the correct patient, procedure, site and, as applicable, implants
 - Process Active communication among all members of the surgical/procedure team, consistently initiated by a designated member of the team, conducted in a "fail-safe" mode, i.e., the procedure is not started until any questions or concerns are resolved.

000030

Clinical Alarm Systems Policy

Department: Medical Center Wide Policy & Procedure Manual	Policy Number 2-13	
Section: Patient Care	Effective Date	Page: 1 of 2
Title: Clinical Alarm Systems	☐ Non-Clinical ☐ Clinical	
Approved by: Medical Executive Committee, Patient Care and Safety Committee, Biomedical Department	Review Date: Revision Date:	

Purpose.

To ensure that alarms on clinical monitoring and intervention systems are sufficiently audible to the health care worker so that timely intervention can occur

Policy

A. The hospital will assure that alarms are activated with appropriate settings and sufficiently audible with respect to distances and competing noise within the patient care area.

B Alarms systems will undergo scheduled preventive maintenance and testing.

Scope

This hospital-wide policy applies to all services and care settings in the organization.

Procedure:

A. Alarms on clinical monitoring and intervention systems will be maintained in the "on" position and will be sufficiently audible to staff

- 1 Alarms are not to be turned off Alarms will be "on" as long as the equipment is being used for the patient. Alarms may be turned off or suspended while the patient is not hooked to the equipment, but must be returned to the on position when the equipment is placed back on the patient. **000031**
- 2 Alarm volumes will be set at a level so that staff can hear them. If there is competing noise in the area, or the patient is housed at some distance from staff, then the volume of alarms will be set high enough or augmented in a manner that allows staff to hear them above the competing noise or at some distance.
- 3 Alarm parameters will not be set in such a manner that it prevents the equipment from sounding. Alarm parameters should be set consistent with the patient's clinical condition and in conjunction with procedures or tests being performed on the patient. Standard guidelines are to set the high and low clinical alarms at 20

points above and 20 points below the patient's baseline. For example, if the patient's baseline heart rate is 80 beats per minute and there are no clinical contraindications, the alarms would be set at a high of 100 and a low of 60.

- 4 Staff at the beginning of each shift/when care is initiated will check the patient's alarm parameters.

B Preventive maintenance

- 1 The clinical monitoring and intervention alarm systems will undergo preventive maintenance by the Biomedical Engineering Department no less than every six months. More frequent maintenance may be requested.
- 2 A preventive maintenance tag will be placed on each piece of equipment to indicate the last date of maintenance.

References Joint Commission on Accreditation of Healthcare Organizations, state regulations

000032



One Cooperative Way

Hardeeville, SC 29927-5123

843-208-5551

June 16, 2004

VIA FACSIMILE TRANSMISSION & U.S. MAIL
(803) 255-8017

Mr Joel C Grice
Director
Certification of Need Program
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Re. Coastal Carolina Medical Center
Hardeeville, SC
CON Application for New Construction and Addition of One Fixed MRI

Dear Mr Grice:

Palmetto Electric Cooperative, Inc ("PECT") has ample power available to serve the above-referenced site, and has sufficient electric power to operate the MRI which Coastal Carolina Medical Center proposes to add to its facility in Hardeeville, SC.

Thank you for your assistance and cooperation regarding this matter. If you have any questions or if I may be of further assistance, please do not hesitate to contact me at (843) 208-5508

Sincerely,

PALMETTO ELECTRIC COOPERATIVE, INC.

Robert J. Casavant
Manager, Engineering Services

RJC.sdr

c. David B. Sumner, Jr., Esquire
Mr. Dan Wood, PECT
Mr. Parks Moss, PECT

000033



CERTIFICATE OF NEED APPLICATION

OF

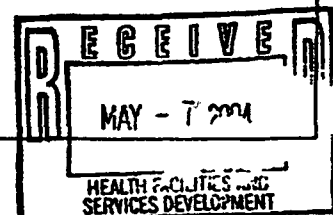
**PHC-JASPER, INC. D/B/A
COASTAL CAROLINA MEDICAL CENTER
HARDEEVILLE, SOUTH CAROLINA**

**FOR NEW CONSTRUCTION AND THE ADDITION
OF ONE (1) FIXED MRI**

Submitted To

000034

**South Carolina Department of Health and
Environmental Control
Division of Certification of Need
1777 St. Julian Place
Columbia, South Carolina 29201**



COL 42019v2

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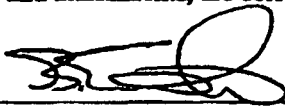
000035

APPLICATION FOR CERTIFICATE OF NEED
FOR A HEALTH FACILITY OR SERVICES

Proposal Prepared By

NAME Eric Deaton
TITLE Chief Executive Officer
ORGANIZATION PHC-Jasper, Inc. d/b/a Coastal Carolina Medical Center
ADDRESS 108 Traders Cross, Suite 100
CITY Bluffton STATE South Carolina
ZIP CODE 29910 TELEPHONE NUMBER 843 705 2500

This Applicant hereby certifies that the information contained in this Application, including all assurances and attachments, are correct to the best of Applicant's knowledge and belief.

Signature 

Date 5/7/04

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**APPLICATION FOR CERTIFICATION OF NEED
FOR A HEALTH FACILITY OR SERVICE**

NOTE A "complete" application shall include a written narrative report by the applicant
(Regulation 61-15, Section 202)

PART A-QUESTIONNAIRE (Page 1)			
1 Name of Facility <i>Coastal Carolina Medical Center</i>			
2. Address, City, County, State, Zip Code <i>108 Traders Cross, Suite 100, Bluffton, Jasper County, South Carolina 29910-1000 medical center Drive, Hardeeville, SC 29927</i> <i>new address</i>			
3 Type of Facility (Circle)			
☒ A Hospital	B Nursing Home	C Psychiatric Facility	D Rehabilitation Facility
E. Substance Abuse Facility	F Ambulatory Surgery Center	G Other (Specify) -	
4 Purpose of Review (Circle)			
A. New Facility	B Change of Licensure	☒ Addition to Existing Facility*	
D Renovation of Existing Facility	E. Change of Services	G. Other (Specify)	
*A CON was approved for the construction of a new hospital, No. SC-02-29 Construction is underway and the hospital is estimated to be completed in January 2005. This CON application is for new construction and the addition of one fixed MRI to be located in the new hospital.			
5 Management			
A. Name of Administrator <i>Eric Deaton</i>	B Address, City, State, Zip Code <i>108 Traders Cross, Suite 100, Bluffton, SC 29910</i>		
C Telephone <i>843-705-2500</i>	D Name of Licensee <i>PHC-Jasper, Inc.</i>		
6 Ownership or control of the facility (attach a list of names and addresses of the owners of the facility, indicating percent of ownership of each owner, the person responsible for the proposal and the attorney(s) representing the proposal) Circle the appropriate information regarding ownership.			
A. Individual	B Partnership	☒ Corporation	D Proprietary
E. Non-Profit	F Government (Specify)	G Other (Specify)	

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PART A-QUESTIONNAIRE (Page 2)

7 Is the Proposed Site of the Property?

☒ **A Owned** **B Leased** **C Length of Site Lease**

D Option **E Length of Option**

F Name and Address of Owner(s) of Real Property

8 Total Bed Capacity for Which Application is Made <i>Not applicable.</i>		Existing Facilities		
Type of Beds	New Facility Only	Existing Beds	# Gained or Lost	Bed Total
A. Medical/Surgical	31			
B Obstetrics				
C Pediatrics				
D Substance Abuse				
E. Psychiatric				
F Rehabilitation	10			
G Nursing Care				
H. RTC's				
I ICU/CCU				
J Other				
K. TOTAL	41			

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PART A QUESTIONNAIRE (Page 3)	
9 Construction and Site	
A. Type of Construction <i>Addition to Existing Facility</i>	B Number of Buildings <i>One</i>
	C Number of Stories <i>One</i>
D Size of the Site in Acres <i>30 acres</i>	E. Square Footage of Facility <i>MRI Addition - 1,470 square feet</i>
F Anticipated Date of Beginning Construction.	G Anticipated Date of Licensing or Project Completion
10. Zoning of Construction Site.	
11 Costs (Provided Estimated Cost Statement from Either the Architect or Engineer)	
A. Land Cost <i>N/A</i>	B. Construction Cost <i>\$1,000,000</i>
C Architect's Fee <i>\$100,000</i>	D Equipment Costs 1 Fixed Equipment. 2. Movable Equipment: <i>\$1,800,000</i>
E. Financing Cost During Construction. <i>N/A</i>	
F Other Costs: <i>\$301,000 (legal fees, accounting fees, and 10% contingency)</i>	G Total Project Cost <i>\$3,201,000 ✓</i>
H. Construction and Equipment Cost. <i>\$2,800,000 ✓</i> 1) Per Square Foot <i>\$1,904.76 (for MRI addition only) ✓</i> 2) Per Bed <i>N/A</i>	

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PART B - ADDITIONAL INFORMATION

- (1) Document that the applicant has published notification of this project in a local newspaper as required by Section 201 of these Regulations.

See Affidavit of Publication attached as Exhibit "I"

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- (2) Describe the project setting forth the proposed change in services or facilities in as much detail as possible. State whether the project will change the existing licensed or survey bed capacity, will encompass the development of a new service, or will result in the discontinuance of an existing service. If a new facility is proposed, list all services provided.

PHC-Jasper Inc. d/b/a Coastal Carolina Medical Center ("Coastal Carolina") is a new 41 inpatient bed hospital currently under construction located in Jasper County South Carolina, along the extension of Highway 278 (CON No SC-02-29) The site is in the vicinity of the intersection of Highway 278 extension and I-95 Coastal Carolina is seeking a Certificate of Need for the construction of an addition to house one (1) fixed MRI to be utilized in its new hospital

With the increased use of MRI services and increased population growth of the area, Coastal Carolina finds it necessary to expand its services to include on-site MRI services MRI services are routine diagnostic services that provide the needed insight for physicians treating the critically ill, acute care patients In-house MRI services in hospitals have become the standard of patient care

Without in-house MRI services at Coastal Carolina, patients will experience an inconvenience in having to travel to an outside provider as well as delays in diagnosis decision-making, and treatment. Coastal Carolina's emergency room and acutely ill patients would need to be transported by ambulance to a freestanding MRI site for their diagnostic scans Ambulance transport of these patients can be very stressful, poses a disruption of care as these patients may be away from the hospital for many hours and could jeopardize their condition. Also associated with the ambulance transport is the additional expense to patients and third-party payors not to mention having an ambulance along with its personnel tied up until the patient returns to the hospital.

Without in-house MRI services at Coastal Carolina, more invasive diagnostic tests may be performed to achieve a diagnosis in a more timely fashion rather than waiting to transport patients to a freestanding MRI site which again compromises patient safety and quality of care at additional expense.

Being able to offer in-house MRI services at Coastal Carolina will enable all patients the convenience of having their scans done at one location, reducing any delay in diagnosis decision making, and treatment in the most safe and cost-effective manner

This project will not impact the bed capacity at the hospital

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- (3) Provide the total cost of the project, indicating design fees, land cost, interest cost, construction cost, equipment cost and any other cost involved in the project. Provide an estimate of the construction cost from a licensed architect or engineer; in the case of equipment, an estimate from a vendor is acceptable

Exhibit 2 includes an estimate of the construction costs from a licensed architect and a detailed equipment quotation from Gould Turner Group Inc.

<i>Architectural Fee</i>	<i>\$ 100,000</i>
<i>Equipment and Furnishings</i>	<i>\$1,800,000</i>
<i>Construction Cost.</i>	<i>\$1 000,000</i>
<i>Legal and Accounting Fees</i>	<i>\$ <u>10,000</u></i>
<i>Total.</i>	<i>\$2 910 000</i>
<i>10% Contingency</i>	<i>\$ <u>291,000</u></i>
<i>Total Project Cost</i>	<i>\$<u>3,201,000</u></i>

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- (4) State the specific location of the facility or service and/or equipment, including, where applicable, specific areas of an existing facility to be affected by the project. Provide room numbers of all patient rooms affected. Sufficient detail should be provided to allow the Department to visually inspect the site. The number of private and semi-private patient rooms shall be identified.

Coastal Carolina is located on Highway 278 in Hardeeville, South Carolina. The site is in the vicinity of the intersection of the Highway 278 extension and I-95. Coastal Carolina will have a Hardeeville, South Carolina mailing address. See, Exhibit "3" attached for specific location of the facility as well as the location of the areas affected by the project. All rooms at Coastal Carolina will be private.

000043

- (5) Provide details regarding any proposed construction and/or renovation. Discuss alternatives to new construction and why these alternatives were rejected. For a multi-floor project, construction and/or renovation must be described, by floor, to include any additions and/or deletions made to each floor. Provide evidence that the applicant has adequately planned for and temporary move or relocation of any department, facility or services, which may be necessary during the construction period. Document that plans exist to assure adequate protection (from fire, noise, dust, etc.) and continuation of all services during the proposed construction period.

ALTERNATIVE NO 1

Do not construct an addition for a fixed in-house MRI and utilize mobile services

DISPOSITION NO 1

REJECT Without an in-house MRI, Coastal Carolina's acutely ill and emergent patients would need to be transported to an outside MRI provider which is costly, risky, and stressful. All patients would incur delays in diagnosis and treatment as well.

ALTERNATIVE NO 2

Construct an addition to the facility to house one fixed MRI

DISPOSITION NO 2

ACCEPT This is the most cost-efficient, convenient, and safest option for the patients of Coastal Carolina. Not having to transport the acutely ill and emergent patients of Coastal Carolina to an off-site MRI scanner will provide these patients with the highest standard of care, in the most safe and cost-effective manner. In-house MRI services at Coastal Carolina will avoid the inconvenience of traveling to an outside provider, and avoid delays in diagnosis, decision-making, and treatment.

See, Exhibit "3" attached for specific location of the addition. Coastal Carolina has determined that construction of an addition to the facility to house the fixed MRI is the most cost efficient manner in which to add the MRI.

000044

- (6) If a replacement facility or ancillary service is being constructed, describe plans for disposition of the existing facility or ancillary service area upon completion of the project.

Not applicable.

000045

- (7) Provide a timetable for development and completion of the project to include, at a minimum, the date of site acquisition, date of architectural contract, architectural design schedule, date of closing for financing, date of valid construction contract, date that all necessary permits (grading, building, sewer, etc) will be obtained, and date of start of construction. The timetable shall be presented in one month increments commencing with the month following receipt of the Certificate of Need and ending with the execution of a contract or purchase order for equipment only projects

The proposed project at Coastal Carolina will begin immediately upon receipt of the Department's approval of this project in order to take advantage of ongoing construction of the new hospital. This will allow Coastal Carolina to minimize construction costs. The proposed construction will not require site acquisition.

Architectural design should be completed and submitted for state approval within thirty days of receipt of a Certificate of Need. Necessary building permits will be obtained within thirty days of design completion. Anticipated construction time is ninety days

Coastal Carolina has engaged Gould Turner Group, Inc. to provide the necessary architectural services for this project.

000046

(8) Provide the following ownership information

(a) Proposed name of facility

Coastal Carolina Medical Center

(b) Name and address of licensee or prospective licensee. (Note The licensee is defined as the legal entity who, or whose governing body, has the ultimate responsibility and authority for the conduct of the facility or service, the owner of the business. The licensee must be the entity to whom the Certificate of Need is issued.)

PHC-Jasper, Inc. d/b/a Coastal Carolina Medical Center, 108 Traders Cross, Bluffton, South Carolina 29910

(c) Complete title of the licensee's governing body

PHC-Jasper Inc. d/b/a Coastal Carolina Medical Center is in the process of organizing its Board of Trustees.

(d) Name, title and mailing address of presiding officer of the governing body

Eric Deaton, Chief Executive Officer Coastal Carolina Medical Center 108 Traders Cross, Bluffton, South Carolina 29910

(e) Name and mailing address of all persons and/or legal entities having any ownership interest or owner's equity of the licensee to include a schedule of percent and type of ownership claim of each.

Province Healthcare Company, 105 Westwood Place, Suite 400 Brentwood, Tennessee 37027 (100%)

(f) Name and mailing address of all persons and/or legal entities claiming liabilities of the licensee or of the facility or service for which this Certificate of Need is requested to include a schedule of percent and type of claim of each.

Province Healthcare Company 105 Westwood Place, Suite 400 Brentwood, Tennessee 37027 (100%)

(g) Provide a listing which identifies all officers of the licensee

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PHC Jasper, Inc. d/b/a Coastal Carolina Medical Center

Eric Deaton, Chief Executive Officer Coastal Carolina Medical Center 108 Traders Cross Bluffton, South Carolina 29910

Province Healthcare Company

Martin S. Rash, Chairman of the Board and Chief Executive Officer

Daniel S. Slipkovich President and Chief Operating Officer

Christopher T. Hannon, Senior Vice President and Chief Financial Officer

James T. Anderson Senior Vice President of Acquisitions and Development

Howard T. Wall III Senior Vice President, General Counsel and Secretary

Sam Moody Senior Vice President, Operations

- (h) Is the land and/or building on/in which the proposed facility or service is to be conducted owned by the applicant? X Yes ___ No If no, provide information on the land and building similar to that required in (b) through (g) above.
- (i) Has the licensee engaged an entity other than an employee of the licensee to manage or operate the facility or service? ___ Yes X No If yes, provide information similar to that required in (b) through (g) above
- (j) Is there any agreement, contract, option, understanding, intent or other arrangement that will effect a change in any of the information requested and/or provided in (b) through (g) above. ___ Yes X No If yes, provide information similar to that required in (b) through (g) above.
- (k) Provide a complete listing of all existing licensed health care facilities and/or services and Certificates of Need in which the proposed licensee currently has an ownership interest, to include names and addresses of each facility or service. In the cases of Certificates of Need for undeveloped facilities and services, provide the name, address, and telephone number of a contact person representing the authority which issued the Certificate of Need.

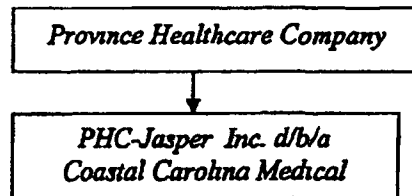
Certificate of Need No SC-02-29 issued to PHC-Jasper, Inc. for the transfer of ownership of the beds of Low Country General Hospital from the County of Jasper to PHC-Jasper Inc. with relocation and construction of a new hospital to include thirty-one (31) replacement beds and the addition of ten (10) rehabilitation beds in Jasper County The contact person is Eric Deaton, Chief Executive Officer, Coastal Carolina Medical Center 108 Traders Cross, Suite 100 Bluffton South Carolina 29910

000048

- (l) Should the licensee be a subsidiary corporation, provide a diagram of the licensee's relationship to the parent corporation and list the name and address of the parent corporation as well as the corporation which has ultimate control In addition, please provide the name and mailing address of all persons and/or legal entities having ownership interest of 5 percent or more or any person with any agreement, contract, option, arrangement, or intent to acquire ownership interest

of 5 percent or more, of all corporations in the corporate organizational structure which have ultimate control of the licensee.

*PHC-Jasper Inc. is a wholly-owned subsidiary of Province Healthcare Company
105 Westwood Place Suite 400 Brentwood, Tennessee 37027 Province is a
publicly traded company*



000049

- (9) Provide documentation that the applicant has sought cooperative agreements such as transfer agreements with other facilities, as applicable.

Coastal Carolina has sought a transfer agreement with St Joseph s/Candler Medical System in Savannah, Georgia. Coastal Carolina intends to seek additional transfer agreements with other area hospitals in the future See Patient Transfer Agreement attached hereto as Exhibit "4 "

000050

- (10) Indicate the means by which a person will have access to the facility's services (i.e. physician referral, self admission, etc.) Identify the specific facilities or agencies the applicant expects to receive referrals from (i.e. hospitals, home health agencies, etc.) Describe any limitations placed on admission.

It is the policy of Coastal Carolina that no person will be refused admission on the basis of race, creed, color, sex, handicap, or national origin or source of payment. No person requiring emergency treatment will be denied admission, regardless of ability to pay. Jasper Hospital Inc. will have an Indigent Care Plan, which is attached hereto as Exhibit "5"

Coastal Carolina will be an open-staff hospital encouraging membership on its Medical and Allied professional staffs to qualified clinicians practicing in the area. Referrals to the hospital would be made from a variety of sources including local physicians, nursing homes, home health agencies, and other health care facilities

000051

- (11) Demonstrate that the proposed project is needed or projected as necessary to meet an identified need of the public. This shall address at a minimum identification of the target population, the degree of unmet need, projected utilization of the proposed facility or service; utilization of existing facilities and services, past utilization of existing similar services within the facility; and justification that the proposed project will not unnecessarily duplicate existing entities. The applicant must show all assumptions, data sources, and methodologies used. The applicant must use population statistics consistent with those generated by the State Demographer, State Budget and Control Board.

As stated in the 2003 State Health Plan, the purpose of the State's CON program is to "promote cost containment, prevent unnecessary duplication of facilities and services, guide the establishment of health facilities and services that will best serve public needs and ensure that high quality services are provided in health facilities in this State." As demonstrated below Coastal Carolina's proposed project for the construction of an addition to its facility to add an in-house fixed MRI will improve patient safety, provide the highest standard of patient care enhance operational efficiencies will not unnecessarily duplicate the existing services provided by freestanding MRI providers, and will foster cost containment.

Service Area Population

The proposed primary service area for the MRI project is Jasper County and the Bluffton portion of Beaufort County. Coastal Carolina is targeted to serve a full-time resident population that was approximately 40,000 persons during 2000 – growing to over 48,000 persons by 2006 (ORS data for Jasper County ERSI for ZIP data). In addition to this full-time resident population, the primary service area also includes a significant partial year population and an extremely large vacation population – all of which will drive increased demand for the proposed MRI service. The population growth forecast for this primary service area is significant, with local area forecasted population growth more than four times the growth rate observed statewide.

COASTAL CAROLINA'S SERVICE AREA POPULATION GROWTH 2000-2006 (ALL AGES) TABLE 1

Primary Service Area	2000	2006	2000-2006 Change	2000-2006 Growth %	2000-2006 CAGR %
<i>Jasper County</i>	20,678	22,537	1,859	+9.0%	1.45% per year
<i>Bluffton ZIP 29910</i>	19,271	26,093	6,822	+35.4%	5.18% per year
Total Primary Service Area	39,949	48,630	8,681	+21.7%	3.33% per year
State of South Carolina	4,012,012	4,200,466	188,454	+4.7%	0.77% per year

Source: South Carolina Office of Research and Statistics for State and County data, ERSI for ZIP data.

00005a

As shown in the above table strong population growth over the next several years is projected in Coastal Carolina's primary service area. This increase in population will result in an overall increase in patient volumes at Coastal Carolina for all services and specifically strong growth in demand for MRI services. Backup documentation for the above tables is attached at Exhibit "6"

Increasing Demand for MRI Services

As additional MRI applications become clinically accepted and as the utilization of MRI scans becomes the community standard of care for many imaging requirements the utilization of MRI technology has increased significantly. Specific to South Carolina, overall MRI scans increased by approximately 89% from 1997 to 2001 with overall MRI scans increasing from 120,793 scans during 1997 to 228,858 scans during 2001 (data from the 1999 and 2003 State Health Plan). Reviewed on a use rate basis assessing MRI scans per 1,000 population also shows dramatic MRI growth. From a 1997 South Carolina baseline of 31.4 MRI scans per 1,000 population, the MRI use rate has grown dramatically to 56.6 scans per 1,000 population for 2001 (use rates established by comparing MRI scan data from the 2003 State Health Plan to South Carolina population data from ORS). As additional MRI clinical imaging applications become more widespread, thus volume growth and use rate growth can be expected to continue with the pool of MRI scans continuing to experience strong growth into the future.

SOUTH CAROLINA MRI VOLUME TRENDS -- 1997 - 2001

	1997	1998	2000	2001
SC MRI Scans	120,793	141,740	200,134	228,858
Population (US Census / ORS)	3,846,609	3,900,971	4,012,012	4,040,191
MRI Use Rate Scans / 1,000 Pop	31.4	36.3	49.9	56.6

Source MRI Scans from 1999 and 2003 State Health Plans
 Population data from SC ORS

Review of Beaufort County MRI volume shows even stronger growth, with Beaufort County MRI provider volumes more than doubling from 1997 to 2001. It should be noted that due to the lack of any MRI capacity in Jasper County, assessment of the Beaufort MRI market is the most appropriate surrogate for use in this CON application. Based on data presented in the 1999 and 2003 State Health Plans, MRI providers in Beaufort County saw their scan volume more than double, increasing from 5,097 scans during 1997 to 11,793 scans during 2001 – a 130% volume increase. Review of local MRI use rates show a similar growth, with the 2001 Beaufort County use rate well above the

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State-wide use rate – at 95.7 scans per 1,000 population (Beaufort County MRI provider scans divided by Beaufort County residents)

Forecasted Demand for MRI Services at Coastal Carolina

Based upon the service area population and population growth discussed above, the strong growth in MRI volumes observed in South Carolina and in the local area, and the current lack of MRI services in Jasper County this proposed project has forecast that the new service would perform 1,100 scans during its first year of operation growing by 10% per year to 1,210 scans year 2 and 1,331 scans year 3. The methodology supporting these forecast levels is shown below.

As shown above, the population within Coastal Carolina's primary service area is forecast to be 48,630 by 2006. This population is forecast to experience significant growth, with the +3% per year growth per year 2000 – 2006 expected to continue through the rest of the decade.

Using the 2006 population as a baseline, ^{see p 17} and conservatively using the 2001 South Carolina use rate (56.6 scans per 1,000 population) to forecast total MRI scans expected to be generated from the primary service area results in a very conservative forecast of 2,752 MRI scans for the primary service area for 2006. This is a very conservative forecast due to the use of a stable 2001 State-wide use rate, when in fact MRI scans per 1,000 population have been increasing dramatically during the recent past and are expected to continue to increase. In addition, the conservative nature of this forecast is shown by comparing the State-wide use rate of 56.6 scans per 1,000 population to the local area Beaufort County MRI use rate of 95.7 scans per 1,000 population. The use of the local area use rate would result in a 2006 primary service area MRI forecast of 4,654 MRI scans.

Based upon Coastal Carolina's market situation, where it will be the only hospital located within the Jasper County / Bluffton service area and the only MRI service in Jasper County, it is anticipated that the new MRI service will capture a significant portion of the local MRI market. With the vast majority of inpatient MRIs generated by the hospital expected to be performed at the hospital-based MRI and the majority of outpatient MRI scans originating from the local area expected to be treated at the proposed MRI service, rapid acceptance of the proposed service is anticipated with strong initial volume expected.

Assuming conservatively that the proposed new MRI service would capture only 40% of the local area MRI market (based upon state-wide use rates) results in the forecast that 1,100 MRI scans would be performed at the hospital-based service on primary service area residents ($40\% \times \text{the } 2,752 \text{ local area market potential} = 1,100$). Utilizing the local Beaufort County ^{95.7 X 4,654} use rate in setting the local area market potential versus the lower State-wide use rate results in the conclusion that only a 24% market share level would be necessary to reach the local area 1,100 scans forecast prior or that a 40% market capture would generate over 1,800 scans per year.

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In addition to treating patients from within the primary service area, the proposed MRI service is expected to serve patients from outside of the Jasper County / Bluffton area. Utilizing the assumption that 80% of total MRI volume would originate from the primary service area and that 20% would originate from beyond this geographic area, results in a MRI forecast of 1 375 scans utilizing the low State-wide use rate and a 40% primary service area market share (1 100 scans from the primary service area / 80% of total volume from the primary service area = 1 375 total scans) If the local Beaufort County MRI use rate was used instead of the statewide use rate, total forecast MRI scans would increase to over 2 300 scans (1,861 scans from the primary service area / 80% of total volume from the primary service area = 2 326 scans)

Comparing the volume for the proposed project included in the financial forecasts (1 100 scans year 1 / 1 210 year 2 / 1,331 year 3) to the need assessment discussed above (1 375 to 2 326 scans per year) shows that the volume levels included in the financial forecasts are reasonable and achievable and that the need for the proposed MRI service is justified.

UTILIZATION OF EXISTING SERVICES / IMPACT ON EXISTING PROVIDERS

Without the proposed MRI Coastal Carolina would not be able to adequately serve the service area patients in need of an MRI scan. With no available MRI capacity currently located within Jasper County access to MRI services within Coastal Carolina's service area is severely limited, with patients requiring this mainstream imaging technology forced to travel beyond the local area to access this diagnostic procedure. With the many retirees and tourists in Coastal Carolina's service area, traffic congestion is also a concern. The traffic problem in this area can put emergent and acute care patients being transported to outside providers to obtain an MRI scan at risk, as well as create long travel times for those outpatients in need of an MRI scan. As a result of the lack of any available local MRI services and the anticipated growth in MRI volumes within the service area and statewide, the benefits to patients associated with establishing appropriate access to MRI technology far outweigh any potential impact this project would have on existing providers.

STATE HEALTH PLAN CON STANDARDS FOR MRI

Coastal Carolina's proposed project meets the standards for MRI as identified in the 2003 State Health Plan.

- (1) **Each hospital should have at least one MRI unit available for diagnosis of emergency patient, inpatients, and outpatients.**

Coastal Carolina will be a 41-bed hospital when it opens its doors in 2005 In its current CON application (SC-02-29) there are no provisions for an MRI This proposed project would equip the hospital with one fixed MRI Absent of this project, the emergency / inpatient / outpatient patients treated at Coastal

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Carolina will endure significant inconvenience and potential adverse medical impact as delays in diagnosis decision-making and medical treatment are incurred in having to travel / be transported to MRI providers located beyond the local area. In addition, Coastal Carolina's medically unstable patients, the acutely ill inpatients, and the emergency room patients will all incur additional costs associated with transportation to outside providers. Coastal Carolina strongly agrees with the State Health Plan standard, with this proposed MRI development project directly consistent with this standard.

- (2) **In order to promote cost effectiveness, the use of shared MRI units should be considered**

As stated above and throughout this application, an in-house fixed MRI is the most cost-effective and safest manner to meet the need for MRI services at Coastal Carolina. While mobile MRI units may have been cost effective at one point in time, with MRI diagnostic imaging now the gold standard for a large and growing pool of imaging modalities and with the cost of acquiring MRI technology now much more reasonable, the potential benefits of a shared / mobile MRI unit are far outweighed by the benefits of having an on-site MRI unit providing immediate access to this important imaging technology 24 hours per day / 7 days per week.

**Absent of an onsite MRI at Coastal Carolina, the situation will require acutely ill and emergent patients to be transported by ambulance to outside providers for their MRI scans whenever the mobile unit is serving another provider site. This lack of access and associated required transport will result in additional expenses for these patients as well as third party providers.*

**Absent of an onsite MRI at Coastal Carolina, the situation can result in situations whereby more invasive diagnostic tests may be performed to achieve a diagnosis in a more timely fashion than would be more appropriately obtained by an MRI scan in a non-invasive manner. In those instances when the mobile MRI is not on-site, diagnostic evaluations which could be efficiently accomplished via MRI imaging will be performed – but with substitute techniques which will likely extend the time required to obtain a diagnosis will likely increase the cost of the patient's care and could potentially adversely impact the ultimate patient care provided to the patient.*

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Patient privacy is another consideration. Mobile MRI units do not offer dressing rooms for patients making it necessary for those patients to change in another location, then be transported to the MRI unit or transported to the MRI unit in hospital clothing

- (3) *The applicant agrees in writing to provide to the Department utilization data on the operation of the MRI service.***

Coastal Carolina agrees to provide to the Department utilization data concerning the operation of its MRI services once the proposed project is approved and implemented.

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- (12) Discuss alternative facilities and/or services considered including the advantages and disadvantages of each alternative. Include a statement as to why this project alternative was adopted.

ALTERNATIVE NO 1

Do not construct an addition for a fixed in-house MRI and utilize mobile services

DISPOSITION NO 1

REJECT Without an in-house MRI Coastal Carolina's acutely ill and emergent patients would need to be transported to an outside MRI provider which is costly risky and stressful. All patients would incur delays in diagnosis and treatment as well

ALTERNATIVE NO 2

Construct an addition to the facility to house one fixed MRI

DISPOSITION NO 2

ACCEPT This is the most cost-efficient convenient, and safest option for the patients of Coastal Carolina. Not having to transport the acutely ill and emergent patients of Coastal Carolina to an off-site MRI scanner will provide these patients with the highest standard of care in the most safe and cost-effective manner. In-house MRI services at Coastal Carolina will avoid the inconvenience of traveling to an outside provider and avoid delays in diagnosis decision-making, and treatment

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- (13) Discuss any serious problems, such as costs, availability, or accessibility in obtaining care of the type proposed, experienced by patients in the absence of this project

As previously discussed, an in-house fixed MRI is the most cost-effective and safest manner to meet the need for MRI services at Coastal Carolina.

•Absent of an onsite MRI at Coastal Carolina's will require its acutely ill and emergent patients to be transported by ambulance to outside providers for their MRI scans which will result in additional expenses for these patients as well as third party providers

•Absent of an onsite MRI at Coastal Carolina can result in situations whereby more invasive diagnostic tests may be performed to achieve a diagnosis in a more timely fashion than would be more appropriately obtained by an MRI scan in a non-invasive manner

Patient privacy is also an issue as Mobile MRI units do not offer dressing rooms for patients, making it necessary for those patients to change in another location, then be transported to the MRI unit or transported to the MRI unit in hospital clothing

Have the availability of an in-house MRI will afford all patients at Coastal Carolina with the convenience of having their scans done at one location, thereby reducing any delay in diagnosis, decision making, and treatment in the safest, most cost-effective manner

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- (14) Where a project affects an increase or decrease in bed capacity, provide annual occupancy rates for the facility based on licensed beds, for the past three years by category (i.e. general acute, psychiatric, obstetric, nursing home, etc.)

Not applicable. There is not an increase or decrease in beds associated with this project.

000060

- (15) Identify the method of financing the cost of the project, including the start-up costs. Provide documentation that the applicant can obtain such financing. Alternative sources and/or methods of financing should be identified and the method chosen demonstrated to be the most feasible option.

*Coastal Carolina intends to fund the proposed project through corporate cash reserves
Documentation of the availability of funds is attached as Exhibit "7"*

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- (16) For an addition to an existing facility or service, provide a current annual budget and at least a three fiscal year projected budget for both the overall facility and the proposed project on forms provided by the department. The projections must be developed by an accountant. For a new facility or service, provide a projected annual budget for not less than three fiscal years following the completion of the proposed project on forms provided by the department. The projections must be developed by an accountant. These budgets must at a minimum include how proposed charges, proposed cost of service, utilization, depreciation, reimbursement rates and contractual adjustments were calculated. All assumptions must be shown.

See, Exhibit "8" attached.

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- (17) Document that the proposed charges for the project are comparable to those established by other facilities for similar services within the health service area or state

Based upon information and belief charges will be consistent with current charge structures in the marketplace.

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- (18) Document that the proposed project is economically feasible, both immediately and long-term. In the case of existing facilities, what impact will the proposed project have on patient charges and cost per unit of service?

The pro formas attached hereto as Exhibit "8" demonstrate the economic feasibility immediate and long term, of the proposed project. Approval of this project will be cost-effective for patients and third-party payors who will not incur the additional charges which would be associated with ambulance transport to an outside provider.

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- (19) State how the project will foster cost containment and improve quality of care through the promotion of such services as ambulatory and home health care, preventive health care, promotion of shared services, economies of scale, and design and construction economies

Being able to provide MRI scans in-house at Coastal Carolina will foster cost containment and improve quality of care by the following

- *It will eliminate the delays in diagnosis decision-making, and treatment for all patients.*
- *It will reduce the risks associated with transporting Coastal Carolina's acutely ill and emergent patients by ambulance to a freestanding MRI site.*
- *It will avoid the additional costs associated with an ambulance transport to an outside provider that these patients along with third-party payors would incur*
- *It will reduce the need for more costly and invasive procedures*

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- (20) In the case of projects involving additional long-term care beds, discuss how the plans of other agencies, organizations, or programs responsible for providing and financing long-term care have been considered.

Not applicable.

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- (21) Provide a three-year-projected manpower budget in full-time equivalents (FTE s) detailing the existing and proposed nursing, other professional and non-professional personnel required for the staffing of the new project. Include the name of the Nurse Supervisor or Director, if available

See Exhibit "8 attached.

000067

- (22) Provide the number of existing and proposed medical staff by specialty, to include physicians and dentists employed by, or with admission privileges to, the facility. Include the name of the Chief of the Medical Staff, if available.

Coastal Carolina is currently under construction and the hospital is estimated to be completed in December 2004. A roster of medical staff will be submitted to the Department closer to the completion of this hospital.

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- (23) Indicate those physicians who have expressed a willingness to utilize the proposed services or to refer patients to the facility for the provision of services.

See physician letters of support attached hereto as Exhibit 9



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- (24) Discuss the availability of health manpower resources for the provision of the proposed services, including the contemplated program and plan for recruiting and training personnel.

Because Jasper County and the community of Ridgeland operated an acute care hospital for many years Coastal Carolina will draw first on any local personnel who are qualified as hospital employees who may want to work for the new facility. Labor resources in or near Jasper County will always receive priority. Efforts to fill staff positions will be launched in nearby areas through active and early recruitment/advertising programs. Province Healthcare is completely geared up to recruit healthcare professionals and all needed support staff. A management team will be selected and onsite several months prior to the completion of the hospital and MOB. All Province Healthcare hospitals have salary/wage scales that are regionally competitive.

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- (25) Describe the previous experience of the applicant in the proposed health care field. If the applicant has no prior experience, specify the anticipated sources of technical assistance, either from specific individuals or organizations

Headquartered in Brentwood, Tennessee Province Healthcare Company was founded in February 1996 as Principal Hospital Company to acquire and develop a nationwide system of hospitals in non-urban markets. The company saw the opportunity to consolidate non-urban healthcare across the country and improve the quality and types of healthcare services available in many communities.

Province Healthcare Company's single goal is to provide affordable, accessible first-rate healthcare that improves the health and well-being of the people it serves and raises the quality of life for all concerned. Working in partnership with communities, Province constantly seeks to build healthcare systems that are locally focused and nationally recognized as the standard by which community hospitals are judged.

Province Healthcare Company currently owns or leases 20 general acute care hospitals in 13 states with a total of 2,262 licensed beds. The company also provides management services to 36 primarily non-urban hospitals in 14 states with a total of 2,985 licensed beds.

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- (26) Discuss the impact of the project on the clinical training programs of health professional schools, particularly the extent to which these schools will have access to the services for training.

Coastal Carolina would welcome the opportunity to participate in clinical training programs

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- (27) Provide any additional information that would assist the department in evaluating this project.

As stated in PHC-Jasper Inc 's previous CON application, Province Healthcare brings considerable resources and experience to Coastal Carolina for the citizens of Jasper County Headquartered in Brentwood Tennessee, Province owns and operates 14 acute care hospitals in attractive non-urban markets throughout the United States In addition, an affiliate to Province Healihcare manages 40 primarily non-urban hospitals

Province is committed to the value of receiving quality care. Therefore, constructing an addition to house one fixed MRI at Coastal Carolina would afford its patients especially the acutely ill and emergent patients with the highest quality of care in the most cost-effective manner

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PART C - PROGRAMMATIC DOCUMENTS

Provide adequate programmatic documents in support of the various elements of the proposed project. These documents will include as appropriate

- (1) An Indigent Care Plan as required by the Board of Health and Environmental Control. It shall address at a minimum, the following:
 - (a) The existing and proposed admission and treatment policies of the facility or agency with regard to race, sex, national origin and ability to pay
 - (b) The proposed admission and treatment policies of the facility or agency with respect to admission and care of indigent patients including those patients unable to pay at the time of admission and those whose benefits expire while in the care of the facility or agency
 - (c) In existing facilities or agencies, provide the amount, in dollars and percent of gross revenue, that the facility or agency provided in indigent care during the past three fiscal years NOTE Indigent care does not include bad debt; contractual adjustments, or care which is reimbursed by a governmental program (Medicare, Medicaid, county indigent program), church, or philanthropic organization.
 - (d) Provide the proposed amount of indigent care the facility or agency projects to provide during the fiscal year and next fiscal year This projection should be expressed in both dollars and a percent of gross revenues.
 - (e) A discussion of why the above figures are adequate or inadequate for the needs of the community; the need of indigent care within the proposed service area, and any solutions, remedial plans or proposals by the facility or agency to better address the indigent care problem in the service area. Include any initiatives or undertakings the facility or agency has begun to address the indigent care problem in the proposed service area.
 - (f) Describe any Board or Advisory Board established to implement or control the indigent problem at the facility or agency Include the Board's functions, responsibilities and limitations

See, Indigent Care Policy, attached as Exhibit 5

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- (2) A map of sufficiently large scale to be meaningful, indicating the location of the project site and its geographical area.

A map of the area is attached at Exhibit "3 "

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- (3) A plot plan of the project site showing existing buildings, roads, parking areas, walks, service and entrance courts, existing utilities (electricity, telephone, water, railroads, sewer, gas, etc) and other natural land features necessary for adequate analysis of site conditions.

See, Exhibit ' 11 attached.

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- (4) A legal description of the project site indicating its physical characteristics and existing easements

Not applicable.

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- (5) A square foot program of spaces and/or equipment elements, and scale drawings describing the existing space and proposed alterations and additions

See Exhibit '3'

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- (6) Evidence that the site will be properly zoned for the proposed project.

Not applicable as existing site is properly zoned

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- (7) Documentation from appropriate sources that utilities supplied to the site is adequate for the project to include electricity, gas, water, and sewerage.

The proposed addition to the hospital building will utilize the same utilities

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- (8) Endorsement from the community that the project is desirable This may include but is not limited to members of the medical community, citizen's groups, and other health and social services disciplines in the community

See Exhibits 9" and 10

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- (9) Documentation that the proposed project has been approved by the health facility's planning committee and governing body

See Exhibit "12" attached.

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- (10) For the facilities or services not licensed by the Department of Health and Environmental Control, provide documentation of coordination and support from the appropriate licensing agency

Not applicable.

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PART D - ASSURANCES

- (1) That the applicant has or will have fee simple title or such other estate or interest in the site including necessary easements and rights-of-way, sufficient to assure use and possession for the purpose of the construction and operation of facility
- (2) That approval by the department of the final drawings and specifications, which will be prepared by an architect and/or engineer legally registered under the laws of the State of South Carolina, will be obtained.
- (3) That the applicant will submit to the Department for prior approval, changes that substantially alter the scope of work, function, utilities, major items of equipment, safety or cost of the facility during construction.
- (4) That the applicant will cause the project to be completed in accordance with the Certificate of Need Application.
- (5) That the applicant will cause the project to be completed in accordance with approved plans and specifications by maintaining competent and adequate architectural and engineering services throughout the construction administration phase of the project. That, at the completion of the project, the architect of record shall be required to issue a statement that to the best of his knowledge and belief, based upon available records, supplemental documents and periodic observation of the work, the project was constructed according to those documents approved by the Department.
- (6) That the facility will be operated and maintained in accordance with the standards prescribed by law and regulations for the maintenance and operation of such facilities
- (7) That the applicant understands that the Certificate of Need shall become void at the end of the specified time period from the date of issuance unless otherwise extended under Chapter 6 of these regulations.
- (8) That the Department or its authorized representatives may at any time during the course of construction and upon the completion of the project make an on-site inspection of the construction and equipment to check for compliance of the construction in accordance with the application for which the Certificate of Need was issued.
- (9) That the controlling interest in any health care facility shall not be sold or leased or otherwise disposed of without a Certificate of Need or exemption by the Department being received by the appropriate individual
- (10) That the applicant will notify the Department in writing that the contractual agreement has been completed. For a construction project, the letter shall indicate that a construction contract specifying the beginning and completion dates of the project, has

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been signed by both parties For services projects, the letter should indicate that equipment purchase orders with estimated delivery dates have been properly negotiated.

- (11) That the applicant will notify the Department in writing of the date that a new or expanded service has been implemented, completed or terminated
- (12) That the applicant will provide monthly progress reports and a final completion report which contain the information required by Section 607 of these regulations

Coastal Carolina assures the Department that, to the extent applicable, it will act in accordance with the above requirements

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LIST OF EXHIBITS

- 1 Affidavit of Publication
- 2 Architect's Estimate
- 3 Location/Map of facility
Floor Plans - Drawings of Entire Floor Plan and New Floor Plan with Square Foot
Schematics
Location of addition marked
- 4 Transfer Agreements
- 5 Indigent Care Policy
- 6 Back-up Data for Tables 1 and 2
- 7 Confirmation of the Availability of Funds
- 8 Budgets
 Current Budget
 Three-Year Projected Budget for Facility
 Three-Year Projected Budget for MRI
 Three-Year Projected Manpower Budget in Full-Time Equivalents
- 9 Physician Support Letters
- 10 Community Support Letters
- 11 Site Plan (showing existing buildings, roads, parking areas, walks, service and entrance
 courts, existing utilities)
- 12 Resolutions

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STATE OF SOUTH CAROLINA
BEAUFORT COUNTY

Affidavit of Publication
Carolina Morning News

Personally appeared before me, Jamie Davis, to me known, who
being sworn, deposes and says.

That he/she is the receptionist of Southeastern Newspapers
Corporation, a Georgia corporation, doing business in Beaufort County, South Carolina, under the trade
name of Carolina Morning News, a daily newspaper published in said county;

That he is authorized to make affidavits of publication on behalf of said corporation;

That said newspaper is of general circulation in said county and in the area adjacent thereto,

That he has reviewed the regular editions of the Carolina Morning News, published on

April 28 2004, April 29 2004, April 30 2004, _____ 200_____, _____ 200_____,

and finds the following Advertisement, to wit.

*Notice of Application for
Certificate of Need Approval
PHC - Jasper, Inc d/b/a
Coastal Carolina Medical Center*

Appeared in each of said editions.

Jamie Davis
(Deponent)

Sworn to and subscribed

Before me this 30th day

of April, 2004

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PUBLIC NOTIFICATION	
NOTICE OF APPLICATION FOR CERTIFICATE OF NEED APPROVAL	
Public Notice is hereby given that PHC Jasper Inc. of the Coastal Carolina Medical Center intends to submit a Certificate of Need Application within the next twenty (20) days to the South Carolina Department of Health and Environmental Control for the construction of an addition to add one (1) fixed MRI. The project total cost is estimated at \$2,200,000. C/O Eric Denton, Chief Executive Officer Coastal Carolina Medical Center, 198 Traders Cross, Suite 100, Surfside, SC 29910	

Janet Belle Isle
Notary Public, Beaufort County, South Carolina
Sept 5, 2011
Commission Expires



February 6, 2004

Mr. Eric Deaton, CEO
Coastal Carolina Medical Center
108 Traders Cross, Suite 100
Bluffton, SC 29910

Re. MRI Addition
Coastal Carolina Medical Center
Hardeeville, South Carolina
GTG Project No. 22066.6

Dear Eric

The square footages for the individual rooms which comprise the MRI addition are as follows

MRI Room	440 s f
Control Room	130 s f
Equipment Room	213 s f
Circulation/Exterior Walls	687 s f
TOTAL	1 470 square feet

Should you have any questions, please call me

Sincerely,

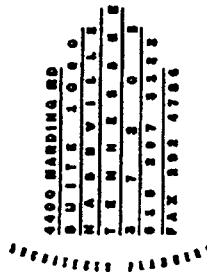
GOULD TURNER GROUP, INC

Michael A. Jones, AIA
Principal

jcn

xc File 22066 6/Owner

000088





February 6, 2004

Mr Eric Deaton, CEO
Coastal Carolina Medical Center
108 Traders Cross, Suite 100
Bluffton, SC 29910

Re MRI Addition
Coastal Carolina Medical Center
Hardeeville South Carolina
GTG Project No 22066 6

Dear Eric:

The following is the estimated probable cost of the MRI addition to the new hospital It includes associated ancillary support spaces and sitework as shown in the attached documents The estimated construction time frame is approximately six months

Construction Cost	\$1,000,000	
Architectural/Engineering Fees	\$ 100,000	
Medical Equipment/Communications/ Furnishings	\$ 0	Fixed
	\$1,800,000	Moveable
TOTAL	\$2,900,000	

Should you have any questions please call me

Sincerely,

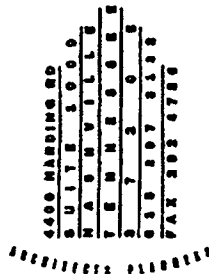
GOULD TURNER GROUP, INC

Michael A. Jones, AIA
Principal

jcn

xc File 22066 6/Owner

000089





February 20, 2004

Mr David B Summer, Jr , Partner
Parker Poe Adams & Bernstein LLE
1201 Main Street
Suite 1450
Columbia, SC 29202-1509

Re MRI Addition
Coastal Carolina Medical Center
Hardeeville, South Carolina
GTG Project No 22066 6

Dear David

The following is the estimated probable cost of the
• Equipment and Furnishings for the MRI addition to the new
hospital

Medical Equipment	\$1,768,000
Furniture	\$ 2,000
Medical Gas Systems (included in construction)	
Telecommunication/Information Systems	\$ 30,000
Total	\$1,800,000
Moveable	

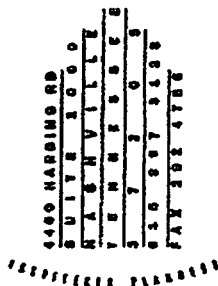
Should you have any questions, please call me

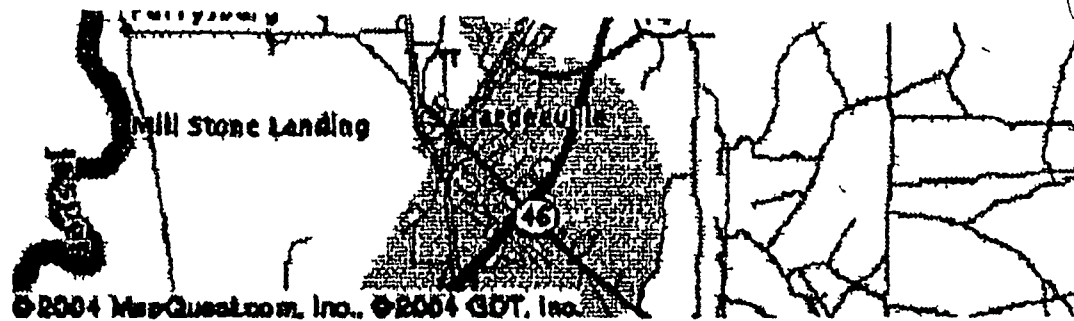
Sincerely,

GOULD TURNER GROUP, INC

Michael A Jones, AIA
Principal

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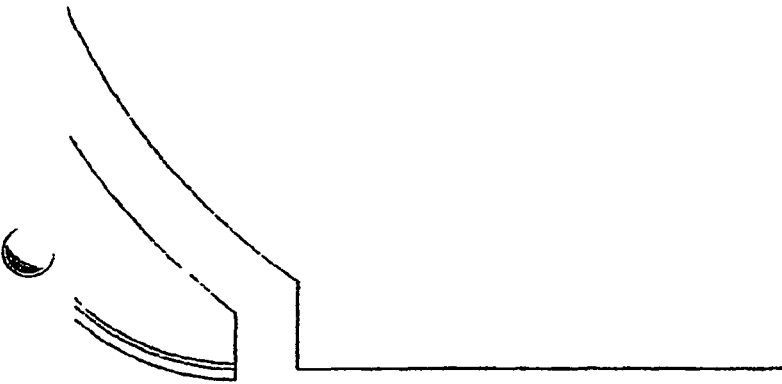
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Eric Deaton
President & CEO
Coastal Carolina Medical Center
108 Traders Cross, Ste 102
Bluffton, SC 29910

March 29, 2004

Paul P. Hinchey
President & CEO
St Joseph's/Candler Health System
11705 Mercy Blvd.
Savannah, GA 31419-9986

RE. Transfer Agreement between Coastal Carolina Medical Center and St. Joseph's/Candler Health System

Dear Paul,

As you know, we are under construction with our hospital, and we hope to open by the end of the year. I have been advised the South Carolina Department of Health and Environmental Control desires community hospitals such as ours to seek transfer agreements with tertiary care centers. Therefore, I am writing to formally request that we enter into a transfer agreement between our two facilities. I would imagine that you have your own form of agreement that you would like to use. If, however, you would like for us to prepare one for your review, please do not hesitate to call me. I sincerely hope that you will be able to accommodate this request. If you have any questions please feel free to contact me.

With best regards, I am

Sincerely,

Eric Deaton

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PHC-JASPER, INC

MRI INDIGENT CARE POLICY

- (1) An Indigent Care Plan as required by the Board of Health and Environmental Control. It shall address at a minimum, the following:

- (a) The existing and proposed admission and treatment policies of the facility or agency with regard to race, sex, national origin and ability to pay

PHC-Jasper Inc. has an open admission policy which does not discriminate on the basis of age, race, handicap, creed, religion, sex, national origin, or source of payment. The hospital has an indigent care policy known as charity care which budgets an appropriate amount of gross revenue for the treatment of medically indigent patients. This policy is in addition to any bad debts and contractual allowances that may be experienced by the hospital. No emergency patient is denied treatment regardless of ability to pay.

- (b) The proposed admission and treatment policies of the facility or agency with respect to admission and care of indigent patients including those patients unable to pay at the time of admission and those whose benefits expire while in the care of the facility or agency

All patients needing emergency treatment are admitted to PHC-Jasper Inc. for evaluation and stabilization regardless of ability to pay.

All indigent non-emergency admissions and stabilized emergency admissions are evaluated for waiver of all or part of the cost of care on a case by case basis at the time of admission. Similarly, patients whose benefits expire in the course of treatment and who are clinically unready for discharge are evaluated at that time for waiver of fees. All waivers are reviewed by the Administrator and can be requested by the attending physician, social worker, referring agency, the patient's family, or other appropriate persons acting with the consent of the family. Patients are then requested to complete a financial statement which is reviewed by the hospital Controller and the Administrator against other financial obligations for which the patient is currently responsible. If it is determined that the patient cannot fully cover the uninsured portion of his or her care without undue financial hardship, the Administrator may direct the Controller to waive all or a portion of the cost of care.

Those unpaid fees which are not waived prior to the discharge of the patient or in response to the first billing, are not considered to be charity care and are instead charged against bad debt.

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- (c) In existing facilities or agencies, provide the amount, in dollars and percent of gross revenue, that the facility or agency provided in indigent care during the past three fiscal years. NOTE Indigent care does not include bad debt; contractual adjustments, or care which is reimbursed by a governmental program (Medicare, Medicaid, county indigent program), church, or philanthropic organization.

This information is currently not available to PHC-Jasper Inc

- (d) Provide the proposed amount of indigent care the facility or agency projects to provide during the fiscal year and next fiscal year This projection should be expressed in both dollars and a percent of gross revenues

PHC-Jasper Inc s proposed budget includes a line item for \$24 200 of indigent care. This would be approximately 1% of gross revenues

- (e) A discussion of why the above figures are adequate or inadequate for the needs of the community; the need of indigent care within the proposed service area, and any solutions, remedial plans or proposals by the facility or agency to better address the indigent care problem in the service area. Include any initiatives or undertakings the facility or agency has begun to address the indigent care problem in the proposed service area.

Not available

- (f) Describe any Board or Advisory Board established to implement or control the indigent problem at the facility or agency Include the Board's functions, responsibilities and limitations.

PHC-Jasper Inc. does not utilize a Board to determine indigent care. Fee waivers are presently handled on a case by case basis with final approval being the responsibility of the hospital's Administrator

000096

(F) Diagnostic Imaging**1 Magnetic Resonance Imaging (MRI)**

Magnetic Resonance Imaging (MRI) uses radio waves, high magnetic fields and a powerful computer to create diagnostic images useful for detecting disease states. MRI produces spatial resolution and tissue contrast without the use of ionizing radiation, such as X-rays, or iodinated compound injections.

Within a strong external magnetic field, protons align in either a low or high-energy state. Radio waves released from the body become the magnetic resonance image. Spatial information is obtained by superimposing small gradients within the external magnetic field. The result is a two-dimensional picture with great tissue contrast, clarity and potential to characterize tissue as diseased or not diseased.

Due to the high sensitivity of the images produced, and the relative safety of the procedure, MRI has supplemented CT and angiography as a diagnostic tool for many diagnoses and greatly enhances diagnosis in other cases. MRI may eliminate the need for other examinations, such as biopsies and exploratory surgery, in addition to reducing risk and discomfort to the patient.

Capital costs for a fixed MRI unit, depending upon the type of magnet, range from approximately \$500,000 to \$2,500,000. Special radiofrequency shielding may be required to prevent the magnet from interfering with other electrical equipment and/or to prevent radio frequency interference from outside sources. MRI is contraindicated for patients with metal surgical implants and pacemakers, or who are on life support equipment. A new generation of MRI's with a "open" design has been developed to alleviate the concerns of patients who physically do not fit into an MRI unit and those who experience a claustrophobic reaction to the confined space of a regular MRI.

The following table lists the facilities that have either received Certificate of Need approval or have been exempted from review for MRI units. Utilization data are from the Joint Annual Reports.

Certificate of Need Standards for Magnetic Resonance Imaging (MRI)**STANDARDS**

- (1) Each hospital should have at least one MRI unit available for diagnosis of emergency patients, inpatients and outpatients.
- (2) In order to promote cost-effectiveness, the use of shared mobile MRI units should be considered.
- (3) The applicant agrees in writing to provide to the Department utilization data on the operation of the MRI service.

RELATIVE IMPORTANCE OF PROJECT REVIEW CRITERIA

The following project review criteria are considered to be the most important in evaluating certificate of need applications for this service.

- a. Community Need Documentation;
- b. Distribution (Accessibility);
- c. Acceptability; and
- d. Cost Containment.

The benefits of improved accessibility will be equally weighted with the adverse affects of duplication in evaluating Certificate of Need applications for this service.

000098

MRI SCANS

COUNTY	FACILITY	TYPE	FY00 CON SCANS	FY01 CON SCANS
ABBEVILLE	ABBEVILLE CO MEN HOSP	MOBILE	439	517
AIKEN	AIKEN MEDICAL IMAGING, LP	FIXED	237	
AIKEN	AIKEN REG MED CTR	FIXED	3038	2421
AIKEN	CAROLINA ORTHOPAEDIC ASSOC	2 FIXED	1272	1253
AIKEN	IMAGING CTR OF AIKEN	FIXED	781	1832
AIKEN	SOUTHERN NEUROLOGICAL INST	FIXED	1483	1831
ANDERSON	ANDERSON AREA MED CTR	3 FIXED	7348	7386
ANDERSON	ANDERSON RADIOLOGY	FIXED	3500	3551
ANDERSON	(HEALTH SOUTH DIAGNOSTIC CTR OF ANDERSON)	(FIXED)		
BEAUFORT	BEAUFORT MEM HOSP	FIXED	4043	4187
		4 TEMP MOBILE		
BEAUFORT	HILTON HEAD REGIONAL MEDICAL CTR	FIXED		
BEAUFORT	BEAUFORT ORTHOPEDIC SERVICES	MOBILE		
BEAUFORT	HEALTH SOUTH DIAGNOSTIC CTR OF HILTON HEAD	FIXED	1850	3219
(BEAUFORT)	(LOWCOUNTY MEDICAL GROUP MRI)	FIXED	148	
BEAUFORT	LOWCOUNTY MEDICAL GROUP PORT ROYAL	FIXED	848	1221
BEAUFORT	MRI AT BELFAIR	FIXED		
BEAUFORT	NEUROLOGICAL INST HILTON HEAD	FIXED	319	400
BEAUFORT	BEAUFORT OPEN MRI	FIXED		
BEAUFORT	SOUTHERN MRI, LLC	2FIXED	2716	2756
CHARLESTON	ROPER HOSP	FIXED	4882	5471
CHARLESTON	ROPER DIAGNOSTIC CTR-FARMFIELD	FIXED	1283	1827
CHARLESTON	MEDICAL UNIVERSITY HOSP	3 FIXED	8321	7188
CHARLESTON	UMA AMBULATORY CARE FAC	FIXED		
CHARLESTON	TRIDENT MEDICAL CTR	FIXED	8882	8358
CHARLESTON	TRIDENT MEDICAL ARTS MRI	2 FIXED	ABOVE	
CHARLESTON	EAST COOPER REG MED CTR	MOBILE	0	0
CHARLESTON	BON SECOURS ST FRANCIS XAVIER	FIXED	1838	1784
CHARLESTON	DISC IMAGING	2 FIXED	6834	6017
CHARLESTON	(HEALTH SOUTH DIAGNOSTIC CTR OF CHARLESTON)	(FIXED)		
CHARLESTON	FARMFIELD DIAGNOSTIC IMAGING	FIXED		
CHARLESTON	CHARLESTON PHYSICIANS IMAGING CTR	FIXED	1428	2135
CHARLESTON	SC DIAGNOSTIC IMAGING	MOBILE	3882	6037
CHARLESTON	TRICOM DIAGNOSTIC IMAGING	FIXED		
CHARLESTON	WEST ASHLEY DIAGNOSTIC IMAGING	FIXED		
CHARLESTON	PHYSICIAN OWNED DIAGNOSTIC CTR	MOBILE		
CLARENDON	CLARENDON MEM HOSP	MOBILE	880	768
CHEROKEE	UPSTATE CAROLINA MED CTR	FIXED	1833	878
~~CHESTER~~	~~CHESTER CO HOSP~~	~~MOBILE~~	~~347~~	~~384~~
CHESTERFIELD	CHESTERFIELD GEN HOSP	MOBILE	247	452
COLLETON	COLLETON REG HOSP	FIXED	1803	1872
DARLINGTON	CAROLINA PINES REG MED CTR	FIXED	1844	1918
DARLINGTON	WILSON MED CTR	MOBILE	178	182
DILLON	ST EUGENE MED CTR	FIXED	888	891
DORCHESTER	SUMMERVILLE MEDICAL CENTER	FIXED	2222	2028
FLORENCE	CAROLINAS HSP SYS	FIXED	2401	2448
FLORENCE	MCLEOD REG MED CTR	2 FIXED	5182	5829
FLORENCE	(FLORENCE MED IMAGING)	(FIXED)	781	
FLORENCE	CAROLINAS HSP SYS LAKE CITY	MOBILE	308	222
FLORENCE	DEMICHELE & EVANS NEUROLOGICAL	MOBILE	1149	1313
FLORENCE	IMMED DIAGNOSTIC SERVICES	FIXED	1287	2213
FLORENCE	OPEN MRI & IMAGING OF FLORENCE	FIXED	2918	3734
GEORGETOWN	GEORGETOWN MEM HOSP	FIXED	3378	3808
GEORGETOWN	WACCAMAW COMM HOSP	FIXED		
GREENVILLE	ST FRANCIS HOSP	FIXED	2827	2354
GREENVILLE	ST FRANCIS WOMAN'S & FAMILY HOSP	MOBILE	441	888
GREENVILLE	ALLEN BENNETT HOSP	MOBILE		
GREENVILLE	HILLCREST HOSP	MOBILE	282	537
GREENVILLE	GREENVILLE MEM HOSP	3 FIXED & MOBILE	7372	8882
GREENVILLE	AVOS MEDICAL IMAGING	MOBILE		
GREENVILLE	CAROLINA ORTHOPAEDIC CTR	FIXED		
GREENVILLE	CAROLINA HEALTH IMAGING	FIXED		

000099

MRI SCANS

COUNTY	FACILITY	TYPE	FY00 CON SCANS	FY01 CON SCANS
GREENVILLE	HEALTH SOUTH DIAGNOSTIC CTR OF GREENVILLE	FIXED	6288	6488
GREENVILLE	GVILLE PHYSICIANS IMAGING CTR	2 FIXED	3477	3371
GREENVILLE	GREENEASTSIDE ACS	MOBILE	1709	1803
GREENVILLE	GREENVILLE RADIOLOGY PA	FIXED		
GREENVILLE	GREENVILLE RADIOLOGY PA	MOBILE		1187
GREENVILLE	NEUROLOGY ASSOC. OF GREENVILLE	MOBILE		113
GREENVILLE	OAKWOOD ORTHOPAEDIC CLINIC	MOBILE	298	408
GREENVILLE	OPEN MRI OF SIMPSONVILLE	FIXED		289
GREENVILLE	PIEDMONT ORTHOPAEDICS	FIXED		788
GREENVILLE	SE NEUROLOGICAL & SPINE INSTITUTE	MOBILE	930	838
GREENWOOD	LAKELANDS ORTHOPAEDICS CLINIC	MOBILE	633	687
GREENWOOD	SELF MEM HOSP	2 FIXED	3822	4297
GREENWOOD	SELF MEM HOSP	MOBILE		
HAMPTON	HAMPTON REG MED CTR	MOBILE	0	18
HORRY	CONWAY HOSP	FIXED	2851	3238
HORRY	GRAND STRAND REG MED CTR	FIXED	2532	3574
(HORRY)	(GRAND STRAND REG MED CTR)	(MOBILE)		
HORRY	LORIS COMM HOSP	MOBILE	1486	1903
HORRY	COASTAL ORTHOPAEDIC ASSOC	FIXED		
HORRY	MYRTLE BEACH MRI	FIXED	285	237
HORRY	OPEN MRI OF MYRTLE BEACH	FIXED	2770	2766
HORRY				
HORRY	GRAND STRAND IMAGING	FIXED	281	554
HORRY	(PREFERRED IMAGING)	FIXED	CLOSED	
HORRY	STRAND ORTHOPAEDIC CONSULTANTS	MOBILE		
HORRY	SOUTH STRAND AMB CARE CTR	FIXED	880	1688
HORRY	SEACOAST MED CTR	FIXED		265
(HORRY)	(STRAND REG SPECIALTY ASSOC LLC)	(MOBILE)	1888	2863
HORRY	OCEAN MRI LLC	FIXED		
KERSHAW	KERSHAW CO MEM HOSP	FIXED	888	858
LANCASTER	SPRINGS MEMORIAL HOSP	FIXED	1181	2173
LANCASTER	LANCASTER IMAGING CTR	FIXED		
LAURENS	LAURENS CO HOSP	MOBILE	843	435
LAURENS	LAURENS CO ORTHOPAEDICS ASSOC	FIXED	672	1688
LEXINGTON	LEXINGTON MED CTR	2 FIXED	4888	4783
LEXINGTON	LEXINGTON OPEN MRI	FIXED	4084	4298
LEXINGTON	LEXINGTON MED CTR-IRMO			
LEXINGTON	LEXINGTON MED CTR-LEXINGTON			
MARION	MARION CO MEDICAL CTR	MOBILE	1201	1382
MARLBORO	MARLBORO PARK	MOBILE	253	248
MARLBORO	IMAGING CTR OF MARLBORO CO	FIXED		
NEWBERRY	NEWBERRY CO MEM HOSP	MOBILE		
OCONEE	OCONEE MEM HOSP	FIXED	2187	2584
OCONEE	MOUNTAINVIEW RADIOLOGY PA	FIXED	2188	3381
ORANGEBURG	(OPEN MRI & IMAGING ORANGEBURG)	(FIXED)		
ORANGEBURG	RMC ORANGEBURGICAL HOUN	FIXED	3488	3274
ORANGEBURG	ADVANCED DIAGNOSTIC IMAGING	FIXED &	1385	1488
ORANGEBURG	ADVANCED DIAGNOSTIC IMAGING	MOBILE		
PICKENS	PALMETTO BAPTIST MED CTR-EASLEY	MOBILE	1803	1878
PICKENS	PALMETTO BAPTIST MED CTR-EASLEY	FIXED		
PICKENS	CANNON MEM HOSP	MOBILE	0	0
RICHLAND	PALMETTO HEALTH RICHLAND	2 FIXED	8002	4822
RICHLAND	PALMETTO HEALTH BAPTIST	FIXED	3504	3341
RICHLAND	HEALTH SOUTH DIAGNOSTIC CTR	FIXED	1041	843
RICHLAND	PALMETTO HEALTH ALLIANCE DIAG CTR	FIXED		
RICHLAND	COLA NEUROSURGICAL ASSOC	FIXED		
RICHLAND	PALMETTO IMAGING	2 FIXED	5808	5821
RICHLAND	PROVIDENCE HOSPITAL	FIXED	1898	1872
RICHLAND	MIDLANDS ORTHOPAEDICS	FIXED	1833	3000
RICHLAND	IMMED DIAGNOSTIC SERVICES	2 FIXED	1621	4052
RICHLAND	IMAGECARE	FIXED		
RICHLAND	CAROLINA MED IMAGING	FIXED		321
RICHLAND	COLA NEUROSURGICAL ASSOC	FIXED		
SPARTANBURG	SPARTANBURG REG MED CTR	3 FIXED	8031	8285
SPARTANBURG	MARY BLACK MEM HOSP	2 FIXED	2888	2841
SPARTANBURG	PIEDMONT IMAGING, INC #1	FIXED	3400	4747

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000100

MRI SCANS

COUNTY	FACILITY	TYPE	FY00 CON SCANS	FY01 CON SCANS
SPARTANBURG	ORTHOPEDIC SPECIALTIES OF SPTS	FIXED		588
SPARTANBURG	ORTHOPEDIC ASSOCIATES, PA	MOBILE		
SPARTANBURG	UPSTATE MRI & IMAGING CTR	FIXED		
SUMTER	TUOMEY OUTPATIENT IMAGING CTR	FIXED		
SUMTER	TUOMEY	FIXED	3342	4017
UNION	WALLACE THOMSON HOSP	FIXED	988	1088
WILLIAMSBURG	WILLIAMSBURG REGIONAL HOSP	MOBILE	58	0
YORK	PIEDMONT MED CTR	FIXED	6744	6746
		& MOBILE		
YORK	PIEDMONT HEALTHCARE SYSTEM	FIXED		
	CAROLINA ORTHOPAEDIC SURGERY	FIXED		
	ASSOCIATES			
YORK	OPEN MRI CAROLINAS	FIXED	1583	680
YORK	OLD FORTE DIAGNOSTIC CTR	FIXED	238	1576

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000101

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1999 SNP

MRI SCANS

COUNTY	FACILITY	TYPE	FY97 CON SCANS	FY98 CON SCANS
ABBEVILLE	ABBEVILLE CO MEM HOSP	MOBILE		200
AIKEN	AIKEN MEDICAL IMAGING, LP	FIXED	1517	638
AIKEN	AIKEN REG MED CTR	MOBILE	655	2164
AIKEN	CAROLINA ORTHOPAEDIC ASSOC	FIXED		
AIKEN	IMAGING CTR OF AIKEN	FIXED		
AIKEN	SOUTHERN NEUROLOGICAL INST	FIXED	2815	1723
ANDERSON	ANDERSON AREA MED CTR	3 FIXED	3474	5020
ANDERSON	ANDERSON RADIOLOGY	FIXED	146	1634
ANDERSON	HEALTH SOUTH DIAGNOSTIC CTR OF ANDERSON	FIXED	1888	
BEAUFORT	BEAUFORT MEM HOSP	FIXED	2749	2738
BEAUFORT	HILTON HEAD HOSP	MOBILE	187	160
BEAUFORT	HEALTH SOUTH DIAGNOSTIC CTR OF HILTON HEAD	FIXED	2182	2210
BEAUFORT	LOWCOUNTY MEDICAL GROUP	FIXED	39	758
BEAUFORT	LOWCOUNTY MEDICAL GROUP	FIXED		
BEAUFORT	PORT ROYAL			
BEAUFORT	NEUROLOGICAL INST OF HILTON HD	FIXED		
BEAUFORT	SOUTHERN MRI, LLC	2FIXED	0	
CLARENDON	CLARENDON MEM HOSP	MOBILE	166	642
CHARLESTON	ROPER HOSP	FIXED	3348	3638
CHARLESTON	ROPER DIAGNOSTIC CTR-FARMFIELD	FIXED	207	825
CHARLESTON	MEDICAL UNIVERSITY HOSP	2 FIXED	5563	6870
CHARLESTON	MEDICAL UNIVERSITY HOSP	(PED FIXED)		
CHARLESTON	UMA AMBULATORY CARE FAC	FIXED		
CHARLESTON	TRIDENT MED CTR	2 FIXED	5311	5438
CHARLESTON	EAST COOPER REG MED CTR	MOBILE	337	220
CHARLESTON	BON SECOURS ST FRANCIS XAVIER	MOBILE	780	1198
CHARLESTON	DISC IMAGING	2 FIXED	5888	5838
CHARLESTON	HEALTH SOUTH DIAGNOSTIC CTR OF CHARLESTON	FIXED	888	483
CHARLESTON	CHARLESTON PHYSICIANS IMAGING CTR	FIXED		287
CHARLESTON	TRI-COUNTY RADIOLOGY ASSOC	MOBILE	1481	3188
CHEROKEE	UPSTATE CAROLINA MED CTR	MOBILE	662	528
CHESTERFIELD	CHESTERFIELD GEN HOSP	MOBILE	290	503
COLLETON	COLLETON REG HOSP	FIXED	891	1118
DARLINGTON	CAROLINA PINES REG MED CTR	MOBILE	867	1527
DARLINGTON	WILSON MED CTR	MOBILE	132	188
DILLON	ST EUGENE MED CTR	MOBILE	455	485
DORCHESTER	SUMMERVILLE MEDICAL CENTER	FIXED		
FLORENCE	CAROLINAS HSP SYS	FIXED	3325	3285
FLORENCE	MCLEOD REG MED CTR	2 FIXED	4888	5068
FLORENCE	FLORENCE MED IMAGING	FIXED	1188	1180
FLORENCE	CAROLINAS HSP SYS LAKE CITY	MOBILE	273	255
FLORENCE	INMED DIAGNOSTIC SERVICES	FIXED	228	122
FLORENCE	OPEN MRI & IMAGING OF FLORENCE	FIXED		
GEORGETOWN	GEORGETOWN MEM HOSP	FIXED	1414	1720
GREENVILLE	ST FRANCIS HOSP	FIXED	2053	1962
GREENVILLE	ST FRANCIS WOMAN'S HOSP	MOBILE	0	314
GREENVILLE	HILLCREST HOSP	MOBILE	0	13
GREENVILLE	GREENVILLE MEM HOSP	2 FIXED	8427	6948
GREENVILLE	HEALTH SOUTH DIAGNOSTIC CTR OF GREENVILLE	FIXED	4842	5118
GREENVILLE	G'VILLE PHYSICIANS IMAGING CTR	2 FIXED	1732	1887
GREENVILLE	GHS/PATEWOOD BLDG	2 MOBILE	1813	1801
GREENVILLE	SE NEUROSURGICAL & SPINE INSTITUTE	MOBILE		
GREENWOOD	LAKELANDS ORTHOPAEDICS CLINIC	MOBILE		
GREENWOOD	SELF MEM HOSP	FIXED	2819	3810
HAMPTON	HAMPTON REG MED CTR	MOBILE	0	218
HORRY	CONWAY HOSP	FIXED	1012	

000102

MRI SCANS

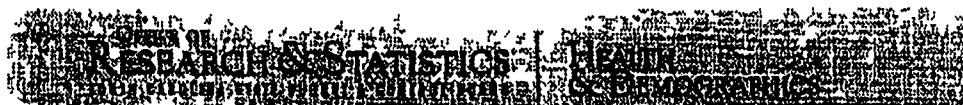
COUNTY	FACILITY	TYPE	FY97 CON SCANS	FY98 CON SCANS
HORRY	GRAND STRAND REG MED CTR	FIXED	3195	3855
HORRY	GRAND STRAND REG MED CTR	MOBILE		
HORRY	MYRTLE BEACH MRI	FIXED	358	371
HORRY	LORIS COMM HOSP	MOBILE	807	886
HORRY	OPEN MRI OF MYRTLE BEACH	FIXED		
HORRY	PREFERRED IMAGING	FIXED	1467	1349
HORRY	COMMUNITY MED CTR-GRAND STRAND	FIXED		
KERSHAW	KERSHAW CO MEM HOSP	MOBILE	514	591
LANCASTER	SPRINGS MEMORIAL HOSP	FIXED	840	1022
LAURENS	LAURENS CO HOSP	MOBILE	571	735
LAURENS	LAURENS CO ORTHOPAEDICS ASSOC	FIXED		
LEXINGTON	LEXINGTON MED CTR	FIXED	2284	3715
LEXINGTON	LEXINGTON OPEN MRI	FIXED		2282
MARION	MARION CO MEDICAL CTR	MOBILE	486	823
MARLBORO	MARLBORO PARK	MOBILE	205	312
OCONEE	OCONEE MEM HOSP	FIXED	1878	2453
OCONEE	MOUNTAINVIEW RADIOLOGY, PA	FIXED		
ORANGEBURG	OPEN MRI & IMAGING ORANGEBURG	FIXED		
ORANGEBURG	RMC ORANGEBURG/CALHOUN	FIXED	2547	3346
ORANGEBURG	ADVANCED DIAGNOSTIC IMAGING	FIXED		
PICKENS	BAPTIST MED CTR-EASLEY	MOBILE	433	887
PICKENS	CANNON MEM HOSP	MOBILE	0	28
RICHLAND	PALMETTO RICHLAND MEM HOSP	2 FIXED	3941	4383
RICHLAND	PALMETTO BAPTIST MED CTR-COLA	FIXED	3542	4323
RICHLAND	HEALTH SOUTH DIAGNOSTIC CTR	FIXED	830	1061
RICHLAND	PALMETTO IMAGING	2 FIXED	4428	4367
RICHLAND	PROVIDENCE HOSPITAL	FIXED	0	
RICHLAND	MIDLANDS ORTHOPAEDICS	FIXED	0	1300
RICHLAND	INMED DIAGNOSTIC SERVICES	FIXED	1228	154
SPARTANBURG	SPARTANBURG REG MED CTR	2 FIXED	6189	7838
SPARTANBURG	MARY BLACK MEM HOSP	MOBILE	1482	1903
SPARTANBURG	PIEDMONT IMAGING, INC #1	FIXED		1133
SUMTER	TUOMEY REG MED CTR	FIXED	2058	1848
UNION	WALLACE THOMSON HOSP	MOBILE	398	574
WILLIAMSBURG	CAROLINAS HSP SYS -KINGSTREE	MOBILE	38	114
YORK	PIEDMONT MED CTR	2 FIXED	4222	4950
YORK	MRI CHARLOTTE	& MOBILE FIXED	1163	1489

1 REPLACE 1.0MRI W /1.0MRI & TEMP USE MOBILE
E-88-51 8/26/98.

120,793

141,740

000103



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South Carolina Population Reports

South Carolina State and County Population 1900-2000

	1900	1910	1920	1930	1940	1950	1960	1970	1980	1990	2000
South Carolina	1,340,318	1,515,400	1,683,724	1,738,765	1,999,804	2,117,027	2,382,584	2,590,516	3,121,820	3,486,703	4,012,012
Abbeville	33,400	34,804	27,139	23,323	22,931	22,456	21,417	21,112	22,627	23,862	26,187
Aiken	38,032	41,848	45,574	47,403	49,818	53,137	61,038	61,023	105,625	120,940	142,552
Allendale	-	-	18,098	13,284	13,040	11,773	11,392	9,892	10,700	11,722	11,211
Anderson	65,728	68,568	78,348	80,948	88,712	90,684	88,478	105,474	133,235	145,196	165,740
Bamberg	17,296	18,544	20,862	19,410	18,843	17,533	16,274	15,950	18,118	16,902	16,658
Barnwell	35,504	34,208	23,081	21,221	20,138	17,288	17,858	17,176	19,888	20,293	23,478
Beaufort	35,495	30,355	22,289	21,815	22,037	26,993	44,187	51,138	65,384	86,425	120,937
Berkeley	30,454	23,487	22,558	22,236	27,128	30,251	38,196	58,198	94,727	128,778	142,851
Calhoun	-	16,834	18,384	18,707	18,228	14,753	12,256	10,780	12,208	12,753	15,185
Charleston	88,008	88,594	108,450	101,050	121,105	184,858	218,362	247,650	278,874	285,038	309,968
Cherokee	21,358	28,178	27,570	32,201	33,280	34,882	35,205	38,791	40,883	44,508	52,537
Chester	28,818	29,425	33,389	31,803	32,578	32,597	30,888	29,811	30,148	32,170	34,088
Chesterfield	20,401	28,301	31,968	34,334	35,863	38,236	33,717	33,687	38,181	38,577	42,768
Clarendon	28,184	32,188	34,878	30,036	31,500	32,215	29,480	25,604	27,464	28,450	32,502
Collaton	33,452	35,390	28,897	25,821	28,288	28,242	27,816	27,622	31,776	34,377	38,284
Darlington	32,388	38,027	39,126	41,427	45,198	60,018	52,928	53,442	62,717	61,861	67,384
Dillon	-	22,815	25,278	25,733	29,625	30,930	30,584	28,838	31,083	29,114	30,722
Dorchester	16,294	17,891	19,459	18,958	19,928	22,601	24,383	32,278	58,761	83,060	96,413
Edgefield	25,478	28,281	23,928	19,326	17,884	16,591	15,735	15,692	17,528	18,375	24,595
Fairfield	28,425	29,442	27,159	23,287	24,187	21,780	20,713	19,998	20,700	22,285	23,454
Florence	28,474	35,871	50,408	61,027	70,582	79,710	84,438	89,838	110,183	114,344	125,781
Georgetown	22,848	22,270	21,718	21,738	28,352	31,782	34,788	33,500	42,481	45,302	55,797
Greenville	63,480	68,377	88,488	117,008	138,580	168,182	209,776	240,546	287,913	320,187	378,618
Greenwood	28,343	34,225	35,791	38,078	40,083	41,828	44,348	49,888	67,847	59,567	66,271
Hampton	23,738	25,126	19,550	17,243	17,485	18,027	17,425	15,878	18,158	18,191	21,386
Horry	23,384	28,995	32,077	38,376	51,951	59,820	68,247	69,892	101,419	144,053	198,629

<http://www.orc2.state.sc.us/population/trends/pop1900.asp>

Jasper			9,888	9,888	11,011	10,995	12,237	11,885	14,504	15,487	20,878
Kershaw	24,688	27,084	29,398	32,070	32,913	32,287	33,585	34,727	39,015	43,599	52,847
Lancaster	24,311	26,850	28,628	27,980	33,542	37,071	39,352	43,328	53,361	54,516	61,361
Laurens	37,382	41,550	42,580	42,084	44,185	46,974	47,808	49,713	52,214	58,092	69,567
Lee		25,318	28,827	24,096	24,908	23,173	21,832	18,323	18,629	18,437	20,119
Lexington	27,264	32,040	35,676	38,494	35,994	44,278	60,726	89,012	140,353	167,611	216,014
McCormick			16,444	11,471	10,387	9,577	8,629	7,855	7,787	8,868	9,958
Marion	35,181	20,588	23,721	27,221	30,107	33,110	32,014	30,270	34,179	33,889	35,488
Marlboro	27,839	31,189	33,180	31,634	33,281	31,786	28,528	27,151	31,634	29,381	28,818
Newberry	30,182	34,588	35,552	34,681	33,577	31,771	28,418	29,273	31,242	33,172	36,108
Oconee	23,834	27,337	30,117	33,368	36,512	39,050	40,204	40,728	48,611	57,494	66,215
Orangeburg	59,663	55,893	64,907	63,864	63,707	68,726	68,558	69,789	82,276	84,803	91,582
Pickens	18,375	25,422	28,328	33,708	37,111	40,058	48,030	58,956	79,282	93,894	110,757
Richland	45,588	55,143	78,122	87,687	104,843	142,565	200,102	233,888	269,735	285,720	320,677
Saluda	18,886	20,943	22,088	18,148	17,192	15,924	14,554	14,528	16,150	16,357	19,181
Spartanburg	65,580	83,465	94,265	116,323	127,733	150,349	166,830	173,724	201,881	226,800	253,791
Sumter	51,237	38,472	43,040	45,902	52,463	57,634	74,941	79,425	88,243	102,637	104,646
Union	25,501	29,911	30,372	30,920	31,360	31,334	30,016	28,230	30,751	30,337	29,881
Williamsburg	31,885	37,626	38,539	34,914	41,011	43,807	40,932	34,243	38,226	35,615	37,217
York	41,884	47,718	50,538	53,418	58,663	71,696	78,760	86,216	106,720	131,497	164,614

Sources U S Census Bureau, Population Division Population of Counties by Decennial Census 1900 to 1990
U S Census Bureau, Census 2000 SF1, Table P1

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<http://www.ors2.state.sc.us/population/trends/pop1900.asp>

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South Carolina Population Reports

South Carolina Census 2000 State and County Population

	Total Pop
South Carolina	4,012,012
Abbeville	26,167
Aiken	142,552
Allendale	11,211
Anderson	185,740
Bamberg	16,658
Barnwell	23,478
Beaufort	120,937
Berkeley	142,651
Calhoun	15,185
Charleston	309,969
Cherokee	52,537
Chester	34,068
Chesterfield	42,768
Clarendon	32,502
Colleton	38,264
Darlington	87,394
Dillon	30,722
Dorchester	96,413
Edgefield	24,595
Fairfield	23,454
Florence	125,761
Georgetown	55,797
Greenville	379,616
Greenwood	66,271
Hampton	21,386
Horry	196,629
Jasper	20,678
Kershaw	52,847
Lancaster	61,351
Laurens	69,567
Lee	20,119
Lexington	216,014

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McCormick	9,958
Manon	35,466
Marlboro	28,818
Newberry	36,108
Oconee	68,215
Orangeburg	91,582
Pickens	110,757
Richland	320,677
Saluda	19,181
Spartanburg	253,791
Sumter	104,646
Union	29,881
Williamsburg	37,217
York	164,814

Source U S Census Bureau, Census 2000 SF1, Table P1

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South Carolina Population Reports

South Carolina Population Projections: 2005

AGE	White Male	White Female	Non-White Male	Non-White Female	Total White	Total Non White	Total Male	Total Female	TOTAL POPULATION
0-4	83,750	79,340	53,030	51,090	163,090	104,120	136,780	130,430	267,210
5-9	83,610	78,260	57,810	55,520	161,670	113,330	141,420	133,780	275,200
10-14	88,480	83,660	65,370	63,210	172,120	128,580	153,830	146,870	300,700
15-19	98,600	90,880	68,930	64,950	187,280	131,880	163,530	155,630	319,160
20-24	90,920	84,400	58,660	57,330	175,320	115,890	149,580	141,730	291,310
25-29	83,960	83,340	45,030	48,780	167,300	93,810	128,980	132,120	261,110
30-34	84,890	92,390	46,320	51,140	187,080	97,480	141,010	143,530	284,540
35-39	97,460	95,450	48,850	52,490	192,910	99,140	144,110	147,940	292,050
40-44	106,870	106,780	49,590	56,390	213,650	105,980	156,460	163,170	319,630
45-49	104,450	107,550	47,640	55,180	212,000	102,800	152,080	162,710	314,800
50-54	99,670	104,690	42,660	50,030	204,380	92,690	142,330	154,720	297,050
55-59	93,810	98,250	33,490	39,300	193,080	72,790	127,300	138,550	265,850
60-64	76,420	80,170	22,910	27,630	156,590	50,540	99,330	107,800	207,130
65-69	58,570	64,220	16,700	21,280	122,790	37,960	75,270	85,480	160,750
70-74	48,080	55,700	12,210	17,860	103,790	30,070	60,300	73,560	133,860
75-79	33,860	45,320	8,120	13,480	122,790	37,960	75,270	85,480	100,790
80-84	22,180	37,250	5,210	10,220	59,400	15,430	27,360	47,470	74,830
85 & OVER	10,440	30,280	2,860	8,750	40,730	11,610	13,300	39,040	52,340
TOTAL	1,373,780	1,418,740	681,190	681,190	2,792,520	1,362,380	2,054,970	2,099,930	4,154,900

Source. Office of Research and Statistics, Health and Demographics Division Based on Census 2000 SF1



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South Carolina Population Reports

South Carolina Population Projections: 2010

AGE	White Male	White Female	Non White Male	Non White Female	White	Non White	Male	Female	TOTAL
0-4	81,470	77,290	55,800	53,770	158,780	109,570	137,270	131,060	268,330
5-9	85,570	80,550	57,480	55,410	168,120	112,890	143,050	135,960	279,010
10-14	86,590	81,320	64,350	61,470	167,910	125,820	150,940	142,790	293,730
15-19	97,480	91,230	72,350	69,360	188,710	141,710	169,830	160,590	330,420
20-24	95,690	88,690	65,180	63,560	184,380	128,740	160,870	152,250	313,120
25-29	84,980	82,830	51,890	53,350	167,810	105,240	136,870	136,180	273,050
30-34	86,880	86,520	46,350	61,210	173,400	97,560	133,230	137,730	270,960
35-39	96,620	94,720	48,900	53,880	191,340	102,880	145,520	148,680	294,200
40-44	97,700	97,250	49,650	65,440	194,950	105,090	147,350	152,690	300,040
45-49	106,610	109,220	52,200	58,720	215,830	110,920	158,810	167,940	326,750
50-54	107,060	112,820	50,220	57,780	219,880	108,000	157,280	170,600	327,880
55-59	100,950	108,680	43,280	51,110	209,630	94,390	144,230	159,790	304,020
60-64	94,080	100,110	33,630	39,510	194,190	73,140	127,710	139,620	267,330
65-69	74,360	78,800	22,180	26,890	153,180	49,070	96,540	105,690	202,230
70-74	53,980	60,580	14,800	20,090	114,560	34,890	88,780	80,670	149,450
75-79	38,630	47,880	9,770	14,640	153,160	49,070	96,540	105,690	110,920
80-84	20,910	33,320	5,420	9,990	54,230	15,410	26,330	43,310	69,640
85+	15,080	36,650	3,890	9,700	51,730	13,590	18,970	48,350	65,320
TOTAL	1,424,640	1,468,480	747,340	747,340	2,893,100	1,494,680	2,171,980	2,215,800	4,387,780

Source: Office of Research and Statistics, Health and Demographics Division Based on Census 2000 SF1 population data



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South Carolina Population Reports

South Carolina: Census 2000 State and County Population

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Dillon	30,722
Dorchester	96,413
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Florence	125,761
Georgetown	55,797
Greenville	379,616
Greenwood	66,271
Hampton	21,386
Horry	196,829
Jasper	20,678
Kershaw	52,647
Lancaster	61,351
Laurens	69,567
Lee	20,119
Lexington	216,014

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Newberry	36,108
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Orangeburg	91,582
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Richland	320,677
Saluda	19,181
Spartanburg	253,791
Sumter	104,646
Union	29,881
Williamsburg	37,217
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Source U S Census Bureau, Census 2000 SF1, Table P1

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South Carolina Population Reports

Jasper County Population Projections: 2005

AGE	White Male	White Female	Non-White Male	Non-White Female	Total White	Total Non-White	Total Male	Total Female	TOTAL POPULATION
0-4	340	300	330	290	640	620	670	590	1,280
5-9	320	290	500	390	810	890	820	680	1,500
10-14	280	280	520	490	580	1,010	800	770	1,570
15-19	280	250	530	470	530	1,000	810	720	1,530
20-24	290	220	550	380	610	940	840	610	1,450
25-29	360	250	530	340	610	870	890	590	1,480
30-34	440	320	480	330	780	810	920	650	1,570
35-39	450	330	500	380	780	880	850	710	1,680
40-44	470	350	510	410	820	820	880	780	1,740
45-49	360	300	480	410	680	900	850	710	1,560
50-54	340	270	330	380	610	710	670	650	1,320
55-59	330	320	300	360	650	690	630	710	1,340
60-64	250	270	220	280	520	500	470	550	1,020
65-69	170	200	190	170	370	360	360	370	730
70-74	160	140	150	150	300	300	310	290	600
75-79	110	130	140	150	370	380	360	370	530
80-84	50	100	80	100	150	160	110	200	310
85 & OVER	20	60	50	90	80	140	70	150	220
TOTAL	5,020	4,380	6,380	6,380	9,400	12,780	11,400	10,760	22,160

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Source: Office of Research and Statistics, Health and Demographics Division Based on Census 2000 SF1 population data



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South Carolina Population Reports

Jasper County Population Projections: 2010

AGE	White Male	White Female	Non White Male	Non White Female	White	Non White	Male	Female	TOTAL
0-4	350	300	320	290	650	610	670	590	1,260
5-9	360	320	350	290	680	640	710	610	1,320
10-14	310	310	510	400	620	910	620	710	1,530
15-19	280	270	550	470	550	1,020	830	740	1,570
20-24	320	250	550	410	670	960	870	660	1,530
25-29	330	250	520	350	580	870	850	600	1,450
30-34	450	290	520	350	740	870	970	640	1,610
35-39	500	370	540	350	870	890	1,040	720	1,760
40-44	510	370	560	400	880	960	1,070	770	1,840
45-49	480	350	580	430	810	990	1,020	780	1,800
50-54	410	310	480	420	720	900	890	730	1,620
55-59	390	350	350	450	740	800	740	800	1,540
60-64	330	340	310	380	670	670	640	700	1,340
65-69	220	240	220	270	480	490	440	510	950
70-74	160	180	190	180	340	350	350	340	690
75-79	130	130	160	130	480	490	440	510	550
80-84	80	100	110	90	180	200	190	190	380
85+	30	80	40	110	110	150	70	190	260
TOTAL	5,820	4,810	6,840	6,840	10,430	13,680	12,480	11,650	24,110

000113

Source: Office of Research and Statistics, Health and Demographics Division Based on Census 2000 SF1 population data

2000 2001 2002

ZIP_CODE	PO_NAME	COUNTY	POP_00	POP_01	POP_02	POPGROWTH	POPGROWCNT	HHS_00	HHS_01	HHS_02	HH_GROWTH	AVGHHSIZE	FAMS_00	FAMS_02	FAM_GROWTH
29902	BEAUFORT	013	27077	27888	30335	1.80	75	9058	8335	10555	2.50	2.52	8445	7988	3.50
29908	BEAUFORT	013	21738	22221	24435	1.80	77	6890	6759	7836	2.20	3.03	6325	6358	2.90
29910	BLUFFTON	013	19271	20745	28093	5.00	89	7839	8520	11111	5.70	2.43	9630	8880	6.70
29911	BRUNSON	049	1131	1116	1083	1.00	3	428	428	420	-0.30	2.62	308	319	0.80
29913	CROCKETVILLE	049	806	816	861	1.10	56	305	311	335	1.50	2.62	214	251	2.60
29918	EARLY BRANCH	049	1010	1018	1050	0.80	37	375	381	411	1.50	2.67	284	328	2.30
29918	ESTILL	049	6013	6012	6051	0.10	22	1580	1595	1688	0.90	2.78	1132	1270	1.90
29920	SAINT HELENA ISLAND	013	9488	9856	11463	3.10	94	3781	3830	4870	3.50	2.49	2755	3628	4.50
29921	FURMAN	049	790	795	824	0.70	42	301	305	326	1.30	2.81	228	253	1.70
29922	GARNETT	049	190	192	204	1.10	58	68	67	73	1.60	2.87	44	56	3.90
29923	GIFFORD	049	370	381	430	2.40	83	123	128	148	3.00	2.98	88	119	4.90
29924	HAMPTON	049	3944	3908	3782	-0.60	6	1608	1608	1610	0.00	2.42	1088	1171	1.20
29926	HILTON HEAD ISLAND	013	18888	19695	23771	3.90	98	7597	8037	9886	4.30	2.43	6867	7838	8.30
29927	MARDEEVILLE	053	6556	6889	7330	1.80	78	2317	2378	2653	2.20	2.81	1645	2013	3.30
29928	HILTON HEAD ISLAND	013	17169	17540	19093	1.70	72	7788	7888	8886	2.10	2.16	5010	6137	3.30
29929	ISLANDTON	029	878	878	878	0.00	19	388	390	404	0.70	2.51	287	302	2.00
29932	LURAY	049	1029	1058	1183	2.30	82	383	397	456	2.80	2.59	298	387	3.80
29933	MILEY	049	39	39	42	1.20	59	19	19	21	1.50	2.05	11	18	6.20
29934	PINELAND	053	2085	2084	2154	0.50	33	799	809	882	1.20	2.59	578	668	2.30
29935	PORT ROYAL	013	3888	3735	3888	1.30	62	1548	1583	1781	2.10	2.23	942	1205	4.00
29936	RIDGELAND	053	8804	8741	9380	1.40	64	2888	2753	3088	2.20	2.69	1835	2358	3.20
29939	SCOTIA	049	848	858	1008	1.00	53	320	328	352	1.50	2.84	231	288	2.40
29940	SEABROOK	013	3851	4120	4832	3.30	97	1375	1445	1747	3.90	2.85	1014	1378	5.00
29941	SHELDON	013	171	178	213	3.60	98	81	88	107	4.80	2.08	72	82	2.10
29943	TILLMAN	053	838	944	980	0.70	42	334	338	361	1.30	2.79	253	288	2.10
29944	VARNVILLE	049	3732	3759	3831	0.40	30	1414	1434	1501	1.00	2.80	1020	1145	1.90
29945	YEMASSEE	049	3582	3632	3872	1.30	62	1316	1345	1474	1.80	2.69	930	1109	2.80

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ESRI ZIP DATA



April 27, 2004

To Whom It May Concern

Province Healthcare Company, the owner of Coastal Carolina Medical Center, attests that there is adequate cash balance on hand and available for funding the proposed MRI project at Coastal Carolina Medical Center located in Hardeeville, South Carolina.

Sincerely,



Wayne Gower
Province Healthcare Company

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Coastal Carolina
Medical Center

5/3/, 2004

I, Mark Kolbush, Chief Financial Officer, attest that the attached budget for PHC-Jasper, Inc. d/b/a Coastal Carolina Medical Center and their underlying assumptions are accurate to the best of my knowledge.

Mark Kolbush
Chief Financial Officer
Coastal Carolina Medical Center

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108 Traders Cross, Suite 100 • Bluffton SC 29910

Office: (843) 705-2500 • Fax: (843) 705-2551

www.coastalcarolinamedicalcenter.org

Coastal Carolina Medical Center
 Hardeeville SC
 MRI Projection

	Forecasted 1st 12 months	Forecasted 2nd 12 months	Forecasted 3rd 12 months
Procedures			
Inpatient	275	303	333
Outpatient	825	908	998
Total	1 100	1,210	1 331
Average Charge per Proc	\$2,200	\$2,310	\$2 426
Revenues			
Inpatient	\$805 000	\$898,775	\$807 085
Outpatient	\$1 815,000	\$2 086,325	\$2 421,255
Total Gross Revenue	\$2,420,000	\$2,785 100	\$3,228,341
Revenue Deductions	\$1 089 000	\$1,257 795	\$1 452,753
Charity Care	\$24,200	\$27,951	\$32,283
Total Rev Deducts	\$1 089 000	\$1,257 795	\$1,452,763
Net Patient Revenue	\$1,331,000	\$1,537,305	\$1,775,687
Salaries & wages	\$141 856	\$146,112	\$150 495
Benefits	\$27 682	\$28,492	\$29 347
Contract Labor	\$0	\$0	\$0
Professional Fees	\$0	\$1	\$2
Supplies	\$166 375	\$192,163	\$221 948
Purchased Svc s	\$0	\$0	\$0
Utilities	\$8,643	\$9,075	\$9 529
Insurance	\$826	\$857	\$890
Rent / Lease	\$0	\$0	\$0
Repairs & Maint	\$0	\$120 400	\$120 400
Property Taxes	\$73 689	\$73,689	\$73 689
Bad Debt	\$121,000	\$139,755	\$181,417
Total Oper Exp s	\$538,850	\$710,344	\$767,517
EBITDA	\$791 150	\$828,961	\$1,008,071
Depreciation	\$138 333	\$276 667	\$276 667
Pre Tax Income	\$652,817	\$550,294	\$731,404
Income Taxes	\$261 127	\$220,118	\$292,561
Net Income	\$391,690	\$330 177	\$438 842

Assumptions:

Salaries - 3 1 FTEs @ \$22 00 per hour (3% increase per year)
 Benefits - 19.5% of Salaries - Prior Ytd @ 8/30/03 is 19.5%
 Contract Labor - none
 Physician Fees - none
 Supplies - 12.5% of net revenue
 Purchased Svcs - none
 Utilities - \$5 88 per square foot @ 1 470 square feet with 5% increase
 Insurance - \$2.35 per square foot @ 1 470 square feet with 5% increase
 Rent / Lease - none
 Repairs & Maint - under contract year 1 / cost years 2 and 3
 Property Tax - 1st yr based on Tax Dept. estimates
 Bad Debts - 5% of gross revenue
 Depreciation $1\ 800\ 000 / 7.5 = 240\ 000 + 1\ 100\ 000 / 30 = 36\ 666$ Total: \$276 667 per year (half year in 1st year)
 Interest - none
 Income Taxes - 40%

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**Jasper County
Jasper County SC**

	Forecasted 1st 12 Mths	Forecasted 2nd 12 Mths	Forecasted 3rd 12 Mths
Revenues:			
Inpatient	17,250,000	22,080,000	24,950,400
Outpatient	18,112,500	23,184,000	28,187,820
Gross Pt Rev	35,362,500	45,264,000	51,148,320
Other Oper Rev	60,000	75,000	80,000
Total Gross Revenue	35,422,500	45,339,000	51,238,320
Revenue Deductions:			
Contract Allow's	8,840,825	11,583,538	13,213,805
Admin Adj's	5,304,375	6,794,551	7,880,785
Charity Care	353,825	462,840	511,483
Total Rev Deducts	14,498,825	18,810,728	21,406,173
Net Revenue	20,923,675	26,528,272	29,832,147
% Gross Rev	59.1%	58.6%	58.2%
Expenses:			
Sal & Wages	7,050,000	8,671,500	9,495,283
Benefits & Taxes	1,821,500	1,894,445	2,183,917
Contract Labor	0	0	0
Professional Fees	120,000	150,000	185,000
Supplies	2,550,000	3,233,738	3,579,858
Purchased Svc's	1,400,000	1,750,000	1,925,000
Utilities	500,000	625,000	687,500
Insurance	200,000	270,000	351,000
Rent / Lease	80,000	87,500	80,375
Repairs & Main	75,000	83,750	103,125
Property Tax	250,000	275,000	302,500
Other	700,000	1,375,000	1,512,500
Bad Debt	2,510,865	3,083,255	3,418,530
Total Oper Exp's	17,027,365	21,859,187	23,781,597
EBITDA	3,896,310	4,669,085	6,050,550
% Net Rev	18.6%	18.7%	20.3%
Depreciation	1,568,987	1,637,409	1,716,961
Amortization	0	0	0
Interest	2,320,000	2,382,445	2,410,177
Pre Tax Income	8,843	989,231	1,823,412
Income Taxes (42.5%)	4,183	411,823	817,450
Net Income	4,660	577,408	1,005,962

000118

**Jasper County
Jasper County SC**

	Forecasted 1st 12 Mths	Forecasted 2nd 12 Mths	Forecasted 3rd 12 Mths
Total Admissions	1,775	2,219	2,441
Acute	1,643	2,053	2,268
Specialty-Rehab	133	166	173
Total Pt Days	8,030	10,038	11,041
Acute	6,570	8,213	9,034
Specialty-Rehab	1,460	1,825	2,008
ADC	22.0	27.5	30.3
Adj. ADC	48.1	58.4	62.0
Adj Pt Days	16,462	20,577	22,835
Adj Admits	3,639	4,549	6,004
ALOS	4.52	4.52	4.52
Total Surgeries	1,800	2,250	2,475
Inpatient	900	1,125	1,238
Outpatient	900	1,125	1,238
Births	750	938	3,688
ER Visits	19,000	23,768	2,375
Outpatient Visits	10,500	13,125	1,313
Home Health	0	0	0
Prty Clinic Visits	0	0	0
Medicare %	52.0%	52.0%	52.0%
Medicaid %	18.0%	18.0%	18.0%
HMO / PPO %	11.0%	11.0%	11.0%
Commercial %	12.0%	12.0%	12.0%
Self Pay %	7.0%	7.0%	7.0%
Other %	0.0%	0.0%	0.0%
Mean Acute ALOS	4.5	4.5	4.5
Medicare CMI	1.0000	1.0000	1.0000
Total IP Rev / Disch	9,717	9,850	10,222
Gross Rev / Disch	19,820	20,398	20,964
Rehab Room Charge	750	773	798
Acute Room Charge	560	567	583
Ancillary Charges / Pt. Day	1,562	1,590	1,632
Net Revenue / AA	\$5,750	\$5,832	\$5,982
Net Revenue / APD	\$1,271	\$1,289	\$1,318
Total Paid FTE's	219.4	285.5	284.1
Total Wtd. FTE's	197.5	238.9	255.7
Total Wtd MH per AA	112.67	109.28	108.28
Total Wtd MH per APD	24.86	24.16	23.58
Annualized S&B	39,520	40,173	41,112
SW,B CL % Net Rev	41.4%	40.2%	39.1%
Benefits % SW	23.00%	23.00%	23.00%
Supply % Net Rev	12.19%	12.19%	12.00%
Supply per AA	701	711	716
Supply per APD	165	157	168
B Debt % Net Rev	12.00%	11.55%	11.45%
B Debt per AA	890	673	683
Purch. Services % Net Rev	6.69%	6.60%	6.45%
Purch. Services per AA	385	385	385
Purch. Services per APD	85	85	85
Pro Fees % Net Rev	0.57%	0.57%	0.55%
Prof Fees per AA	33	33	33
Pro Fees per APD	7	7	7
Total Exp. % Net Rev	81.38%	81.27%	79.72%
Total Exp per AA	4,678	4,738	4,753
Total Exp per APD	1,034	1,048	1,051

LS Detail

Printed summary

000119



GEORGIA EMERGENCY ASSOCIATES

POST OFFICE BOX 16386 SAVANNAH GEORGIA 31416
912-691 1533 • FAX 912-691 1953

April 27 2004

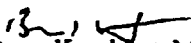
Mr Joel C Grice
Director, Certification of Need Program
South Carolina Department of Health and Environmental Control

Dear Mr Grice

I am writing on behalf of Coastal Carolina Medical Center in support of their application for a certificate of need for an MRI unit. As the medical director of emergency services at the hospital, I can not emphasize enough the importance of having ready availability of an MRI unit. MRI imaging has become the standard of care in evaluating patients with strokes, spinal abscesses, spinal cord injuries and herniated disks. Without this modality, patients will require transfer to an alternate facility, which will lead to a delay in diagnosis and treatment.

I urge you to approve this Certificate of Need.

Sincerely,


Brian Kornblatt, M.D.
President

000120

Southeast Lung & Critical Care Specialists

SPECIALIZING IN PULMONARY DISEASES, CRITICAL CARE AND SLEEP DISORDERS MEDICINE

JAMES A. DALY, III, MD, FCCP
M. JUDITH PORTER, MD, FCCP
RANDALL B. EVANS, MD, FCCP
M. DOUGLAS MULLINS, MD, FCCP
MARIA C. MASCOLO, MD
SALLY DEAL, MSN, RN, CS, RRT
JOANN FOUNTAIN, MSN, RN, CS

April 29, 2004

WES CAMPBELL, MHA
PRACTICE ADMINISTRATOR

SAVANNAH
340 Eisenhower Drive, Bldg. 1500
Savannah, GA 31406
(912) 354-6614 • 866-354-6614
Fax (912) 353-7836

HILTON HEAD
Physician's Park Plaza
8 Hospital Center Boulevard, Suite 120
Hilton Head, SC 29926
(843) 682-3583
Fax (843) 682-3597

Sylvania
Screven County Hospital
215 Mims Road
Sylvania, GA 30467

Rincon
594 South Columbia Avenue
Suite 500
Rincon, GA 31326

Metter
Candler County Hospital
Physicians Building
345 Cedar Street
Metter, GA 30439

Walterboro
416 E. Robertson Blvd.
Walterboro, SC 29488
866-953-7831
Fax 912-353-7836

Claxton Memorial Hospital
200 W. River Street
Claxton, GA 30417

Mr Joel C Grice
Director Certification of Need program
South Carolina Department of Health and Environmental Control

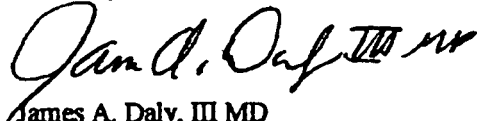
RE Certificate of Need Application of PHC-Jasper, Inc d/b/a Coastal
Carolina Medical Center, Hardeeville, South Carolina

Dear Mr Grice:

This letter is in support of the addition of an MRI facility at the
Coastal Carolina Medical Center With an onsite MRI facility, Coastal
Carolina Medical Center will be better able to serve the growing
population of Jasper County more efficiently and effectively

I strongly support the approval of this Certificate of Need for the
addition of the MRI facility

Sincerely,



James A. Daly, III MD
Southeast Lung & Critical Care Specialists

000121

Coastal Medical Associates

164 Bluffton Rd., P.O. Box 2450
Bluffton, SC 29910
(843) 757-3627
FAX (843) 757-3630

43 Coastal Highway P.O. Box 460
Hardeeville, SC 29927
(843) 784-3101
FAX (843) 784-5313

114 Jacob Smart Blvd., P.O. Box 2097
Ridgeland, SC 29936
(843) 717 2590
FAX (843) 717 2562

4/28/04

Mr. Joel C. Grace
Director, Certification of Need program
South Carolina Department of Health and Environmental Control

**RE Certificate of Need Application of PHC-Jasper, Inc. d/b/a Coastal Carolina
Medical Center, Hardeeville, South Carolina**

Dear Mr. Grace

As a physician in Jasper County, I wholeheartedly support and urge you to approve Coastal Carolina's Certificate of Need application for the addition of one MRI to its facility. Southern Jasper County is a fast growing area of the state and we must be prepared to meet the increased needs of MRI services for its citizens. Being able to offer in-house MRI services at Coastal Carolina Medical Center will enable all patients the convenience of having their scans done at one location, reducing any delay in diagnosis, decision making, and treatment in the most safe and cost-effective manner.

I am excited about this proposed project and would ask the Department's quick review and approval it.

Sincerely



000122

Dr. Peter Frank, D.O.
Medical Director

Our third decade of service to Beaufort & Jasper Counties

drfrank@hargray.com

CHATHAM RADIOLOGISTS, P.A.
DIAGNOSTIC RADIOLOGY AND BREAST IMAGING

SOL G. ZERDEN, M.D.
AVID R. KNOPF, M.D.
JEAN V. MOESCH, M.D.

THOMAS F. DECKER, M.D.
DAVID T. ESTLE, M.D.
MICHAEL L. COBB, M.D.

April 29 2004

Mr. Joel C. Grice
Director, Certification of Need Program
South Carolina Dept. of Health and
Environmental Control

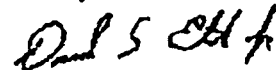
RE. The Certificate of Need application of PHC-Jasper Inc. d/b/a Coastal Carolina Medical Center
Hardeeville, S.C.

Dear Mr. Grice

As a physician who services patients from Jasper County as well as the surrounding counties, I definitely support and urge you to approve Coastal Carolina Certificate of Need application for the addition of MRI services to its facility. Jasper County is one of the fastest growing areas of the state and it is imperative to meet the needs of the citizens of this region. There are currently no MRIs in the Jasper County. This makes it inconvenient and difficult for sick patients to receive prompt diagnosis, decision making and treatment. Many of the MRIs in larger population centers surrounding this region have several day backlogs and sick patients may wait several days to receive an MRI. In addition, MRI services are the standard of patient care in hospitals. The long term trends for a rapidly growing community with an older population in this region show the need for MRI services in this region. As MRI replaces more invasive diagnostic testing, this need only becomes greater. It is my wish as a physician to provide the highest standard of patient care. In light of this, I strongly urge you to approve the Certificate of Need for Coastal Carolina Medical Centers MRI.

Thank you for your consideration in this matter. Please feel free to contact me if you have further questions concerning this matter.

Sincerely



David T. Estle, Jr. M.D.
President, Chatham Radiologists, P.A.

D/T 4-29-04

000123

Coastal Carolina Obstetrics & Gynecology Assoc.

29 Plantation Park Drive, Suite 201
Sturton, SC 29910

Phone (843) 737-4624
Fax (843) 737-4627

April 29, 2004

Mr Joel C. Grice
Director Certification of Need Program
South Carolina Department of Health and Environmental Control

RE. Certificate of Need Application of PHC-Jasper, Inc. d/b/a/ Coastal Carolina Medical Center,
Hardeeville, South Carolina

Dear Mr Grice:

It is my understanding that Coastal Carolina Medical Center is submitting an application for a Certificate of Need for the addition of one fixed MRI at its facility. As a physician who will soon be practicing with this facility I wholeheartedly support this application and urge you to approve this Certificate of Need.

Southern Jasper County is a fast growing area of the state, including but certainly not limited to the older population. Despite this, there currently are no MRIs in Jasper County. We, as a health care community, must be able to meet the increased needs of MRI services for our residents. In order to accomplish that goal we need to offer in-house MRI services. Not only does this offer patient convenience, but more importantly it has become standard of care for hospitalized patients. An on-site MRI unit will prevent delays in diagnosis, decision-making, and treatment and it will prevent the unnecessary costs of transport to and from a satellite facility.

Once again, I urge you to approve this Certificate of Need and allow the physicians of Jasper County to provide their patients with the most safe and cost-effective MRI services.

Sincerely,


Rebecca A. Keith, MD

000124

The Harrison Peeples
HEALTH CARE CENTERS

"Keeping the Family Healthy"



**THE HEALTH CARE CENTER
VARNVILLE**

Neal L. Shealy M.D.
Theresa Etheridge, M.D.
Auntie Nivens, C-FNP
Claire DeCristofaro, M.D.

**THE HEALTH CARE CENTER
YEMASSEE**

Sharon Shealy C-FNP

**THE HEALTH CARE CENTER
ESTILL**

H. Buck Harvey PA-C
Vickie Reynolds, C-FNP

LOW COUNTRY PEDIATRICS

Francis Rushton, M.D.
Lawrence Coleman, M.D.
William Martin, M.D.

Mr Joel Grice
Director, Certificate of Need Program
South Carolina Department of Health and Environmental Control
April 28, 2004

Dear Mr Grice,

As a long time resident of Jasper County it is with enthusiasm that I write this letter of support for PHC-Jasper, Inc. d/b/a Coastal Carolina Medical Center to obtain an on-site MRI. The growth in our area is exploding and the return of a hospital to our community is invaluable. I am opening a private practice in Jasper county this summer and feel an MRI at this location will be a great resource for the patients in our area.

I am currently working in Hampton County and have experienced the difficulties and delays in diagnosis, decision making and treatment associated with lack of MRI services at our hospital on a full-time and inpatient basis. Not only is traveling outside the county for these services inconvenient, it is nearly impossible for some who have transportation problems. As MRI is becoming the standard of care, it is essential to have this service to provide high quality inpatient and outpatient care.

Sincerely,

Theresa Etheridge, M.D.

The Health Care Center Varnville
1000 Pine Street
P.O. Box 969
Varnville, S.C. 29944
Phone (803) 943-5228
Fax (803) 943-4591

The Health Care Center Yemassee
105 Town Circle
Yemassee, S.C. 29945
Phone (843) 589-5023
Fax (843) 589-2097

The Health Care Center Estill
454 Second Street
P.O. Box 788
Estill, S.C. 29918
Phone (803) 625-0161
Fax (803) 625-0480

000125

CHATHAM RADIOLOGISTS, P.A.
DIAGNOSTIC RADIOLOGY AND BREAST IMAGING

TL G. ZERDEN, M.D.
DAVID R. KNOFF, M.D.
DEAN V. MOESCH, M.D.

THOMAS F. DECKER, M.D.
DAVID T. ESTLE, M.D.
MICHAEL L. COBB, M.D.

April 29, 2004

Mr. Joel C. Grace
Director, Certification of Need Program
South Carolina Dept. of Health and
Environmental Control

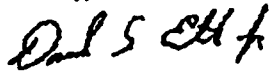
RE. The Certificate of Need application of PHC-Jasper Inc. d/b/a Coastal Carolina Medical Center
Hartsville, S.C.

Dear Mr. Grace:

As a physician who services patients from Jasper County as well as the surrounding counties, I definitely support and urge you to approve Coastal Carolina Certificate of Need application for the addition of MRI services to its facility. Jasper County is one of the fastest growing areas of the state and it is imperative to meet the needs of the citizens of this region. There are currently no MRIs in the Jasper County. This makes it inconvenient and difficult for sick patients to receive prompt diagnosis, decision making and treatment. Many of the MRIs in larger population centers surrounding this region have several day backlogs and sick patients may wait several days to receive an MRI. In addition, MRI services are the standard of patient care in hospitals. The long term trends for a rapidly growing community with an older population in this region show the need for MRI services in this region. As MRI replaces more invasive diagnostic testing, this need only becomes greater. It is my wish as a physician to provide the highest standard of patient care. In light of this, I strongly urge you to approve the Certificate of Need for Coastal Carolina Medical Centers MRI.

Thank you for your consideration in this matter. Please feel free to contact me if you have further questions concerning this matter.

Sincerely,



David T. Estle, Jr. M.D.
President, Chatham Radiologists, P.A.

DTE 4-29-04

000126

5354 REYNOLDS STREET • SUITE 102 • SAVANNAH, GEORGIA 31405 • PHONE (912) 355-3642 • FAX (912) 355-0988



Kenneth R. Hull
Vice President & General Manager

April 30, 2004

Mr Joel C Grice
Director Certification of Need Program
South Carolina Department of Health
And Environmental Control
1777 St. Julian Place Suite 201
Columbia, SC 29204

**Coastal Carolina Medical Center
Application for Certificate of Need**

Dear Mr Grice

We have learned that Coastal Carolina Medical Center is applying to secure a Certificate of Need to acquire an MRI at its new hospital in Jasper County

In my roll as Division President for Pulte Homes Corporation and specifically as General Manager of Sun City Hilton Head, I am very aware of the demand for MRI services among Sun City residents. Ours is an active adult community with a current population of more than 6 000 seniors and we expect to grow to some 14 000 residents by 2010 The over 55 segment of the population tends to have higher demand for medical services and having nearby access to an MRI facility would be very beneficial to our community

If I can be of further assistance in supporting this application, please contact me

Sincerely

Kenneth R Hull
Division President

000127

15 Sgt. William Jasper Blvd.
Bluffton, SC 29909

Tel. (843) 705-8701 Fax: (843) 705-8642
hullk@delwebb.com



House of Representatives

State of South Carolina

R. Thayer Rivers, Jr

District No 122 - Hampton-

Jasper Counties

P O Box 104

Ridgeland, SC 29936

April 28, 2004

532-D Blatt Building
Columbia, SC 29211

Tel. (803) 734-3073

Committee:

Judiciary

Mr Joel C Grice
Director, Certification of Need Program
South Carolina Department of Health
and Environmental Control
1777 St Julian Place, Suite 201
Columbia, South Carolina 29204

RE CERTIFICATE OF NEED APPLICATION OF PHC-JASPER, INC
d/b/a COASTAL CAROLINA MEDICAL CENTER
HARDEEVILLE, SOUTH CAROLINA

Dear Mr Grice

I am writing this letter requesting that you approve the Certificate of Need Application for the Coastal Carolina Medical Center for one fixed MRI scan at its facility

Jasper County presently does not have an MRI and it is very inconvenient for local residents to have to travel to Beaufort County or Savannah, Georgia or as far away as Charleston to be able to have an MRI procedure performed. Our community is growing rapidly and the need to have the capability to offer this scan at the hospital would benefit many citizens of Jasper County and surrounding areas. MRI services in hospitals have become the highest standard of patient care. It also avoids more invasive diagnostic tests, it is more cost-effective and avoids delays in diagnosis, decision-making and treatment.

I fully endorse this Certificate of Need application and I strongly urge you to approve the application.

Thank you for your consideration in this matter.

Very truly yours,

A handwritten signature in dark ink, appearing to read "R. Thayer Rivers, Jr", is written over the typed name.

R Thayer Rivers, Jr

000128

RTR/sb



CLELAND

Site Prep, Inc.

Mr Joel C Grice
Director, Certification of Need Program.
South Carolina Department of Health and Environmental Control
1777 St Julian Place Suite 201
Columbia, SC 29204

Re Certificate of Need Application of PHC-Jasper Inc d/b/a Coastal Carolina Medical Center Hardeeville South Carolina

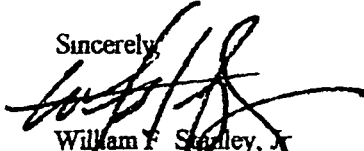
Dear Mr Grice

I am writing with regard to the PHC-Jasper Inc d/b/a Coastal Carolina Medical Center application for a Certificate of Need for the addition of one fixed MRI at its facility As a resident of Jasper County, I support this Certificate of Need application

With the increased use of MRI services and increased population growth of this area, I believe it is essential to have an on-site MRI at Coastal Carolina's facility MRI services in hospitals have become the standard of patient care Without in-house MRI services at Coastal Carolina, patients will experience an inconvenience in having to travel to an outside provider which will result in delays in diagnosis, decision-making, and treatment For many persons in need of such emergency as well as regularly scheduled MRI procedures, travel, in many cases more than 40 miles, one way, is not uncommon Jasper, Colleton, and Beaufort, (South of the Broad River), Counties need this equipment, and need your favorable view on this license application

I strongly urge you to approve this Certificate of Need and thank you for your consideration

Sincerely,



William F. Stanley, Jr.
Senior Project Manager

000129



Mr Joel C Grice
Director Certificate of Need Program
South Carolina Department of Health and
Environment Control
1777 St. Julian Place Suite 201
Columbia SC 29204

Re Certificate of Need application of PHC-Jasper Inc
d/b/a Coastal Carolina Medical Center
Hardeeville South Carolina

Dear Mr Grice

It is my understanding that PHC Jasper Inc d/b/a Coastal Carolina Medical Center is submitting an application for a Certificate of Need for the addition of a fixed MRI at its facility here in Hardeeville As the city's Administrator, I fully support such a request

With the increasing population in the city as well as an increasing need for MRI services as the population grows, it is essential that the Medical Center offer an on-site MRI in Hardeeville Without such an on-site service local patients will be forced to travel to an outside provider in another community which will result in inevitable delays in diagnosis, decision-making and treatment, not to mention the added expense of merely traveling out of town

I strongly urge you to approve PHC-Jasper's request for a Certificate of Need

Please let me know if I can answer questions about our community I can be reached at Hardeeville City Hall at 843-784-2231 and will be happy to help you or your department in any way

Sincerely,

Shane Haynes
Administrator
City of Hardeeville

000130

Let this be
Proof of the
Hardeeville SC 29927



Phone 843-784-2231
Fax 843-784-2231
City of Hardeeville SC 29927



Joel C Grice
Director Certificate of Need Program
S C Department of Health and Environmental Control
1777 St Julian Place Suite 201
Columbia, SC 29204

Re Certificate of Need Application by PHC-Jasper doing business as
Coastal Carolina Medical Center
Hardeeville, South Carolina

Dear Mr Grice

As the mayor of the City of Hardeeville I wish to take this opportunity to formally lend my support to the application recently submitted by PHC-Jasper (doing business as the Coastal Carolina Medical Center, now under construction in our city) for a Certificate of Need for a fixed MRI at its facility

With the population in Hardeeville growing at a rapid pace and an explosion of new communities and commercial centers predicted in coming years patient volumes for all services at the much needed new hospital will undoubtedly increase

Being able to offer MRI scans at Coastal Carolina would avoid for local residents the inconvenience of having to travel to other facilities in other towns or cities, likewise avoiding delays in diagnosis decision-making and treatment In addition local residents could avoid additional expenses incurred as a result of traveling to another facility

I fully endorse the Center's Certificate of Need request, and urge your department to approve it

I am
Respectfully

Rodney Cannon
Mayor
Hardeeville SC

000131





Jasper County Development Board

P O Box 1779 • Ridgeland, SC 29936

(843) 726-8127 • Fax (843) 726-4665

E-mail: jaspered@hargray.com

April 30 2004

Mr Joel C Grice
Director, Certification of Need Program
South Carolina Department of Health
and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

*RE. Certificate of Need Application of PHC-Jasper, Inc. d/b/a/
Coastal Carolina Medical Center, Hardeeville, South Carolina*

Dear Mr Grice,

Jasper County is fortunate indeed to have Coastal Carolina Medical Center locating in Hardeeville. I thank you for everything you did in our behalf in obtaining a Certificate of Need for that facility. Medical care is crucial to life, as we all know.

We now have an opportunity for MRI services at this facility, and the Jasper County Development Board strongly supports and requests the Certificate of Need application, and once again we appeal to you and urge the Department to make this approval.

Jasper has seen some \$650 million in new growth in the past two years. Interstate 95 hosts thousands of people each day within 2 city blocks of the new Coastal Carolina Medical Center. The need is truly here, and we thank you in advance for any and all help in this matter.

Sincerely,

Zemie M. Ingram
Executive Director

ZMI/hj

000132

FRONTAGE ROAD R/W VARIES
60' R/W FROM CENTERLINE
60' R/W FROM CENTERLINE
FH
17'

W/F
ODSHAW
N OF TAX PARCEL
042 00-05-35

COLINA MEDICAL CENTER
MRI ADDITION
HARDEEVILLE, SOUTH CAROLINA

000133

GTG# 22066 06

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CERTIFICATE OF CORPORATE RESOLUTION

The undersigned, being the Secretary of PHC-Jasper Inc. d/b/a Coastal Carolina Medical Center hereby certifies that the following resolution was duly adopted by the Board of Directors on the 30th day of April, 2004 and that such resolution has not been modified or rescinded as of the date hereof

BE IT RESOLVED that PHC-Jasper, Inc d/b/a Coastal Carolina Medical Center shall apply to the South Carolina Department of Health and Environmental Control for a Certificate of Need for the construction of an addition of one (1) fixed MRI. The President of PHC-Jasper Inc. d/b/a Coastal Carolina Medical Center is hereby directed to take all necessary steps to file such application and to see approval thereof.


Secretary of the Board

000134

PARKER POE

PARKER POE ADAMS & BERNSTEIN LLP

Attorneys and Counselors at Law

David B. Summer, Jr.

Partner

Telephone: 803.253.8910

Direct Fax: 803.255.8017

davidsummer@parkerpoe.com

1201 Main Street

Suite 1450

P.O. Box 1509

Columbia SC 29202-1509

Telephone 803.255.8000

Fax 803.255.8017

www.parkerpoe.com

May 7, 2004

Via Hand Delivery

Mr. Joel C. Grice
Director, Certification of Need Program
South Carolina Department of Health
and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Re *Certificate of Need Application*
PHC-Jasper, Inc. d/b/a Coastal Carolina Medical Center
For New Construction and the Addition of One (1) Fixed MRI
Hardeeville, South Carolina

Dear Mr. Grice:

Attached for filing with the Department, please find an original and one copy of the above-referenced Certificate of Need Application. Also enclosed please find our check in the amount of \$500 representing the filing fee. If you have any questions, please do not hesitate to give me a call.

With best regards, I am

Sincerely,

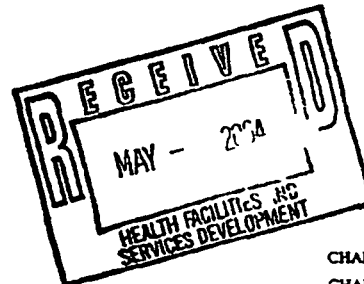


David B. Summer, Jr.

000135

DBS/jccq
Enclosures

cc Mr. Eric Deaton (w/enc.)



CHARLESTON, SC
CHARLOTTE, NC
RALEIGH, NC
SPARTANBURG, SC



SC DHEC - CON

Order Filled By (Individual)	

Department Name

Description of Services	Unit Price	Amount
icate of Need Filing Fee		\$500.00
Coastal Carolina Medical Center		
Bluffton, South Carolina		
(Construction and addition of one (1)		
fixed MRI)		
Paid by Check #2531		

~~000136~~

Total	\$500.00

DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

In accordance with Section 44-7-200(C), Code of Laws of South Carolina, the public is hereby notified that a Certificate of Need application has been accepted for filing and publication May 28, 2004, for the following project(s). After the application is deemed complete, affected persons will be notified that the review cycle has begun. For further information, please contact Mr. Albert N. Whiteside, Director, Division of Planning and Certification of Need, 2600 Bull St., Columbia, SC 29201 at (803) 545-4200.

Affecting Beaufort County

Development of a freestanding outpatient imaging center providing Magnetic Resonance Imaging (MRI) to replace the existing MRI currently operated by Beaufort Open MRI, Computerized Tomography (CT), and x-ray services.

Beaufort Imaging Center
Port Royal, South Carolina
Project Cost \$3,706,155

Establish an outpatient narcotic treatment program to be located at 1 Sheridan Park, Bluffton, South Carolina 29910 (Methadone Treatment Center).

Choices, Inc.
Bluffton, South Carolina
Project Cost \$841,819

Affecting Charleston County

Purchase of a Computed Tomography (CT) Simulator and lease of additional space for the Hollings Cancer Center Radiation Therapy Center at East Cooper Regional Medical Center, Medical University of South Carolina Medical Center, Hollings Cancer Center Radiation Therapy Center at East Cooper, Charleston, South Carolina.
Project Cost \$1,445,444

Affecting Cherokee County

Replace existing single-slice Computed Tomography (CT) scanner with a Multi-Slice CT scanner.
Upstate Carolina Medical Center
Gaffney, South Carolina
Project Cost \$809,817

Affecting Greenwood County

000137

Upfit of eighth floor shell space to house the replacement of thirty-two (32) existing general acute care beds with no change in the existing licensed bed capacity at the hospital.
Self Regional Healthcare
Greenwood, South Carolina
Project Cost \$5,090,232

Affecting Jasper County

Construction for the addition of a Magnetic Resonance Imaging (MRI) unit.
Coastal Carolina Medical Center
Hardeeville, South Carolina
Project Cost. \$3,201,000

Establish an outpatient narcotic treatment program to be located at 124 Boardwalk Drive, Unit A,
Oakate, South Carolina 29909 (Methadone Treatment Center)
Recovery Concepts, LLC
Oakate, South Carolina
Project Cost \$218,255

Affecting Lexington County

Development of an adult open heart surgery program with one dedicated operating room (OR), one
back-up OR and the addition of a second cardiac catheterization laboratory with the development of
a therapeutic cardiac catheterization program.
Lexington Medical Center
West Columbia, South Carolina
Project Cost \$5,607,408

Upfit of shelled space for the relocation of the Radiology Department.
Lexington Medical Center
West Columbia, South Carolina
Project Cost \$11,855,109

In accordance with S C DHEC Regulation 61-15, the public and affected persons are hereby notified
that the review cycle has begun for the following project(s) and a proposed decision will be made
within 60 days beginning May 28, 2004 "Affected persons" have 30 days from the above date to
submit comments or requests for a public hearing to Mr Albert N Whiteside, Director, Division of
Planning and Certification of Need, 2600 Bull Street, Columbia, S C 29201 For further
information call (803) 545-4200

Affecting Charleston County

Purchase of a Computed Tomography (CT) Simulator and lease of additional space for the Hollings
Cancer Center Radiation Therapy Center at East Cooper Regional Medical Center
Medical University of South Carolina Medical Center
Hollings Cancer Center Radiation Therapy Center at East Cooper
Charleston, South Carolina
Project Cost \$1,445,444

000138

Affecting Darlington County

Construction for the addition of 50 general acute care beds, resulting in a total licensed bed capacity of 166 general acute care beds, renovation and expansion of the emergency department and addition of a Computed Tomography (CT) scanner

Carolina Pines Regional Medical Center

Hartsville, South Carolina

Project Cost \$28,887,720

Affecting Greenwood County

Upfit of eighth floor shelled space to house the replacement of thirty-two (32) existing general acute care beds with no change in the existing licensed bed capacity at the hospital.

Self Regional Healthcare

Greenwood, South Carolina

Project Cost. \$5,090,232

000139



April 27, 2004

To Whom It May Concern.

Province Healthcare Company, the owner of Coastal Carolina Medical Center, attests that there is adequate cash balance on hand and available for funding the proposed MRI project at Coastal Carolina Medical Center located in Hardeeville, South Carolina.

Sincerely,

Wayne Gower
Province Healthcare Company

000140

Palmetto Pediatrics of the Lowcountry
40 Okatie Center Blvd. South, Suite 205
Okatie, South Carolina 29910

May 4, 2004

Mr Joel Grice
Director, Certification of Need Program
South Carolina Department of Health and Environmental Control

RE. Certificate of Need Application of PHC-Jasper, Inc. d/b/a Coastal Carolina Medical Center, Hardeeville, South Carolina

Dear Mr Grice,

It is my understanding that PHC- Jasper, Inc. d/b/a Coastal Carolina Medical Center is submitting an application for a Certificate of Need for the addition of one fixed MRI at its facility. As a physician in Jasper County, I support this Certificate of Need application.

With the increased use of MRI services and increased population growth of this area, I believe it is essential to have an on-site MRI at Coastal Carolina's facility. MRI services in hospitals have become the standard of patient care. Without in-house MRI services at Coastal Carolina, patients will experience an inconvenience in having to travel to an outside provider, which will result in delays in diagnosis, decision-making, and treatment.

I strongly urge you to approve this Certificate of Need.

Sincerely,

Annette N Thomas, MD

Annette N Thomas, M D

000141



One Cooperative Way

Hardeeville, SC 29927-5123

843-208-5551

May 5, 2004

Mr Joel C Grice
Director, Certification of Need program
South Carolina Department of Health and Environmental Control

Re Certificate of Need Application of PHC-Jasper Inc d/b/a Coastal Carolina
Medical Center Hardeeville South Carolina

Dear Mr Grice

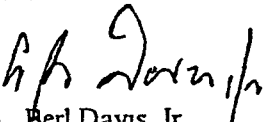
It is our understanding that PHC-Jasper Inc , d/b/a Coastal Carolina Medical Center, is submitting an application for a Certificate of Need for the addition of one fixed MRI at its facility

The population in our community is growing at a very rapid pace This increase in growth will result in an increase in patient volumes at Coastal Carolina's facility for all services Being able to offer MRI scans onsite at Coastal Carolina would avoid the inconvenience of traveling to another facility, avoid delays in diagnosis decision-making, and treatment, and avoid additional expenses incurred as a result of having to travel to another facility Additionally, Jasper County does not currently have a MRI facility This is a "standard of care" that is a must requirement for hospitals

We fully endorse this Certificate of Need application and urge the Department to approve the same

Sincerely,

PALMETTO ELECTRIC COOPERATIVE, INC


A. Berl Davis, Jr
Vice President
Engineering & Operations

ABDJrsdr

000142



1 AY-04

GENERAL RECEIPT REPORT
SC DHEC
BUREAU OF FINANCE
COLUMBIA, SC

PROG/FY2004

Coastal Carolina

Received From: PARKER POB ADAMS BERNSTEIN

Receipt No 41150

Bank Code = 03100013

Deposit Date 05/12/04

Deposit No 1100625

Print Code = S

Invoice = 90932

Control = CONEED

Voucher No

DHEC CODES						CG CODES					Inv Ref	Amount
Loc	Org	Fund	Acct	Actvty	Uns	Mini	Subf	Proj	Ph	Obj		
400	402011	428015	4486701	0000000	000	0530	2837			4867		\$500 00
												\$500 00

000143



2600 Bull Street
Columbia, SC 29201 1708

May 24, 2004

Re Coastal Carolina Medical Center
Hardeeville, South Carolina

Mr Eric Deaton
Chief Executive Officer
Coastal Carolina Medical Center
108 Traders Cross, Suite 100
Bluffton, SC 29910

Dear Mr Deaton

This is to acknowledge acceptance of your application for the above referenced project on May 7, 2004. As a result of this department's review of the application, we find the following additional information is needed, prior to the application being considered complete, as required in Section 302 of Regulation No 61-15

The following items must be answered in letter form and not within a new revised CON that might be construed as a new application

The responses should correspond to the numbered order of items within this letter and should be answered fully. All responses should be consistent with application submitted

- 1 Please document that the proposed charges for project are comparable to those established by other facilities for similar services within health service area or state (B-17)
- 2 In accordance with the 2003 S C Health Plan, approved by the S C Board of Health and Environmental Control on June 12, 2003, and effective on June 13, 2003, all applicants submitting Certificate of Need applications must address their policies and procedures to assure the quality of healthcare services. At a minimum all applicants must address the following issues (B-27)
 - a) Accuracy of patient identification,
 - b) effectiveness of communication among caregivers,
 - c) the safety of using high-alert medications,
 - d) eliminating wrong-site, wrong patient, wrong procedure surgeries,
 - e) the safety of using infusion pumps,
 - f) the effectiveness of clinical alarm systems,
 - g) any other areas concerning patient safety and/or quality of care issues

000144

Page 2
Mr Deaton
May 24, 2004

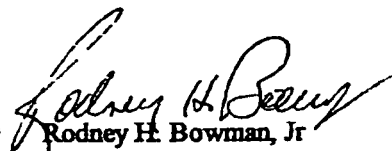
-) that the applicant wishes to address and
h) a discussion of deficiencies related to any of the foregoing, including complaints cited by the SCDHEC Bureau of Health Facilities Regulation and/or Bureau of Certification within the past year. The applicant may provide additional information and discuss additional time spans, if desired.

- 3 Please provide documentation that utilities supplied to the site are adequate for the project. (C-7)

Please provide all information to this office within thirty (30) days from the date of this request. Pursuant to Section 302.2 of Regulation No. 61-15, Certification of Need for Health Facilities and Services, this application will be considered withdrawn if additional information has not been received by June 24, 2004.

Should you have any questions, please contact me at (803) 545-4200

Sincerely,


Rodney H. Bowman, Jr
Inspector III
Office of Certification of Need

cc Mr David Summer Jr

000145

MCNAIR LAW FIRM, P.A.
ATTORNEYS AND COUNSELORS AT LAW

www.mcnairst.net

BANK OF AMERICA TOWER
1301 GERVAIS STREET 11th FLOOR
COLUMBIA, SOUTH CAROLINA 29201

POST OFFICE BOX 11380
COLUMBIA, SOUTH CAROLINA 29211
TELEPHONE (803) 780-8800
FACSIMILE (803) 376-2219

6/11/04
108 pages
CRS

June 9, 2004

Via Fax

Mr Jody Hamm
Freedom of Information Officer
South Carolina Department of Health
and Environmental Control
2600 Bull Street
Columbia, South Carolina 29201

Re Request for Information Pursuant to the South Carolina Freedom of
Information Act

Dear Mr Hamm

Pursuant to the South Carolina Freedom of Information Act, S C Code Ann §§ 30-4-10, *et seq* (1976), I am writing to request a copy of the CON file for Coastal Carolina MRI I will be pleased to reimburse the Department for the costs of copying the file.

Should you have any questions regarding this request, please do not hesitate to contact me

Sincerely,

Elizabeth A. Blitch

Elizabeth A. Blitch, Paralegal
to M. Elizabeth Crum

cc Mr Joel Grice

000146

PARKER POE

PARKER POE ADAMS & BERNSTEIN LLP

Attorneys and Counselors at Law

David B. Summer, Jr.

Partner

Telephone: 803.253.8910

Direct Fax: 803.255.8017

davidsummer@parkerpoe.com

1201 Main Street

Suite 1450

P.O. Box 1509

Columbia SC 29202-1509

Telephone 803.255.8000

Fax 803.255.8017

www.parkerpoe.com

June 18, 2004

Via Hand Delivery

Mr. Rodney H. Bowman, Jr.

Office of Certification of Need

South Carolina Department of Health

and Environmental Control

1777 St. Julian Place, Suite 201

Columbia, SC 29206

Re. Coastal Carolina Medical Center

Hardeeville, South Carolina

CON Application for New Construction and the Addition of One Fixed MRI

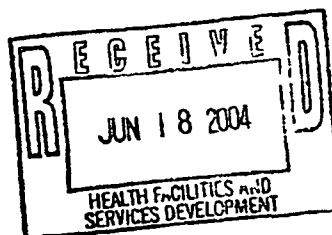
Dear Mr. Bowman:

The following is in response to your letter dated May 24, 2004, requesting additional information for the above-referenced certificate of need application.

1 Please document that the proposed charges for project are comparable to those established by other facilities for similar services within health service area or state (B-17)

Response: By trending forward the 2002 statewide average charge for MRI services Coastal Carolina's average gross charges are consistent with other providers in the state. Assuming a five percent inflation rate, as was done in the application's pro forma, the state average gross charge in 2005 would be approximately \$1,930 per patient. This is consistent with the gross charges proposed by the applicant. It should also be noted that Coastal Carolina's projected net charge less bad debt is only \$1 100 per encounter.

2 In accordance with the 2003 S.C. Health Plan, approved by the S.C. Board of Health and Environmental Control on June 12, 2003, and effective on June 13, 2003, all applicants submitting Certificate of Need applications must address their policies and procedures to assure the quality of healthcare services. At a minimum all applicants must address the following issues (B-27)



000147

CHARLESTON SC
CHARLOTTE, NC
RALEIGH, NC
SPARTANBURG SC

COL 45218v1

PARKER, POE, ADAMS & BERNSTEIN L.L.P

Mr Rodney H Bowman, Jr
June 18, 2004
Page 2

- a) Accuracy of patient identification,
- b) effectiveness of communication among caregivers,
- c) the safety of using high-alert medications,
- d) eliminating wrong-site, wrong patient, wrong procedure surgeries,
- e) the safety of using infusion pumps,
- f) the effectiveness of clinical alarm systems,
- g) any other areas concerning patient safety and/or quality of care issues that the applicant wishes to address, and
- h) a discussion of deficiencies related to any of the foregoing, including complaints cited by the SCDHEC Bureau of Health Facilities Regulation and/or Bureau of Certification within the past year. The applicant may provide additional information and discuss additional time spans, if desired.

Response. Please see the proposed policies and procedures for Coastal Carolina Medical Center at Tab 1. These policies and procedures will be finalized for Medical Staff and Board approval prior to the opening of the hospital.

3 Please provide documentation that utilities supplied to the site are adequate for the project. (C-7)

Response Please see Palmetto Electric Cooperative's letter of June 16, 2004 confirming availability of power for the proposed project at Tab 2.

I believe the above is responsive to your May 24 request. If you need any further information or clarification, please do not hesitate to contact me.

With best regards, I am

Sincerely,



David B. Summer Jr

DBSjr/ccq
Attachments

000148

cc Mr. Eric Deaton

POLICIES AND PROCEDURES**DEPARTMENT ADMINISTRATION****SUBJECT POSITIVE PATIENT IDENTIFICATION****POLICY**

Two patient identifiers will be used to improve the accuracy of patient identification. The two identifiers will be the patient's legal name and the patient's medical record number. If the medical record number is not available, the second identifier will be the patient's date of birth.

PROCEDURE**Patient Identification**

If the patient will not receive an armband, the patient (or responsible party) will state the legal name and the birth date.

If the patient receives a temporary armband, the patient will be identified by confirming the legal name and medical record number on the armband. If the medical record number is not on the armband, the patient will be identified by confirming the legal name and the patient's birth date.

If the patient receives a permanent armband, the patient is identified by confirming the legal name and the medical record number. In order to use the information on the armband, the armband must be attached to the patient.

During an emergency situation (such as emergency surgery), two patient identifiers are still required — may be done during the "surgical/procedural pause".

Specimen Identification

If the patient will collect a specimen, the container is to be labeled with the two identifiers prior to giving the container to the patient, ex: urine or sputum container.

Before placing a label with the patient identifiers on the specimen, the employee will verify the label information with the patient's two identifiers.

Verbal and Telephone Orders Policy**000149**

Department:	Policy Number	
Medical Center Wide Policy & Procedure Manual	9-46	
Section:	Effective Date:	Page 1 of 3

Information Management		
Title: Verbal and Telephone Orders	☐ Non-Clinical ☐ Clinical	
Approved by Medical Executive Committee Medical Records Committee, Patient Care and Safety Committee	Review Date Revision Date	

Purpose

This policy is designed to enhance patient safety by establishing reasonable safeguards for the receipt and review of patient care orders transmitted verbally from a remote location.

Policy

A. A verbal order includes any order given by voice rather than in writing, whether transmitted in person or via the telephone

B A written order includes

- a hand-written and signed order
- a pre-printed order form signed by the practitioner
- a facsimile (fax) of orders described above
- computer entries authenticated by the prescriber
- other forms of electronic transmission of the order and the corresponding signature/authentication

C Clinical staff means those individuals authorized to accept and transcribe a verbal order by this policy

D The attending/rounding physician refers to the physician charged with overall responsibility for the care of the patient during a given portion of the patient's stay For example, patients admitted for major joint replacement normally have an orthopedic surgeon as the attending physician. A rounding team of physicians often attend to patients in an observation unit or with medical diagnoses

000150

E Minimization of verbal orders.

1 Whenever possible, physicians will issue written orders. Physicians will not give verbal orders when it is otherwise practical for a written order to be entered into the medical record.

Verbal and Telephone Orders Policy

Title Verbal and Telephone Orders	Policy # 9-46	Revision Date	Page 2 of 3

F Acceptance and transcription of verbal or telephone orders

1 Telephone orders will be accepted only from practitioners with current membership/privileges of the professional staff of Coastal Carolina Medical Center. Such orders may be accepted and transcribed only by qualified personnel (within the lawful scope of their practice) who are identified by title or category in the Professional Staff Rules and Regulations.

2 The hospital administrator has determined that the following may receive telephone orders for medications:

- RN: all medications
- Pharmacist: all medications
- Licensed vocational nurse: medications within scope of practice
- Physician assistant: all medications
- Physical therapist: for physical therapy procedures only
- Respiratory therapist: medications to be administered by respiratory care practitioners
- Registered Dietician: medical nutrition therapy (dietary treatments, dietary counseling, laboratory tests, dietary assessment), may not accept or transmit orders for total parenteral nutrition (TPN) or intravenous vitamins or minerals

G Countersignature

In accordance with the Professional Staff Rules and Regulations, the responsible practitioner will countersign telephone orders for medications within 48 hours.

Procedure

A The clinical staff member receiving the telephone order will read back the order to the prescribing physician. Clinical staff will not accept an order that is not clear. The read back of the order will include enunciating the number, for example, "One, Five" for the number 15.

B The clinical staff member receiving a verbal order when the prescribing physician is physically present, for example, in the operating room or during a procedure, will repeat back the verbal order as described in A.

C Clinical staff will accept verbal orders from physicians and others licensed to prescribe and who have current clinical privileges at the hospital.

000152

D The staff member receiving the telephone order will completely transcribe the order on the physician order form.

E The staff member will sign the transcribed order, including date and time transcription and his/her professional designation/license and indicate the name of the practitioner.

F The staff member will affix a telephone order sticker to the physician order form.

Example

DOCTOR PLEASE SIGN TELEPHONE/VERBAL ORDER	
Verbal Orders for medication must be signed within 48 hours	
Date _____	Time _____
_____ Physician Signature	

000153

Verbal and Telephone Orders Policy

Title. Verbal and Telephone Orders	Policy # 9-46	Revision Date	Page 3 of 3

G It is the responsibility of the prescribing physician to review and countersign the telephone or verbal order as soon as possible. Faxed and computer signatures are permissible.

H. During daily rounds the attending/rounding physician will review the treatment plan and all active medication orders. The physician will sign any unsigned orders, thus indicating a review of the order for appropriateness. The attending/rounding physician is correspondingly responsible for making necessary adjustments to the medical regime, including changes made through verbal orders. Any physician involved in the care of the patient may countersign orders.

I. Nursing will review physician orders each day and will bring unsigned verbal orders to the attention of the attending/rounding physician.

J Performance improvement activities will be developed where appropriate.

- 1 Incorporation of verbal order reports and related activities into physician department quality improvement meetings and processes
- 2 Feedback processes when verbal orders may impact patient safety
- 3 Medical record review for countersignature of verbal orders for medication orders.
- 4 Performance improvement projects for decreasing verbal order prevalence

References: Joint Commission on Accreditation of Healthcare Organizations, Professional Staff Rules and Regulations, state regulations

000154

REVIEWED SEPTEMBER 01

Revised December 23, 2003

POLICIES AND PROCEDURES

DEPARTMENT PHARMACY

SUBJECT ABBREVIATIONS

The Pharmacy Department will no longer maintain a list of accepted and/or approved abbreviations. Abbreviations that are not to be used are listed in this policy.

SOME PHARMACY GUIDELINES TO REMEMBER

- 1 The abbreviation PRN should be qualified in a doctor's order

EXAMPLES q4h prn pain

q4h prn elevated temperature

at bedtime prn sleep

- 2 The term ON CALL should be qualified in a doctor's order

EXAMPLES on call to OR

on call to Cath Lab

on call to Radiology

- 3 Should one of the abbreviations from the above list appear in a written physician's order, the pharmacy will contact the physician to clarify the intended meaning before the order is carried out. If the order is of an emergent nature, and delay could prove detrimental to the patient's outcome, a registered nurse familiar with the patient will review the order with the pharmacist. If both agree the order is appropriate, the order may be implemented before clarification with the physician, with the understanding it will be clarified as soon as possible. The clarified order will be written as a verbal order in the patient's chart, and validated with the physician's signature within 72 hours.

000155

MEDICAL RECORD ABBREVIATIONS & SYMBOLS NOT TO USE*

The following list provides a reference of abbreviations and symbols not to be used in the medical record

Abbreviation/Dose Expression	Intended Meaning	Misinterpretation	Correction
MgSO4	Magnesium sulfate	Morphine Sulfate	Magnesium sulfate
MSO4, MS	Morphine sulfate	Magnesium sulfate	Morphine sulfate
"ug"	Microgram	Mistaken for "mg" when handwritten	Use "mcg"
TIW or tiw	Three times a week	Mistaken for three times a day	Do not use
q d. or QD	Every day	Mistaken for q i d, especially if the period after the "q" or tail of the "q" is misunderstood as an "i"	Use "daily" or "every day"
qod or QOD	Every other day	Misinterpreted as "qid" (four times a day)	Use "every other day"
"qn"	Nightly or at bedtime	Misinterpreted as "qh" (every hour)	Use nightly or "HS"
U or u	Unit	Read as zero (0) or a four (4), causing a 10-fold overdose or greater (4U seen as "40" or 4u seen as "44")	Unit' has no acceptable abbreviation Use "unit"

000156

IU	International unit	Misread as "IV" (Intravenous)	Use "units"
"cc"	Cubic centimeters	Misread as "U" units	Use "mL"
"x3d	For three days	Mistaken for 3 doses	Use "for three days"
Zero after decimal point (1 0)	1 mg	Misread as 10mg if the decimal point is not seen	Do not use terminal zeros for doses expressed in whole numbers
No Zero before the decimal dose (5mg)	0 5 mg	Misread as 5 mg.	Always use zero before a decimal when the dose is less than a whole unit.

Reference ISMP (Institute for Safe Medical Practices) www.ismp.org and JCAHO

000157

I. TITLE HIGH ALERT MEDICATIONS - UTILIZATION/HANDLING AND GENERAL STANDARDIZATION/LIMITING OF MEDICATION CONCENTRATIONS

II PURPOSE

- A. To promote patient safety and positive outcomes
- B To provide safe and effective guidelines for the handling and administration of (specific) high alert medications, medication concentrations, and medication classes

Note Policies and procedures for the handling and administration of numerous high alert medications, medication concentrations and medication classes have been in place separately for multiple years. This policy represents the assemblage/consolidation of these agents/procedures into one umbrella policy

III. POLICY

Guidelines shall be developed and in place which govern/promote the safest and most efficacious handling of specific medications, medication concentrations and medication classes

IV PROCEDURE

A. INJECTABLE POTASSIUM

1 Ordering/Administration

- a. Medical Staff approved guidelines shall be in place and utilized which govern the ordering/administration of injectable potassium salts

- 1 The guidelines can be accessed under a separate policy

2 Storage

- a. No concentrated vials of potassium chloride, potassium phosphate or potassium acetate will be stocked in general patient care areas

- 1 Stock and use of these concentrated products will be in Pharmacy Services

- 3 Stock in general patient care areas will be limited to manufacturer prepared premixed potassium chloride products

- a. Available stock will consist of large volume preparations and minibags (10mEq/100mL in designated non critical care areas, 20mEq/100mL in designated critical care areas)

000158

b Availability of premixed potassium chloride preparations in patient care areas will be based on areas' patient populations/needs

4 Vials of injectable potassium products will not be stocked in Pyxis cabinetry and nursing personnel may not access from Pharmacy Services during "after hours" at facilities with non 24 hour Pharmacy Services

B INSULIN

1 Before administering routine or sliding scale insulin, the nurse is to have another licensed nurse check the order against the type of insulin and the amount drawn up in the syringe to assure accuracy Two nurses are to sign MAR to verify check for accuracy

2 Medical Staff approved Sliding Scale Insulin Protocol is to be used for sliding scale insulin orders whenever feasible

a. The protocol can be accessed under separate cover

C ANTICOAGULANTS

1 Heparin

a Medical Staff approved Adult Heparin Dosing Protocol is to be used whenever appropriate

1 The protocol can be accessed under separate cover

b Manufacturer prepared premixed standard concentration heparin solution is used.

2 Warfarin

a Branded warfarin (Coumadin®) is used routinely

1 Acquisition/use of a generic warfarin would be based on admission of patient standardized on a delineated generic brand and requires specific physician order This is discouraged.

3 Medical Staff approved procedure is in place which prohibits/prevents the administration of anticoagulants when patient has an epidural catheter

a. Anesthesiologist on call is contacted to discontinue an epidural when anticoagulants are ordered.

b Anticoagulants are not started for 4 hours post catheter removal

D CONCENTRATED SODIUM CHLORIDE INJECTION (>0.9%)

1 No concentrated sodium chloride injection (>0.9%) will be available in general patient care areas.

E. OPIATES AND NARCOTICS

000159

1 Initiation of therapy, changing of a PCA syringe, epidural drip, or continual infusion narcotic drip, and/or changing of rate or concentration requires two

licensed nurses to check physician order against medication being started or changed. Both nurses are to sign MAR to verify check for accuracy

2 Medical Staff approved PCA order form/protocol is available for use.

a. The protocol can be accessed under separate cover

3 Medical Staff developed/approved epidural/intrathecal order form/protocol is available for use

a. The protocol can be accessed under separate cover

F NEUROMUSCULAR BLOCKING AGENTS

1 Medical Staff approved policy/protocol is utilized for use of neuromuscular blocking agents outside the perioperative surgery areas

a. Policy delineates indications for use (both short-term and long-term) as well as agent selection, dosing and personnel qualifications.

b Procedure delineates monitoring and care of the patient

c Can be accessed under a separate policy

G CHEMOTHERAPY

1 Ordering

No verbal orders are accepted for chemotherapy

2 Order Review/Entry and Preparation

a. Ongoing patient specific chemotherapy profiles are maintained by Pharmacy Services.

b Dosing calculation (body surface area [BAC] and area under the curve [AUC] is double-checked by nursing.

c Two pharmacists review order and entry (into information system) for accuracy and appropriateness Two pharmacists sign patient's chemotherapy file noting review/verification of accuracy

1 Call is made to the ordering physician if there is a question about dose

2 Various reference sources are utilized to verify appropriateness of dose

d. Two persons double check final preparation (medications, amount dispensed) for verification of accuracy and sign patient's chemotherapy file noting (verification of) accuracy

3 Administration

000160

a. Only RNs with related documented competencies administer chemotherapy

b Nurse checks dosing calculation (body surface area [BSA] and area under the curve [AUC] and verifies with Pharmacy Services

- c. Two nurses review preparation prior to administration, comparing physician's order against medication and dose. Both nurses sign MAR as verification of accuracy.

H. INJECTABLE SEDATION AND ANALGESIA ALGORITHMS DOSING IN CRITICAL CARE UNITS

1. Medical Staff approved Adult Critical Care Sedation and Analgesia Algorithms Dosing are utilized to assure safe and efficacious sedation and pain control in the Critical Care Units.

- a. Guidelines can be accessed under separate cover

I. LIMITING OF AVAILABLE INJECTABLE MEDICATION CONCENTRATIONS

1. Medical Staff approved standard injectable medication concentrations are utilized routinely throughout the organization

2. Standard concentrations used include

- a. Large Volume KCl 10,20,30, and 40mEq/1000ml

- b. KCl Mini Bags 10 and 20mEq/100ml

- c. Heparin 25,000units/500ml

- d. Standard Dilutions for NICU patients

1. Multiple medications

- e. Emergent/Critical Care Infusions

Amiodarone 500mg/D5W 500ml (Glass)

Cisatracurium 200mg/D5W 200ml

Diltiazem 125mg/D5W 100ml = 125mg/125ml final concentration

Dobutamine 250mg/D5W 250 ml

Dopamine 800mg/D5W 500ml = 400mg/250ml

Epinephrine 2mg/D5W 250ml

Esmolol 5Gm/D5W 500ml

Heparin 25,000 units/D5W 500ml

Insulin, Regular 1 unit/ml

Isoproterenol 1mg/D5W 250ml

000161

Labetalol 200mg/D5W 160ml = 200mg/200ml final concentration

Lidocaine 2GM/D5W 500ml = 1Gm/250ml

Milrinone 20mg/80ml = 20mg/D5W 100ml final concentration

Nitroglycerin 50mg/D5W 250ml (Glass)

Nitroprusside 50mg/D5W (only) 250ml

Norepinephrine 4mg/D5W 250ml

Phenylephrine 10mg/D5W 100ml

Procainamide 2Gm/D5W 500ml

Exception In Critical Care Units, based on patients' physiologic needs, concent

J REVIEW/ADDITION OF NEW MEDICATIONS TO MEDICATION FORMULARY

1 A component of the formulary review for a new medication is consideration/discussion of the potential (for medication) to induce errors and need for standardization/concentration limiting.

000162

Patient, Procedure and Site Verification Policy

Department: Medical Center Wide Policy & Procedure Manual	Policy Number 5-31	
Section: Performance Improvement	Effective Date	Page 1 of 4
Title Patient, Procedure and Site Verification	☐ Non-Clinical ☐ Clinical	
Approved by: Medical Executive Committee Patient Care and Safety Committee, Performance Improvement Committee	Review Date Revision Date	

Purpose

The policy and procedure is intended to ensure that identification of the correct patient, procedure, anatomic site/side and level is conducted in all areas where operative and other procedures are performed

Policy

A The physician and staff members most closely associated with the procedure and the patient are responsible for the following

- 1 Correctly identifying the patient.
- 2 Marking the site of the procedure or surgery as appropriate
- 3 Verification of the patient, procedure, and site again in the operating room or procedure room immediately prior to the surgery or procedure with the agreement of surgeon/physician, anesthesia practitioner, and the circulating nurse When contralaterality is an issue, the correct side is also identified
- 4 Correctly labeled medications on the surgical field.

B If imaging studies are required to determine operative site in procedures such as urology and orthopedic cases, the procedure must not commence until the surgeon/physician has verified the imaging findings In cases where prosthesis or other device is implanted, the staff and physician must ensure that the correct device is implanted

C Armbands should be applied, whenever possible, to patients undergoing outpatient procedures

Scope

Areas where operative and other procedures are performed include but are not limited to

- inpatient hospital settings such as the emergency room, imaging, and other procedure rooms

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- outpatient ambulatory settings, including endoscopy and other procedure rooms and surgical rooms
- all inpatient and outpatient areas where procedural sedation is performed

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Patient, Procedure, and Site Verification Policy

Title Patient, Procedure and Site Verification	Policy # 5-31	Revision Date	Page 2 of 4

Procedure

A. Patient verification

Patient verification must occur prior to arrival in the operating/procedure room using a preoperative verification process such as a checklist. Verification of the patient, consented procedure, and surgical/procedure site must be accomplished by

- Patient interview
- Review of the consent
- Physician orders
- History and physical
- Procedure/surgery schedule
- Confirming identification and availability in the operating room of a prosthetic device prior to the procedure (make, model, size)
- Confirming the availability of imaging studies

B Patient identification

- 1 Using the consent form, the responsible staff shall (a minimum of two of the following)
 - Check the patient's armband for name and medical record number
 - Verify patient identity by using the armband, consent form, and patient's acknowledgement of identity or picture identification
 - Ask the patient to verbally and physically indicate the operative/procedure site
 - If the patient is non-English speaking, interpretive services shall be provided

2 For outpatient procedures when patients do not have armbands, identification of the patient must be verified by other means such as

- Ask the patients their names versus asking them to confirm their names
- Verify picture identification, name, and patient medical record number
- Ask a family member or companion to identify a child or elderly person by name.

C Site-marking

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For procedures that require surgical or procedure marking, the site must be marked according to local procedure and must involve the patient whether the patient marks the site or a practitioner marks the site using an **indelible marker* unless the patient requests

another means of marking. Imaging studies must be used to confirm marking of the surgical or procedure site, where appropriate. When anesthesia is involved using the consent, the anesthesia practitioner will ask the patient to verbally and physically indicate the operative or procedure site during the preanesthesia assessment, prior to transfer to the operating/procedure room. This verification in the outpatient ambulatory setting will be documented by the staff member most closely associated with the patient on the procedure form or in the progress notes found in the outpatient record.

Exception Ophthalmology cases where a special sticker is used for site-marking

D Final verification

In the operating/procedure room, a final verification of patient, procedure, and site—*time out process or surgical pause*—will be made through active communication with the surgeon/physician, anesthesia practitioner, and circulating nurse immediately prior to the procedure. In the event a discrepancy is identified, no one will proceed until the correct site and anticipated procedure/surgery are correctly identified. The patient, physician, anesthesia practitioner, and the circulating nurse take part in the verification process using the consent form, history and physical/preprocedure assessment, and OR schedule.

Subsequent procedures during the same surgical episode require a repeat of the final verification—time out process—as described above.

E. Medications placed on the surgical field

In the operating/procedure room, all medications ordered before and during the procedure will be correctly labeled, with the patient's name, strength of medication, and the date prepared, prior to placing in the surgical field.

F Documentation

Documentation of the patient, the operative plan, procedure verification, and marking of the site will be found on the operative record, anesthesia/procedural record, perioperative record, and procedural sedation record. Documentation in the outpatient care and other settings will be found on the procedure form or in the progress notes found in the outpatient record.

Quality improvement validation procedure for hospital departments

To collect data by direct observation/concurrent data collection and report findings for the purpose of validating compliance with the hospital policy:

- 1 Data will be collected by direct observation and completion of a data collection worksheet validating that the patient identification, site marking, final verification, medication labeling, and documentation are completed according to policy and procedure. See Attachment A—Patient Identification and Site Verification Process Indicator Worksheet.
- 2 Thirty cases will be reviewed quarterly and 30 data collection worksheets completed from each patient care area included in the scope of care.

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- 3 Data will be aggregated, analyzed, and reported to the appropriate committee(s) for review and recommendations.
- 4 The hospital will review the findings of its data through the Performance Improvement Committee.
- 5 As requested, data will be submitted electronically on a quarterly basis to risk management and will include a corrective action plan in the event compliance is less than 100%

References Joint Commission on Accreditation of Healthcare Organizations, state regulations

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Attachment A

Patient Identification and Site Verification Process Indicator Worksheet

Patient medical record # _____

Date of procedure _____

Procedure _____ Surgeon _____

Name of observer _____

Invasive procedure patient care area. ☐ Ambulatory/outpatient

☐ OR ☐ Cardiac Cath Lab

☐ Radiology ☐ GI lab ☐ Emergency department

☐ Other _____

	Met	Not Met
A. Preop holding area Patient identity confirmed upon entry into preop holding	☐	☐
1 Was the preoperative checklist complete?	☐	☐
Includes all below ☐ Yes ☒ No Patient identified by two identifiers e.g., ID band verified with patient identification statement, asking patient his/her name, driver's license ☐ Yes ☐ NO Surgical site/side verified both verbally and physically with the patient ☐ Yes ☐ NO Preop diagnosis and procedure planned verified ☐ Yes ☐ NO Procedure confirmed by review of consent form ☐ Yes ☐ NO Procedure confirmed by review of history and physical ☐ Yes ☐ NO Procedure verified by schedule board ☐ Yes ☐ NO Site verified verbally ☐ Yes ☐ NO Site/side verified by Imaging studies ☐ Yes ☐ NO Allergies		000168
2 If devices or prosthesis are to be implanted during the procedures, was the presence of the correct product verified prior to the procedure? ☐ NA	☐	☐
Includes		

☐ Yes ☐ NO correct make, model, size, _____		
☐ Yes ☐ NO Verbally confirmed by the surgical team		
B. Was the surgical site marked, as appropriate with an indelible marking pen? ☐ Anatomical location marked If no, note reason not marked ☐ Patients preference ☐ MD decision ☐ Procedure adjacent to orifice ☐ Site-marking not required, e.g C-section ☐ Other	☐	☐
C Was the patient involved in the surgical site-marking process?	☐	☐
D Immediately prior to the start of the procedure, did all staff involved in the procedure pause while the surgeon verified the following? Includes ALL ☐ Yes ☐ NO Correct patient ☐ Yes ☐ NO Correct procedure stated verbally as documented on the consent form ☐ Yes ☐ NO Correct anatomical site	☐	☐
B. Were all medications on the surgical field labeled?	☐	☐
C Was coaching/prompting required? Note which element required prompting	☐	☐

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Medical Device Safety

Department: Medical Center Wide Policy & Procedure Manual	Policy Number 7 38	
Section: Environment of Care	Effective Date	Page 1 of 2
Title: Medical Device Safety	☐ Non-Clinical ☐ Clinical	
Approved by: Medical Executive Committee Patient Care and Safety Committee	Review Date: Revision Date	

Purpose

- A. To provide guidelines that promote the safe use of medical devices in the hospital
- B. To delineate the process for risk evaluation, hazard notification, and reporting of medical device-related incidents.

Definitions

Potential device-related event: A situation in which a medical device/medical device failure may have contributed to an illness or injury that is life-threatening, results in permanent impairment of a body part/function, necessitates medical or surgical intervention to preclude permanent impairment/damage. This includes failed surgical implants of any type.

Safe Medical Device Act. Federal legislation that defines device user facilities and describes the terms of incident reporting requirements to the device manufacturer/Food and Drug Administration (FDA)

Medical device. Any instrument, apparatus, or other article that is used to prevent, diagnose, mitigate or treat a disease, or to affect the structure or functions of the body. Examples include the following:

- Catheters
- Dialysis products
- Hospital beds
- Implants
- Intravenous pumps
- Restraints
- Sutures
- Syringes
- Thermometers

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- Ventilators
- Wheelchairs

Possible defect: A failure, malfunction, improper or inadequate design, labeling or user error

Policy

A. Coastal Carolina Medical Center will evaluate and manage the risks associated with medical devices.

B Upon receiving notification of a possible incident, the risk manager will initiate the investigation process.

C The risk manager will coordinate the event investigation.

D The risk manager will ensure that appropriate investigatory and follow-up measures ensue, reports are completed, and efforts are coordinated with the legal department to ensure that prudent judgment is exercised and the organization's level of discoverability remains secure in the investigation and report.

E All potential device-related events will be reported to the risk manager within one working day of the occurrence

F Medical device-related incidents will be identified, investigated, and reported according to the Safe Medical Device Act guidelines.

Procedure.

A. Staff responsibilities

When a staff member discovers an occurrence, he/she will contact his/her manager/supervisor or the hospital risk manager

B Manager/Supervisor responsibilities

Upon notification of a possible medical device defect the supervisor must.

- 1 Immediately remove the device to an area where it is safe from further use
- 2 Refrain from touching or altering the device in any way that hinders an investigation
- 3 Notify the risk manager or designee
- 4 Document the event, noting the details of the event and witnesses.

References Joint Commission on Accreditation of Healthcare Organizations, Safe Medical Device Act

000171

**Universal Protocol for Preventing Wrong Site, Wrong Procedure
Wrong Person Surgery**

PURPOSE

Establishment of a site verification mechanism for operative and invasive procedures that includes

- Review of all relevant documents and studies prior to start of procedure
- Identification of the incision or insertion site
- Final verification of correct patient, procedure, site and as applicable, implant.

SCOPE

This policy applies to operative and invasive procedures that expose patients to more than minimal risk, including procedures performed in settings other than the operating room, such as special procedures, endoscopy or interventional radiology units

Site marking is required for all procedures involving

- Laterality
- Multiple structures (i.e. fingers or toes)
- Levels (such as spine)
- Note In addition to pre-op skin marking of the general spinal region, special intraoperative radiographic techniques are used for marking the exact vertebral level

Site marking is NOT required for

- Interventional procedures for which the insertion site is not predetermined
- Dental extractions-BUT, indicate operative tooth name(s) on documentation OR mark the operative tooth (teeth) on the dental xray or diagram
- Premature infants, for whom the mark may cause a permanent tattoo

Routine minor procedures such as venipuncture, peripheral intravenous line placement, or insertion of a nasogastric tube or foley catheter are not within the scope of this policy

DEFINITIONS

1 "Wrong site" is often indiscriminately applied. The categories are defined as follows

- a) Wrong side This is used in describing a procedure that involves extremities or distant sides of the body. The operative/invasive procedure field in which the procedure is carried out is generally some distance away from the originally intended operative field.
- b) Wrong level/part. This includes procedures that are performed at essentially the correct site but are then carried through at the wrong level or part of the

000172

operative/invasive procedure field. An example of this would be lumbar laminectomy performed on L3-L4 instead of L5-S 1

c) Wrong patient This is when the procedure is performed on a patient that was not scheduled for the procedure at all

2 Time Out — A process by which members of the health care team pause and verbally confirm correct patient, correct site and correct procedure, using active not passive communication (i.e. members verbally state patient name, site and procedures and verbally concur)

3 LIP — Licensed Independent Practitioner credentialed by the medical staff.

MANAGEMENT OF A ' WRONG SITE' EVENT

In the event that wrong site operative/invasive procedure occurs, the following guidelines will be followed.

A. Patient's Having Local Anesthesia

If the procedure is being performed under local anesthesia, and the patient is clearly able to comprehend what has occurred, and competent to exercise judgment, the surgeon should

- 1 Take appropriate steps to return the patient as nearly as possible to the patient's preoperative condition
- 2 Advise the patient of what has occurred in the surgeon's best judgment, recommend the appropriate course for the patient to follow under the circumstances, and
- 3 Truthfully answer for the patient any relevant questions posed by the patient; and then proceed as directed by the patient.*

B Patient's Having General Anesthesia

If the surgical procedure is being performed under general anesthesia and it is determined the surgery is being performed on the wrong side or the wrong procedure was performed, the surgeon should

- 1 Take appropriate steps to return the patient, as near as possible, to the patient's preoperative condition,
- 2 Perform the desired procedure on the correct side, unless there are medical reasons not to proceed. For example, if proceeding with the surgery on the correct side would materially increase the risk associated with extended length surgical procedure, or if correct side surgery would likely result in an additional and unacceptable disability;
- 3 Advise the patient and the patient's family, if appropriate, as soon as reasonably possible, of what occurred and the likely consequences of the wrong side or wrong procedure event

* Refer to "Disclosure of Unanticipated Outcomes" Guidelines

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If the wrong-site/procedure is discovered after the procedure has been completed, the surgeon/LIP should, as soon as possible, discuss the mistake with the patient, and if appropriate, with the patient's family, and recommend an immediate plan to rectify the mistake unless there is a medical reason not to proceed.

PERFORMANCE IMPROVEMENT AND PATIENT SAFETY

All wrong-site procedures must be documented on an Occurrence Report and immediately to the hospital Risk Manager and Administrator on call. According to the Joint Commission for Accreditation of Healthcare Organizations (JCAHO), wrong-site/procedure surgeries are considered "Sentinel Events" and therefore, a Root Cause Analysis must be performed to determine how this incident occurred and what can be done to prevent its reoccurrence.

The root cause analysis must be timely, thorough, and credible in order to be an acceptable analysis of the event. In addition, JCAHO has listed the following minimum elements that must be reviewed in order to make the root cause analysis acceptable in the event of a wrong site surgery. These elements include:

- 1 The physical assessment process
- 2 The patient identification process
- 3 Staffing levels
- 4 Orientation and training of staff
- 5 Communication with the patient's family
- 6 Communication among staff members
- 7 Availability of information

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Universal Protocol For Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery

Wrong site, wrong procedure, wrong person surgery can be prevented. This universal protocol is intended to achieve that goal. It is based on the consensus of experts from the relevant clinical specialties and professional disciplines and is endorsed by more than 40 professional medical associations and organizations.

In developing this protocol, consensus was reached on the following principles:

- Wrong site, wrong procedure, wrong person surgery can and must be prevented.
- A robust approach— using multiple complementary strategies— is necessary to achieve the goal of eliminating wrong site, wrong procedure, wrong person surgery.
- Active involvement and effective communication among all members of the surgical team is important for success.
- To the extent possible, the patient (or legally designated representative) should be involved in the process.
- Consistent implementation of a standardized approach using a universal, consensus-based protocol will be most effective.
- The protocol should be flexible enough to allow for implementation with appropriate adaptation when required to meet specific patient needs.
- A requirement for site marking should focus on cases involving right/left distinction, multiple structures (fingers, toes), or levels (spine).
- The universal protocol should be applicable or adaptable to all operative and other invasive procedures that expose patients to harm, including procedures done in settings other than the operating room.

In concert with these principles, the following steps, taken together, comprise the Universal Protocol for eliminating wrong site, wrong procedure, wrong person surgery:

- Pre-operative verification process
 - Purpose: To ensure that all of the relevant documents and studies are available prior to the start of the procedure and that they have been reviewed and are consistent with each other and with the patient's expectations and with the team's understanding of the intended patient, procedure, site and, as applicable, any implants. Missing information or discrepancies must be addressed before starting the procedure.
 - Process: An ongoing process of information gathering and verification, beginning with the determination to do the procedure, continuing through all settings and interventions involved in the preoperative preparation of the patient, up to and including the "time out" just before the start of the procedure.
- Marking the operative site

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- Purpose To identify unambiguously the intended site of incision or insertion.
- Process For procedures involving right/left distinction, multiple structures (such as fingers and toes), or multiple levels (as in spinal procedures), the intended site must be marked such that the mark will be visible after the patient has been prepped and draped.
- "Time out" immediately before starting the procedure
 - Purpose To conduct a final verification of the correct patient, procedure, site and, as applicable, implants.
 - Process Active communication among all members of the surgical/procedure team, consistently initiated by a designated member of the team, conducted in a "fail-safe" mode, i.e., the procedure is not started until any questions or concerns are resolved.

000176

Clinical Alarm Systems Policy

Department: Medical Center Wide Policy & Procedure Manual	Policy Number 2 13	
Section: Patient Care	Effective Date	Page 1 of 2
Title: Clinical Alarm Systems	☐ Non-Clinical ☐ Clinical	
Approved by: Medical Executive Committee, Patient Care and Safety Committee, Biomedical Department	Review Date: Revision Date	

Purpose

To ensure that alarms on clinical monitoring and intervention systems are sufficiently audible to the health care worker so that timely intervention can occur

Policy

- A. The hospital will assure that alarms are activated with appropriate settings and sufficiently audible with respect to distances and competing noise within the patient care area.
- B Alarms systems will undergo scheduled preventive maintenance and testing.

Scope

This hospital-wide policy applies to all services and care settings in the organization

Procedure

- A Alarms on clinical monitoring and intervention systems will be maintained in the "on" position and will be sufficiently audible to staff
 - 1 Alarms are not to be turned off Alarms will be "on" as long as the equipment is being used for the patient. Alarms may be turned off or suspended while the patient is not hooked to the equipment, but must be returned to the on position when the equipment is placed back on the patient. 000177
 - 2 Alarm volumes will be set at a level so that staff can hear them. If there is competing noise in the area, or the patient is housed at some distance from staff, then the volume of alarms will be set high enough or augmented in a manner that allows staff to hear them above the competing noise or at some distance
 - 3 Alarm parameters will not be set in such a manner that it prevents the equipment from sounding Alarm parameters should be set consistent with the patient's clinical condition and in conjunction with procedures or tests being performed on the patient Standard guidelines are to set the high and low clinical alarms at 20

points above and 20 points below the patient's baseline. For example, if the patient's baseline heart rate is 80 beats per minute and there are no clinical contraindications, the alarms would be set at a high of 100 and a low of 60.

- 4 Staff at the beginning of each shift/when care is initiated will check the patient's alarm parameters.

B Preventive maintenance

- 1 The clinical monitoring and intervention alarm systems will undergo preventive maintenance by the Biomedical Engineering Department no less than every six months. More frequent maintenance may be requested.
- 2 A preventive maintenance tag will be placed on each piece of equipment to indicate the last date of maintenance.

References Joint Commission on Accreditation of Healthcare Organizations, state regulations

000178



One Cooperative Way

Hardeeville, SC 29927-5123

843-208-5551

June 16, 2004

VIA FACSIMILE TRANSMISSION & U S MAIL
(803) 255-8017

Mr Joel C Grace
Director
Certification of Need Program
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Re: Coastal Carolina Medical Center
Hardeeville, SC
CON Application for New Construction and Addition of One Fixed MRI

Dear Mr Grace

Palmetto Electric Cooperative Inc ("PECI") has ample power available to serve the above-referenced site, and has sufficient electric power to operate the MRI which Coastal Carolina Medical Center proposes to add to its facility in Hardeeville, SC

Thank you for your assistance and cooperation regarding this matter. If you have any questions or if I may be of further assistance, please do not hesitate to contact me at (843) 208-5508

Sincerely,

PALMETTO ELECTRIC COOPERATIVE, INC

Robert J. Casavant
Manager Engineering Services

RJC sdr

000179

c David B. Sumner, Jr., Esquire
Mr. Dan Wood, PECI
Mr. Parks Moss, PECI





One Cooperative Way

Hardeeville, SC 29927-5123

843-208-5551

June 16, 2004

VIA FACSIMILE TRANSMISSION & U S MAIL
(803) 255-8017

Mr Joel C Grice
Director
Certification of Need Program
1777 St Julian Place Suite 201
Columbia, SC 29204

Re Coastal Carolina Medical Center
Hardeeville SC
CON Application for New Construction and Addition of One Fixed MRI

Dear Mr Grice

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Thank you for your assistance and cooperation regarding this matter. If you have any questions or if I may be of further assistance please do not hesitate to contact me at (843) 208-5508

Sincerely

PALMETTO ELECTRIC COOPERATIVE, INC

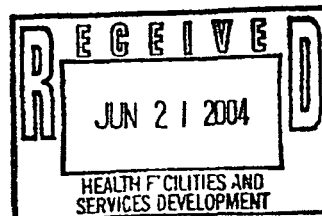
A handwritten signature in black ink, appearing to read "Robert J. Casavant".

Robert J Casavant
Manager Engineering Services

000180

RJC sdr

c David B Summer, Jr, Esquire
Mr Dan Wood, PECI
Mr Parks Moss PECI





2600 Bull Street
Columbia, SC 29201 1708

Certified Mail

June 21 2004

Re Construction for the addition of a Magnetic Resonance Imaging (MRI) unit
Coastal Carolina Medical Center
Hardeeville, South Carolina

Mr Eric Deaton
Chief Executive Officer
Coastal Carolina Medical Center
108 Traders Cross Suite 100
Bluffton, SC 29910

Dear Mr Deaton

This is to notify you that the above referenced project has been determined to be complete for purposes of review by the Office of Certification of Need. Enclosed is an invoice for the required Certificate of Need application fee.

The department will notify affected persons, which begins the review period, only after the appropriate application fee is paid by valid check made payable to the S C Department of Health and Environmental Control. Should the application fee not be received within 15 days from receipt of the department's invoice by the applicant, the Certificate of Need application will be considered withdrawn.

Should the application fee be received within 15 days, a proposed decision will be made by this department within 60 days from the date of notification of affected persons unless a public hearing is held. In cases where a public hearing is conducted, the department will render a proposed decision within 60 days from the date of such public hearing.

In accordance with Section 304 of Regulation No. 61-15, Certification of Need for Health Facilities and Services, the following project review criteria are considered more important in the review of this application. These criteria are ranked according to their relative importance with the most important being listed first. All other relevant criteria will be given equal importance.

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SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

June 21, 2004
Mr Eric Deaton
Page 2

- 1 Community Need Documentation-2c
Distribution (Accessibility)-3d, 3e, 3f, 3g
- 2 Acceptability-4a
- 3 Cost Containment-16c

If you wish to provide any information regarding the relative importance of the project review criteria, you must provide written comments within thirty (30) days of your receipt of this letter. However, any supplementary information relative to your application will be accepted until a proposed decision is made regarding this project by department staff.

Should you require further information, please contact me at (803) 545-4200

Sincerely



Rodney H. Bowman
Inspector III
Division of Planning and Certification of Need

RHB rhb

Enclosure

cc Mr David B Summer Jr

000182



Invoice for Services
Bureau of Finance - Sims/Aycock Building
2600 Bull Street, Columbia, South Carolina 29201

90988

Invoice No.

Invoice To

Ship To

Mr Eric Deaton
Chief Executive Officer
Coastal Carolina Medical Center
108 Traders Cross, Suite 100
Bluffton, South Carolina 29910

SC DHEC - COV

Date
6/22/04

Customer's Order No

Terms.

DUE UPON RECEIPT

Order Filled By (Individual)

Dept No

Fund

Class

Analytical

Department Name

3AB12

R285

40423

Quantity

Description of Services

Unit Price

Amount

Certificate of Need Application Fee

\$7,000 00

Coastal Carolina Medical Center

Bluffton, South Carolina

(Construction and addition of a MRI)

000183

**Note. Make checks payable to South Carolina Department of Health and
Environmental Control remit to above address to the
Attention of Finance**

Shipping Cost

Total

\$7 000 00

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Mr. Eric Deaton Chief Executive Officer

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Officer

Postmark
 Here

Sent To
 Coastal Carolina Medical Center
 Street Apt. No.
 or PO Box No. 108 Traders Cross Suite 100
 City, State, ZIP+4
 Bluffton, South Carolina 29910

PS Form 3800, January 2001

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Eric Deaton
 Chief Executive Officer
 Coastal Carolina Medical Center
 108 Traders Cross, Suite 100
 Bluffton, South Carolina 29910

2. Article Number

(Transfer from service label)

7001 2510 0008 8168 6816

PS Form 3811

August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Sarah Litchfield* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Sarah Litchfield

C. Date of Delivery

6/24/04

D. Is delivery address different from item 1? ☐ Yes ☐ No

E. If YES, enter delivery address below: ☐ Yes ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

000184

CHECK NO 28670
VENDOR 2284

DATE 6/29/04

INVOICE NUMBER	INVOICE DATE	INVOICE DESCRIPTION	GROSS AMOUNT	DISCOUNTS	NET AMOUNT THIS CHECK
CON APP CCCM	6/28/04	MRI CONST/ADDITON <i>Coastal Carolina Medical Center, Hatterville, SC</i> <i>MRI</i>	7000 00		7000 00
PAGE 1		TOTALS	GROSS AMOUNT 7000 00	DISCOUNT AMOUNT	NET AMOUNT 7000 00

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

PROVINCE HEALTHCARE - CORPORATE
105 WESTWOOD PL STE #400
BRENTWOOD, TN

FIRST UNION NATIONAL BANK
OF NORTH CAROLINA

CHECK DATE:
6/29/04

CHECK NUMBER
28670

PAY THIS AMOUNT

*****7000 00

PAY
EXACTLY

37027
SEVEN THOUSAND DOLLARS AND NO CENTS

PAY
TO THE
ORDER
OF

SOUTH CAROLINA DEPT HEALTH
& ENVIRONMENTAL CONTROL
2600 BULL STREET
COLUMBIA, SC 29201

Signature

⑈028670⑈ ⑈053000219⑈ 2000014784637⑈

000185

DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

In accordance with Section 44-7-200(C), Code of Laws of South Carolina, the public is hereby notified that a Certificate of Need application has been accepted for filing and publication July 23, 2004, for the following project(s). After the application is deemed complete, affected persons will be notified that the review cycle has begun. For further information, please contact Mr. Albert N. Whiteside, Director, Division of Planning and Certification of Need, 2600 Bull St., Columbia, SC 29201 at (803) 545-4200.

Affecting Charleston County

Asset purchase of Charleston Plastic Surgery Center, an existing licensed ambulatory surgery center with two (2) general operating rooms, by Roper Hospital, Inc.
Charleston Plastic Surgery Center
Charleston, South Carolina
Project Cost \$1,870,000

Lease of a 1.5T Magnetic Resonance Imaging (MRI) unit.
Neurosciences Magnetic Resonance Imaging Center, LLC
Charleston, South Carolina
Project Cost \$1,810,650

Affecting Greenville County

Renovation and expansion of the Emergency Trauma Center (ETC)
Greenville Memorial Hospital
Greenville, South Carolina
Project Cost \$11,177,671

Upgrade of an existing non-spiral, Single-Slice Computed Tomography (CT) scanner to a multi-slice CT scanner
Greenville Memorial Hospital
Greenville, South Carolina
Project Cost \$1,229,153

Affecting Lancaster County

Addition of six (6) inpatient substance abuse beds and two (2) inpatient medical detoxification beds.
Springs Memorial Hospital
Lancaster, South Carolina
Project Cost \$-0-

000186

Affecting Spartanburg County

Establishment of a 12-bed inpatient hospice facility
The Hospice Home of Grace
Duncan South Carolina
Project Cost \$3,590 000

In accordance with S C DHEC Regulation 61-15, the public and affected persons are hereby notified that the review cycle has begun for the following project(s) and a proposed decision will be made within 60 days beginning July 23 2004 "Affected persons" have 30 days from the above date to submit comments or requests for a public hearing to Mr Albert N Whiteside, Director Division of Planning and Certification of Need 2600 Bull Street, Columbia, S C 29201 For further information call (803) 545-4200

Affecting Beaufort County

Establish an outpatient narcotic treatment program to be located at 1 Sheridan Park, Bluffton, South Carolina 29910 (Methadone Treatment Center)
Choices, Inc
Bluffton, South Carolina
Project Cost. \$841,819

Affecting Greenville County

Construction for the addition of eleven (11) Psychiatric beds, for a total of sixty-four (64) Psychiatric beds and thirteen (13) Substance Abuse Beds
Carolina Center for Behavioral Health
Greer South Carolina
Project Cost \$1,183,388

Affecting Jasper County

Construction for the addition of a Magnetic Resonance Imaging (MRI) unit.
Coastal Carolina Medical Center
Hardeeville, South Carolina
Project Cost \$3,201 000

Establish an outpatient narcotic treatment program to be located at 124 Boardwalk Drive, Unit A, Oakatie, South Carolina 29909 (Methadone Treatment Center)
Recovery Concepts LLC
Oakatie South Carolina
Project Cost \$218,255

000187



at Belfair

18 Clarks Summit Drive • Bluffton SC 29910
(843) 815-9700 • Fax (843) 815-9701

TO: Mr. Joel Grice
FROM: A. Joseph Borelli, Jr, MD
DATE: Monday, August 23, 2004 11 03 AM
FAX NUMBER: 803-545-4579
TOTAL PAGES: 2 (including cover)

COMMENTS

Joel,
Please call me to confirm
receipt of the letter
Thank you!

If there are problems receiving this transmittal please call

MRI at Belfair
843-815-9700

CONFIDENTIALITY NOTE. The information contained in this facsimile message may be legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any use, dissemination, distribution or copying of this information is strictly prohibited and may result in violations of federal or state law. If you have received this telecopy in error, please notify us immediately by calling (collect) the telephone number above and destroy the original message. Thank you.

000188



18 Clarks Summit Drive • Bluffton SC 29910
(843) 815-9700 • Fax (843) 815-9701

August 23, 2004

Joel C. Grice
Director, Certificate of Need Program
Department of Health and Environmental Control
Suite 200, The Heritage Building
1777 St. Julian Pl
Columbia, SC 29204

Re Construction for the addition of a Magnetic Resonance Imaging (MRI) unit.
Coastal Carolina Medical Center, Hardeeville, South Carolina Project Cost: \$3,201,000

Dear Mr. Grice:

MRI at Belfair, LLC is an "affected person" regarding the above referenced CON project and expressly requests that the Department treat us as such and that we be notified as to any action taken on PHC-Jasper, Inc. d/b/a Coastal Carolina Medical Center Certificate of Need (CON) request for a magnetic resonance imaging (MRI) services. MRI at Belfair opposes the CCMC CON application request and asks that the Department schedule a project review meeting on the application.

The Department kindly provided a copy of the materials in the CCMC Department file received prior to May 24, 2004. We request that under the South Carolina Freedom of Information Act, you provide my counsel, M. Elizabeth Crum, of the McNair Law Firm a copy of all materials placed in the CCMC file received since May 24, 2004.

Another MRI in the Beaufort/Jasper area simply is not needed. CCMC has 31 medical/surgical beds and 10 rehabilitation beds.

We request the opportunity to appear at the project review meeting on this CON application. If, for any reason you determine not to hold a project review meeting on this application, please consider this our request for a public hearing on the application. If you have any questions, please do not hesitate to call my counsel, Liz Crum or me. Thank you for your attention to this matter.

Sincerely yours,

A handwritten signature in dark ink, appearing to read 'Joe Borelli', written over a horizontal line.

A. Joseph Borelli, Jr., M.D.

000189

A. Joseph Borelli, Jr., MD
President & Medical Director

Robert C. Rollings, MD
Director of Cardiac Imaging



2600 Bull Street
Columbia, SC 29201 1708

August 24, 2004

Re Construction for the addition of a Magnetic Resonance Imaging (MRI) unit
Coastal Carolina Medical Center
Hardeeville, South Carolina

Mr Eric Deaton
Chief Executive Officer
Coastal Carolina Medical Center
108 Traders Cross, Suite 100
Bluffton, SC 29910

Dear Mr Deaton

This is to advise you that this department's review time frame for the above referenced project is extended for sixty (60) days or until November 20, 2004. The reason for the extension is that a project review meeting has been requested, and is scheduled for the department to have adequate time to conduct the meeting, and review the application, it is necessary to extend the review period. This action is in accordance with Section 305 2a of Regulation No. 61-15, Certification of Need for Health Facilities and Services.

Should there be any questions concerning this, please feel free to contact us at (803) 545-4200

Sincerely,

Rodney H. Bowman
Inspector III
Division of Planning and Certification of Need

RHB rbb

cc Mr David B Summer, Jr
MS M. Elizabeth Crum

000190

PARKER POE

PARKER POE ADAMS & BENDER LLP

Attorneys and Counselors at Law

David B. Summer, Jr.
Partner
Telephone 803.253.8910
Direct Fax 803.253.8017
davidsummer@parkerpoe.com

1301 Main Street
Suite 1450
P.O. Box 1509
Columbia, SC 29202-1509
Telephone 803.253.8000
Fax 803.253.8017
www.parkerpoe.com

August 24, 2004

8/26/04
87 Pages
CRS

Via Facsimile 898.3816
Mr Jody M. Hamm
Director
Freedom of Information Office
S.C. Department of Health
and Environmental Control
2600 Bull Street
Columbia, SC 29201

**Re. Coastal Carolina Medical Center
Hartsville, South Carolina
CON Application for New Construction and the Addition of One Fixed MRI**

Dear Mr Hamm

Please consider this letter my request pursuant to the Freedom of Information Act for a copy of any and all documents filed in connection with the above Certificate of Need Application since May 7, 2004. Please note that we do not need a copy of the original Certificate of Need Application as filed on May 7, 2004

I would appreciate you notifying me when the material is ready so that I may arrange for my courier to pick it up. Of course, we agree to pay the Department's usual and customary fees for providing this information. Please call me if you have any questions.

With best regards, I am

Sincerely,

David B. Summer, Jr.

David B. Summer, Jr

DBS/ccq

Mr. Rodney Bowman (via facsimile)

000191

CHARLESTON, SC
CHARLOTTE, NC
RALPH, NC
SPARTANBURG, SC



18 Clarks Summit Drive • Bluffton SC 29910
(843) 815-9700 • Fax (843) 815-9701

August 23, 2004

Joel C. Grice
Director, Certificate of Need Program
Department of Health and Environmental Control
Suite 200, The Heritage Building
1777 St. Julian Pl
Columbia, SC 29204

Re Construction for the addition of a Magnetic Resonance Imaging (MRI) unit.
Coastal Carolina Medical Center, Hardeeville, South Carolina Project Cost. \$3,201,000

Dear Mr. Grice

MRI at Belfair, LLC is an "affected person" regarding the above referenced CON project and expressly requests that the Department treat us as such and that we be notified as to any action taken on PHC-Jasper, Inc. d/b/a Coastal Carolina Medical Center Certificate of Need (CON) request for a magnetic resonance imaging (MRI) services. MRI at Belfair opposes the CCMC CON application request and asks that the Department schedule a project review meeting on the application.

The Department kindly provided a copy of the materials in the CCMC Department file received prior to May 24, 2004. We request that under the South Carolina Freedom of Information Act, you provide my counsel, M. Elizabeth Crum, of the McNair Law Firm a copy of all materials placed in the CCMC file received since May 24, 2004.

Another MRI in the Beaufort Jasper area simply is not needed. CCMC has 31 medical/surgical beds and 10 rehabilitation beds.

We request the opportunity to appear at the project review meeting on this CON application. If, for any reason you determine not to hold a project review meeting on this application, please consider this our request for a public hearing on the application. If you have any questions, please do not hesitate to call my counsel, Liz Crum or me. Thank you for your attention to this matter.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "Joe Borelli, Jr.", is written over a horizontal line.

A. Joseph Borelli, Jr., M.D.

000192

A. Joseph Borelli, Jr., M.D.
President & Medical Director

Robert C. Rollings, M.D.
Director of Cardiac Imaging



2600 Bull Street
Columbia, SC 29201-1708

September 1, 2004

Re DHEC Project Review Committee Meeting concerning Coastal Carolina Medical Center, for construction for the addition of a Magnetic Resonance Imaging (MRI) unit
Coastal Carolina Medical Center
Hardeeville, South Carolina

A. Joseph Borelli Jr MD
MRI at Belfair
18 Clarks Summit Drive
Bluffton, SC 29910

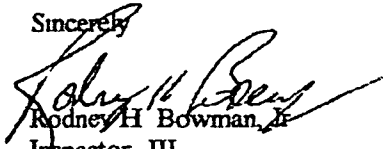
Dear Dr Borelli

The staff of the Division of Planning and Certification of Need will meet in the Second Floor Conference Room of the Heritage Building, 1777 St Julian Place, Columbia, SC at 2 00 PM, on , September 28 , 2004 to discuss the above referenced projects

You are welcome to attend this meeting, which will provide the staff an opportunity to obtain input for the development of staff findings relative to this project. These findings will then be presented to the Director, Bureau of Health Facilities and Services Development, for a departmental decision.

Should you have any questions, please contact me at 803-545-4200

Sincerely


Rodney H Bowman, Jr
Inspector III
Office of Certification of Need

RHB rhb

cc Ms. M. Elizabeth Crum

000193



2600 Bull Street
Columbia, SC 29201 1708

September 1 2004

Re DHEC Project Review Committee Meeting concerning Coastal Carolina Medical
Center, for construction for the addition of a Magnetic Resonance Imaging (MRI)
unit
Coastal Carolina Medical Center
Hardeeville South Carolina

Mr Eric Deaton
Chief Executive Officer
Coastal Carolina Medical Center
108 Traders Cross, Suite 100
Bluffton, SC 29910

Dear Mr Deaton

The staff of the Division of Planning and Certification of Need will meet in the Second
Floor Conference Room of the Heritage Building, 1777 St. Julian Place, Columbia, SC,
at 2 00 PM, on , September 28 , 2004, to discuss the above referenced projects

You are welcome to attend this meeting, which will provide the staff an opportunity to
obtain input for the development of staff findings relative to this project. These findings
will then be presented to the Director Bureau of Health Facilities and Services
Development, for a departmental decision

Should you have any questions, please contact me at 803-545-4200

Sincerely,

Rodney H. Bowman, Jr.
Inspector III
Office of Certification of Need

RHB rhh

000194



BUCKWALTER COMMERCIAL, LLC

May 4 2004

Joel C. Grice Director
Certification of Need Program
South Carolina Department of Health
and Environmental Control
1777 St. Julian Place Suite 201
Columbia, SC 29204

Re Certificate of Need Application of PHC-Jasper, Inc.
d/b/a/ Coastal Carolina Medical Center
Hardeeville, South Carolina

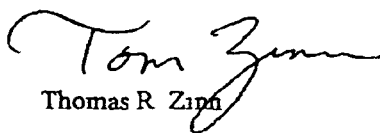
Dear Mr. Grice

It is my understanding the PHC-Jasper, Inc. d/b/a/ Coastal Carolina Medical Center is submitting an application for a Certificate of Need for the addition of one fixed MRI at its facility. I support this Certificate of Need application.

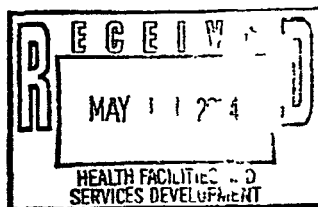
With the increased use of MRI services and the projected explosive population growth of Jasper County and beyond, I believe it is essential to have an on-site MRI at Coastal Carolina's facility. It is also my understanding that Jasper County does not currently have an MRI. MRI services in hospitals have become a standard of patient care. Without in-house MRI services at Coastal Carolina, patients will experience the inconvenience in needing to travel to an outside provider, which may result in delays in diagnosis, decision-making and treatment. I believe that the benefits of eliminating these delays alone far exceed any and all detriments to immediately issuing this Certificate of Need.

I thank you for your consideration in this matter and urge you to expedite the approval of this Certificate of Need.

Very truly yours


Thomas R. Zipp

TRZ/ebp



000195



GAIL A. QUICK
ASSOCIATE CHANCELLOR
UNIVERSITY RELATIONS AND GRANTS

May 21, 2004

Mr Joel C Grice
Director, Certification of Need Program
South Carolina Department of Health and Environmental Control
2600 Bull Street
Columbia, SC 29201

RE Certificate of Need Application of PHC-Jasper, Inc d/b/a Coastal Carolina Medical Center,
Hardeeville, South Carolina

Dear Mr Grice

It is our understanding that PHC-Jasper Inc d/b/a Coastal Carolina Medical Center is submitting
an application for a Certificate of Need for the addition of one fixed MRI at its facility

Currently there are no MRIs in Jasper County so we believe this is an opportunity to offer MRI
scans onsite at Coastal Carolina which would eliminate unnecessary travel to other facilities
outside the area and avoid delays in diagnosis and treatment.

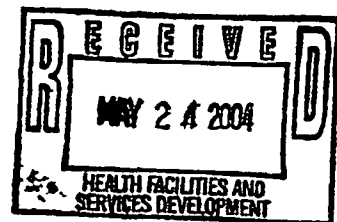
Our community is growing at a very rapid pace and this growth will result in an increase in
patient volumes at Coastal Carolina Medical facility

We fully endorse this Certificate of Need application and urge the Department to approve the
same.

Sincerely


Gail A. Quick
Associate Chancellor
University South Carolina Beaufort

000196





FACSIMILE

To: Rodney Bowman From: Cindy Holland
 Fax: 803 545 4579 Phone: 843-784-8000
 Phone: _____ Pages: 12
 Re: _____ Date: 9/20/04

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply

• COMMENTS:

000197

P O Box 1758
 Hardeeville, SC 29927
 Telephone. 843-784-8000 * Facsimile 843-784-8001
www.coastalcarolinamedicalcenter.com

Sep 21 2004 2 12AM

No 3507 P 2

	Last Name	First Name	Group Name	Hosp Dept	Hosp Specialty	Hosp Status
1	Arnlicke	James	Lowcountry Medical Group	Surgery	Orthopedic Surgery	Active
2	Aquino	LuAnn	Hilton Head Medical and Dental	Medicine	Internal Medicine	Courtesy
3	Blankenship	Mark	Metro Surgical	Surgery	Colon and Rectal Surgery	Courtesy
4	Blocker	Edward	Lowcountry Medical Group	Surgery	Orthopedic Surgery	Courtesy
5	Bowers	Willie	Carolina Emergency Associates	Surgery	Emergency Medicine	Active
6	Burnaugh	Robert	Southeastern Lung & Critical Care	Medicine	Pulmonology	Active
7	Coffey	Mark	Georgia Emergency Associates	Surgery	Emergency Medicine	Active
8	Cramer	Susan	Neurological Institute	Medicine	Physical Medicine and Rehab	Active
9	Cnsologo	John	Lowcountry Medical Group	Surgery	Gastroenterology	Active
10	Daly	James	SE Lung & Critical Care	Medicine	Pulmonology	Consulting
11	Donohue	Thomas	Carolina Emergency Associates	Surgery	Emergency Medicine	Active
12	Eades	Jack	Southern Allergy and Asthma	Medicine	Allergy & Immunology	Consulting
13	Estle	David	Chatham Radiologists	Medicine	Radiology	Active
14	Etheridge	Tricia	Etheridge - Tricia MD	Medicine	Family Medicine	Active
15	Frost	James	Frost Family Medicine, Inc	Medicine	Family Medicine	Active
16	Greco	Richard	The Georgia Institute for Plastic Surgery	Surgery	Plastic Surgery	Courtesy
17	Harnett	Glenn	Carolina Emergency Associates	Surgery	Emergency Medicine	Active
18	Hughes	Brian	Carolina Emergency Associates	Surgery	Emergency Medicine	Active
19	Huzzong	Richard	Hilton Head General & Laparoscopic Surgery	Surgery	General Surgery	Courtesy
20	Hutchings	Heather	Coastal Carolina Family Medicine	Medicine	Family Practice	Active
21	Hutchings	Jonathan	Coastal Carolina Family Medicine	Medicine	Family Medicine	Active
22	Kalan	Jay	Savannah Cardiology	Medicine	Cardiology	Active
23	Keith	Rebecca	Keith - Rebecca MD	Surgery	OB/GYN	Active
24	Kenney	Jeffrey	Carolina Emergency Associates	Surgery	Emergency Medicine	Active
25	Knopf	David	Chatham Radiologists	Medical	Radiology	Active

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26	Kornblatt	Brian	Carolina Emergency Associates	Surgery	Emergency Medicine	Active
27	Krishna	Raj	Palmetto Anesthesia and Pain	Surgery	Anesthesiology	Active
28	Lawton	Mark	Hilton Head Heart, PA	Medicine	Cardiology	Active
29	Lowe	Lance	Palmetto Pediatrics of the Lowcountry, LLC	Medicine	Pediatrics	Active
30	Maurer	David	Hilton Head ENT & Sinus Ctr	surgery	Otolaryngology	Courtesy
31	McGary	Eric	South Carolina Cancer Specialist	Medicine	Hematology/Oncology	Active
32	Miller	Bjorn	Carolina Emergency Associates	Surgery	Emergency Medicine	Active
33	Mitchell	Paul	Palmetto Anesthesia and Pain	Surgery	Anesthesiology	Active
34	Moesch	Dean	Chatham Radiologists	Medicine	Radiology	Active
35	Mullis	Daniel	Coastal Carolina Surgical Assoc	Surgery	General Surgery	Active
36	Nicholas	Thomas	Carolina Emergency Associates	Surgery	Emergency Medicine	Active
37	Portizer	James	Carolina Emergency Associates	Surgery	Emergency Medicine	Active
38	Rhodin	Thor	Lowcountry Medical Group	Surgery	Orthopedic Surgery	Courtesy
39	Rice	Kenneth	Carolina Emergency Associates	Surgery	Emergency Medicine	Active
40	Salyer	Alicia	Palmetto Pediatrics of the Lowcountry, LLC	Medicine	Pediatrics	Active
41	Sharp	Calvin	Savannah Cardiology	Medicine	Cardiology	Active
42	Slota	Paul	Hilton Head Heart, PA	Medicine	Cardiology	Active
43	Sparkes	Mary	Carolina Emergency Associates	Surgery	Emergency Medicine	Active
44	Stewart	Richard	Lowcountry Medical Group	Surgery	Gastroenterology	Active
45	Stoddard	Leland	Lowcountry Medical Group	Surgery	Orthopedic Surgery	Courtesy
46	Thomas	Annette	Palmetto Pediatrics of the Lowcountry, LLC	Medicine	Pediatrics	Active
47	Thomas	Gary	South Carolina Cancer Specialist	Medicine	Hematology/Oncology	Active
48	Thompson	Douglas	Lowcountry Medical Group	Medicine	Internal Medicine	Courtesy
49	Tice	Doug	Coastal Carolina Orthopedic and Sports Medicine Center	Surgery	Orthopedic Surgery	Active
50	Urban	Kurt	Carolina Emergency Associates	Surgery	Emergency Medicine	Active
51	White	Peter	BX/DX	Surgery	Pathology	Active

000199

Sep 21 2004 2 12AM

No 3507 P 4

52 Zerden	Solomon	Chatham Radiologists	Medical	Radiology	Active
53 Zitello	Phillip	Palmetto Anesthesia	Surgery	Anesthesiology	Active

000200

FOR INTERNAL GE USE ONLY

"GE Company Proprietary and Confidential"

PRELIMINARY PROPOSAL

To Province Health Care
105 Westwood Place
Brentwood TN 37027

GE Medical Systems

From. James R. Bensick
20 Technology Parkway
Suite 380
Norcross, GA 30092
(770) 242-2500
fax: 770-242-4281

KV8C3P.KV602 Friday December 12, 2003

<u>Qty</u>	<u>Catalog#</u>	<u>Description</u>	<u>Price</u>

GE 1.5T HESpeed Signa Infinity

Base System

1	M3000AC	The GE Signa LX 1.5T MR HESpeed Plus System is a High Performance Short Bore Whole Body Imaging System Operating at 1.5 Tesla. The Magnet is Designed to Provide an Open Friendly Experience for Patients Without Compromising the Clinical Performance Required for High Resolution/High SNR Whole Body Applications.

Signa CCK4 Magnet Technology Combines High Performance Imaging with a Lightweight Compact Designed to Facilitate Efficient Installation.

- o Maximum 48 cm FOV Offers Extended Coverage for Body Applications.
- o High Homogeneity using Superconducting Shim Coils
- o Helium Refill Once Every Three Years minimizes the need for Down Time to Refill
- o High Performance Fat Sat

System Enclosures

The WideOpen Enclosures Provide a Dual Flare Patient Friendly Short Bore Appearance.

- o Eases Patient Anxiety
- o Offers Better Access to the Patient by the Operator
- o Provides a 60 cm Patient Cylindrical Aperture-Opening
- o Patient Bore is (LxWxH) 70 cm x 60 cm x 80 cm

Lightweight Undockable Patient Table with a Maximum weight patient weight of 350 lbs.

- o Quick Release Patient Cradle is Designed for Emergency Situations.
- o Variable Table Height From 28 inches to 38 inches
- o Motorized Longitudinal Cradle Movement Allows for easy Patient Positioning.

High Performance HESpeed Plus Gradient Subsystem

- o Maximum Amplitude/Strength of 33mT/m
- o A Slow Rate of 77 T/m/s
- o Variable FOV from 2 cm - 48 cm
- o Excellent Eddy Current Compensation
- o Short TR's and TE's for Improved Gradient Echo Imaging
- o Actively Shielding Gradient System

The Digital RF Subsystem

- o 20 low Maximum Amplifier Rating
- o Receiver Bandwidth 500-Hz to 250-KHz
- o Four Channel Phased Array
- o 128 MB Bulk Array Memory (BAM)
- o State-of-the-Art Digital Transceiver

000201

- o The 80 cm Diameter High Pass Quadrature RF Body Coil Provides High SNR With a Patient Friendly Aperture.
- o The Large Open Quadrature Transmit/Receive RF Head Coil
- o Unique Ultra-Low Noise Pre-Amplifiers

Utilizing NextWave Technologies, the Signa MRI Platform Provides Unsurpassed Computer Imaging

Reconstruction and Imaging Processing Power That Significantly Enhances Clinical Productivity

- o Single Screen User Interface for Controlling Scan Acquisition Easily With Virtually All Parameters Available at Glance From a Single Screen
- o High Performance Silicon Graphics Workstation.
- o Robust LX Software and ScanTools2000
- o 512 MB CPU Memory
- o 9.2 GB Hard Drive/Short Term Archival of 30,000 (256 x 256) Images

Computer Architecture

- o Unparalleled Simultaneity including: Scan Prescription Image Processing, Filming, Archiving, and Networking.
- o MOD Stores up to 30,000 Images per MOD.

DICOM

- o DICOM 3.0 Storage Service Class
- o Services Class User (SCU) for Image Send
- o Services Class Provider (SCP) for Image Receive
- o DICOM 3.0 Query/Retrieve, Archive and Print Service Classes

- 1 M1000NW InSite Interactive Platform Global Modem
- 1 M1080JW 1.0T/1.5T and OpenSpeed Magnet Compressor for CCK4 Fixed or Transportable Systems
- Compressor for CCK4 Magnet Subsystems for 0.7T 1.0T or 1.5T Magnet Configurations. Compatible with Fixed and Relocatable Magnet Configurations. Compressor is Water Cooled and All Water Cooling Systems Must be a Closed Loop Design to Eliminate the Possibility of Magnetic Contaminants Entering into the System. 1.5T CCK4 Magnet Shield Cooler Compressor Defines required Shield Cooler Compressor and associated hardware.
- 1 M1085BG 1.5T Body Gradient/RF Coil for CCK4 Magnet Design Defines required Gradient/RF Coil hardware.
- 1 M1080LA CCK4-150 Active Shield Magnet Provides New Short Bore CX Magnet Technology with Lower Boil-Off K4 Cryocooler Technology
- 1 M3043PA Site Collector Kit for Fixed 1.5T Phased Array Signa LX w/ACGD

Hardware

- 1 M3000RB ReFlex 50 with 512 MB RAM
- ReFlex 50 Reconstruction Processor
- GE's Standard Reconstruction Processor The Reflex 50 reconstructs Approximately 60 Images per Second for Standard Imaging Sequences, for High Throughput Sites and Demanding Image Series.
- 512 MB LX Bulk Array Memory(BAM)

000202

Bulk Array Memory (BAM) Boards Enhance Image Acquisition/Reconstruction Capabilities for Scalable ReFlex Reconstruction Modules of Signa LX. This package contains the maximum amount of BAM compatible with the Signa LX Octane computer system.

- 1 M1000NT Color Flat Panel Monitor is an 18 inch LCD High Resolution 1280 x 1024 Color Monitor. The Flat Panel Monitor Requires Much Less Space on the Operator Table and is Much Lighter.
- 1 M1000MK LX Digital DASM
- 1 M1000MN LX English Keyboard
Computer keyboard with English characters compatible with LX (SGI) computer platform.
- 1 M1000MW LX Wide Operator Console Table.
- Software
- 1 S7501TS SCANTOOLS 9.0
- 1 M3033JF Fluoro-Triggered MRA

If you want to be able to capture angiographic images at the precise moment of peak opacification, fluoro-triggered MRA (FT MRA) is a capability you'll want to include in your arsenal of imaging tools. Rather than automating the image-acquisition upon detection of the bolus arrival, FT MRA allows the operator to manually trigger each acquisition almost instantly (less than 1 second switch over), as soon as he or she is satisfied with the level of vessel enhancement. The result is an interactive and extremely accurate approach to contrast-enhanced MRA.
- 1 M1090LP EchoPlus provides single-shot, diffusion-weighted EPI with ADC and eADC maps. EchoPlus applies motion sensing gradients applied in 3 orthogonal planes and uses ramp-sampling for reduced echo-spacing. EchoPlus then synthesizes an isotropic diffusion weighted data set for review. ADC and eADC maps are enabled in FuncTool.
- 1 S7500PR This feature allows the LX to query the customer's HIS/RIS to download patient demographics directly to the scanner. May require a separate gateway hardware not provided by GE Medical Systems to connect Non-DICOM compatible HIS/RIS systems to the Signa LX. Compatible with all Signa LX systems.

Surface Coils

- 1 M1087NC The Medrad NV array is designed for optimized imaging of the head and neck. I

000203

- 1 M1087TP The USAI Torso-Pelvis array is an eight element array designed for optimized imaging of the chest, abdomen, and pelvis. This coil is not compatible with the 1.5T 55 cm Advantage System.
- 1 M1087SP The CTL Spine Array is 12 element quadrature phased array designed for full spine imaging and includes a removable top for imaging the anterior neck region. The coil has a 48 centimeter S to I range.
- 1 S7501AF The GEMSA Medrad Dual Array Package is configured for simultaneous bilateral imaging of the orbits, TMJs, IAC's, shoulders, and hips. The accessory package includes the dual coil combiner and surface coil holder and positioning device.
- 1 M1086E The Medical Advances Quad Extremity coil is designed for imaging the lower extremity and has a chimney to accommodate the foot. The coil has a maximum FOV of 22 cm sagittal, 22 cm coronal and 18 cm axial—28 cm axial with vertical chimney extension.
- 1 M1085AN The Medrad Shoulder coil is a linear coil designed for imaging the shoulder structures. The coil is packaged in a housing that rests easily on the joint.

ANW and Networking

- 1 K8C00L Performance Network Kit
- Contains a 10/100 Mbit Ethernet Switch, Transceivers, and UTP Cable for up to Six Networked Devices.
- Kit Includes: Installation of the Above Identified Equipment.

Recommended Accessories

- 1 M3085TH TwinSpeed Main Disconnect Panel
- Electrical storms and power losses are no problem when this disconnect panel is in place. It safeguards your MR system's critical electrical components, by providing complete power distribution and emergency off control.
- 1 E8823A MR Accessories Kit. Consists of a complete set of coated positioning pads in a lightweight tote case that can be a permanent fixture in an MR suite or can be easily carried from room to room. Also provides storage area for other accessories such as earplugs, electrodes, and film leads. The following pads are included:
- 1 Knee Coil Insert
 - 1 Extremity Rest
 - 4 Segment Table Pads
 - 4 Body Wedges
 - 4 Rectangle Stack Pads
 - 2 Rectangle Elbow Pads
 - Sold per lot

000204

- 1 E8803BE **Features/Benefits**
Physician's Reading Chair same as one delivered with Independent console
- Padded Arms for comfort
 - Charcoal Gray Color blends with many environments
- Specifications**
Adjusts from 16 1/2 in. to 21 in. (42.5 cm x 53.3cm)
- Graphite and aluminum construction
 - Does contain magnetic materials- do not use near magnetic fields
 - Weight: 45 lbs.
- Compatibility**
For systems purchased prior to 7/1/98
- For systems purchased after 7/1/98, see E88018A
 - Recommended for Advantage Windows Systems

- 1 E8804LA **TopSpine SmartSet MR Contrast Injection Kit**
- Features/Benefits**
Increases the reliability of bolus timing
- Minimizes the bolus gap during the switch of gadolinium to saline flush
 - Tubing designed specifically for the dynamic gadolinium injections of MRA or MRI
 - Swivel Lock to prevent IV separation from angiocatheter
 - Two inputs for simultaneous attachment of contrast and flush syringes
 - Check valves automatically switch between contrast and flush
 - Kink resistant
 - Adjustable length
 - Transparent
 - Latex-free
- Specifications**
Length fully extended: 72 inches (183 cm)
- Length fully coiled- 6 inches (15 cm)
 - Sterile packed
 - Shipping weight 3 Lbs. (1.4 kg)
 - Shipping Dimensions 12x7.25x8.25 inches (30 x 18 x 21 cm)
 - Quantity- 30
 - Part Number 001.4
- Compatibility**
MR systems

- 1 E8802MC **WIDE SECURITY STRAPS**
- 1 E8802MD **NARROW SECURITY STRAPS**

Electronics

- 1 M3088TL **10KW IN/OUTDOOR AIR CHILL**

Service/US/Training

- 1 W8800MR **One 2 Day TUI course with 40 MP Advantage Windows Demonstration practice**
- 1 M1099MD **Clinician Training Voucher**
Entitles an individual to Attend One of a Variety of GE MR Sponsored Classes Offered Throughout

000205

the United States. These Classes are Taught by Leading Physicians Who Provide Cutting Edge Insight into the Acquisition and Interpretation of MR Data. The Voucher Includes Course Tuition, Course Materials, a \$300 Airfare Allowance, on Site Breakfast and Lunch (on Class Days), and \$100 Daily Stipend for Dinner and Lodging.

Advantage Windows

- 1 M80501FA M80501FA Advantage Workstation Version 4.1
Advantage Workstation Display
2x 43 cm (18") Color LCD landscape monitors (1280 by 1024 resolution)
 - Advantage Workstation hardware
 - 2x 2.2GHz CPU Processors
 - Vang1031 2GB System RAM
 - Vang1033 - 2x 38GB On-Line Discs
 - CD-ROM Writer
 - Standard 10/100 Base-T Ethernet
 - System Software
 - Advantage Windows 4.1 Base Software
 - DICOM 3.Conformance Std
 - AW VOLUME ANALYSIS 2
 - AW VOLUME RENDERING 2
 - AW NAVIGATOR 2
 - AW DATA EXPORT 1.0
 - AW ADVANCED XRAY ANALYSIS

MR Training

- 2 W0100MR MR Onsite Training Recommendation for a new MR system.
 - a One 4 day onsite visit to coincide with system start-up
 - a One 3 day onsite follow-up visit 8-8 weeks post system start up.

Recommended Training Package

During the first visit, the applications specialist will work with the medical and technical staff on basic, intermediate and advanced system operation and patient procedures. The training produces the best results when a dedicated core group of 3-5 MR technologists complete the session with a modified patient schedule. It is suggested that key physicians are available to participate in the direct protocol development and image quality review sessions. By the end of this visit, the core group should be able to perform the routine patient procedures required of the site.

The 2 day revisit is suggested after the staff has run the system for 8-8 weeks, however this is flexible based on the site needs. The training will focus on the intermediate and advanced functions of the system or special needs of the clinical site. The training produces the best results when the same dedicated core group of 3-5 MR technologists from the initial visit complete the session with a modified patient schedule.

18 CE credits are available for four technologists who successfully complete the first onsite curriculum.

7 CE credits are available for four technologists who successfully complete the revisit onsite curriculum.

- 1 W1003HC 4 day MR course held in Milwaukee. Includes travel and modest living expenses.

Other

- 1 M80501SW AW 4.2 Software only upgrade for AW 4.1 x4000 and Xw6000 systems.

The Advantage Workstation 4.2 is the platform with exceptional stability, quality and flexibility to deliver multi-modality image management, review, comparison and processing with simplicity and power.

000200

Powerful software is optimized for state-of-the-art technology to provide modularity and leading edge performance. The AW 4.2 software includes:

- o Volume Viewer the 3D software package that includes Volume Rendering, Volume Analysis Navigator and other 3D visualization and analysis tools
- o Advanced X-ray Analysis: designed to accommodate routine and special procedures, this provides tools specifically for the review of DICOM X-ray images.
- o 2D Image viewer that displays RT CT MR CR X-Ray (Angio and R&F) Digital X-Ray (DX), MG, NM, PET, US, Secondary Capture, Secondary Capture Color DICOM Image Objects
- o Filmer the multimedia expert tool that creates standard or free-format electronic films in DICOM SR that can be saved to the a DICOM, DICOM color or a supported postscript printer
Electronic films can also be exported out of the DICOM environment in a variety of multimedia formats (HTML, PDF JPEG, PNG, MPEG, AVI, QuickTime® VR).

This Package contains:

- o AW4.2 operating platform, Patient List, database, and DICOM networking
- o Volume Viewer (VA, VR, Navigator)
- o 2D Viewer
- o Filmer
- o Data Export
- o Advanced X-ray Analysis

Host ID of existing AW system must be provided when ordering this upgrade.

1 E8821M

Features/Benefits

Musis provides comfort to the patient during the procedure
Active volume compensation changes volume automatically to mask MR gradient sounds
DSP technology provides the highest sound quality available for the patient
Patient volume and selection controls with voice feedback for maximum comfort, and versatility
Backlit Technologist Control Unit allows operation of the entire system with a touch of the button, even in low light environments
Built-in Intercom allows the Technologist to communicate directly with the patient even while the scan is in progress
Complete AM-FM stereo, dual cassette deck, and 50 CD changer
Built in interface for Intercom Integration for most GE MRIs
Built in interface for fMRI
Built in interface for Video
100 % Microprocessor controlled

Specifications

Delivered with 10 headsets with ear tips installed
Power Requirements for sound system: (110/240 V AC 50-60 Hz switchable)
Power Requirements for Stereo: 110VAC
Backlit, remote technologist keypad included
Integrated Input for Auto Voice Commands

Compatibility

GE Signa 0.5T 1.0, 1.5T 4X, 5X
GE Horizon LX 1.0 1.5T
GE OpenSpeed
GE Profile, Contour Vectra, and MAX Systems
E8822LH Disposable Ear tips
E8822LJ Disposable Headsets with Ear tips

000207

1 E8805BG

MR Gurney w/Backrest is lightweight and holds up to 500 lbs.

Features:

- Raised backrest: 0 degrees to 60 degrees in 15 degree increments
- 100% non-magnetic materials
- Patient restraint straps
- Flame retardant mattress
- Retractable guard rails
- Fully locking, ball bearing, full swivel casters

1	E8805AE	MR WHEELCHAIR W/IV & O2
1	E8806CB	MR Non-Magnetic IV Stand
		• Stainless steel pole with ram's horn hooks • Non-magnetic casters • 24 in. leg span • Telescopes from 72 in. to 108 in. high
1	E8808AB	NON-MAG FT STOOL/HINDRAIL
1	M80401DA	AW 4.1 Operators Manual USA

Rigging budget 10,000

TOTAL NET EQUIPMENT SELLING PRICE

\$1,438,675.85

PRICING PROPOSAL

General Electric Company is pleased to submit this Pricing Proposal for budgetary purposes only. This Pricing Proposal will be valid until February 10, 2004, unless otherwise indicated herein. If you would like to place an order for the equipment listed herein, your GE Sales Representative will arrange for the preparation and submission to you of a formal GE Quotation, including applicable GE Terms and Conditions, Warranties, and Payment Terms, for your consideration. Only a formal GE Quotation may be used to create a binding order for this equipment. Upon request, your GE Sales Representative can also provide you with information concerning GE training, lease/finance and service agreement options.

000208

September 20, 2004

MEMORANDUM

To Members, Project Review Committee

From Albert N. Whiteside, Director 
Division of Planning and Certificate of Need

Re Project Review Committee Meeting

A meeting is scheduled for **Tuesday, September 28, 2004, at 2 00 PM**, in the Conference Room located on the second floor of the Heritage Building, 1777 St. Julian Place, Columbia, South Carolina. One project requesting establishment of an MRI system will be discussed.

Attached is information relevant to the project that will be discussed during this meeting. In many cases, the applicant has furnished additional information that cannot appropriately be addressed in brief narratives. As a result, the project file to be discussed during this meeting will be in the active file room for review, prior to the meeting.

rhb

000209

**Coastal Carolina Medical Center
Hardeeville, South Carolina**

Request: Construction for the addition of a Magnetic Resonance Imaging (MRI) unit.

Description: Coastal Carolina Medical Center proposes to provide on-site MRI services by construction of an addition to the hospital to house one (1) fixed MRI system. PHC-Jasper, Inc , d/b/a Coastal Carolina Medical Center, is a new inpatient bed hospital currently under construction, located in Jasper County South Carolina, along the extension of Highway 278 (CON No SC-02-29), in the vicinity of the intersection of Highway 278 extension and I-95

The projected staffing for this project will include 3 1 additional FTEs

Cost: The estimated total project cost is \$3,201,000 and is itemized as follows.

Land & Building	\$ 0
Construction	\$ 1,000,000
Architect's fee	\$ 100,000
Equipment	\$ 1 800,000
Other	\$ 301,000
Total project cost	\$ 3,201,000
Total square footage	1,470 square feet
Construction and equipment cost per square foot	\$ 1,905

000210

**Coastal Carolina Medical Center
Hardeeville, South Carolina
Page 3**

result in an overall increase in patient volumes at Coastal Carolina for all services and strong growth in demand for MRI services

As additional MRI applications become clinically accepted and as the utilization of MRI scans becomes the community standard of care for many imaging requirements, the utilization of MRI technology has increased significantly. Specific to South Carolina, overall MRI scans increased by approximately 89% from 1997 to 2001 (overall MRI scans increasing from 120,793 scans during 1997 to 228,858 scans during 2001, data from the 1999 and 2003 State Health Plan). Reviewed on a use rate basis, assessing MRI scans per 1,000 population also shows dramatic MRI growth. From a 1997 South Carolina baseline of 31.4 MRI scans per 1,000 population, the MRI use rate has grown dramatically to 56.6 scans per 1,000 population for 2001 (use rates established by comparing MRI scan data from the 2003 State Health Plan to South Carolina population data from ORS). As additional MRI clinical imaging applications become more widespread, this volume growth and use rate growth can be expected to continue.

SOUTH CAROLINA MRI VOLUME TRENDS -1997-2001

	1997	1998	2000	2001
SC MRI Scans	120,793	141,740	200,134	228,858
Population (US census / ORS)	3,846,609	3,900,971	4,012,012	4,040,191
MRI Use Rate- Scans/1,000 Pop	31.4	36.3	49.9	56.6

Source: MRI Scans from 1999 and 2003 State Health Plans; Population data from SC ORS

Review of Beaufort County MRI volume, the applicant asserts, shows even stronger growth, with Beaufort County MRI provider volumes more than doubling from 1997 to 2001. The applicant notes that due to the lack of any MRI capacity in Jasper County, assessment of the Beaufort MRI market is the most appropriate surrogate for use in this CON application. Based on data presented in the 1999 and 2003 State Health Plans, MRI providers in Beaufort County saw their scan volume more than double, increasing from 5,097 scans during 1997 to 11,793 scans during 2001, a 130% volume increase. Review of local MRI use rates show a similar growth, with the 2001 Beaufort County use rate well above the state-wide use rate of 56.6 scans per 1,000 population (Beaufort County MRI provider scans divided by Beaufort County residents).

The applicant states that based upon the service area population and population growth discussed above, the strong growth in MRI volumes observed in South Carolina and in the local area, and the current lack of MRI services in Jasper County, this proposed project forecasts that the new service would perform 1,100 scans during its first year of operation, with a ten percent (10%) growth per year projected for the next two years, or 1,210 scans in the second year and 1,331 scans in the third year.

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**Coastal Carolina Medical Center
Hardeeville, South Carolina
Page 5**

discussed above (1,375 to 2,326 scans per year) demonstrates that the volume levels included in the financial forecasts are reasonable and achievable, and that the need for the proposed MRI service is justified

Without the proposed MRI, Coastal Carolina will not be able to adequately serve the service area patients in need of MRI scans. With no available MRI capacity currently located within Jasper County, access to MRI services within Coastal Carolina's service area is severely limited, patients who need this mainstream imaging technology must travel beyond the local area to access these diagnostic procedures. Additionally, according to the applicant, with many retirees and tourists in Coastal Carolina's service area, traffic congestion is a concern. The applicant suggests that the area's traffic can put emergent and acute care patients being transported to outside providers at risk, as well as create long travel times for outpatients in need of MRI scans. The applicant concludes that as a result of the lack of available local MRI services and the anticipated growth in MRI usage in the service area and statewide, the benefits to patients associated with establishing access to MRI technology far outweigh any potential impact this project would have on existing providers.

STATE HEALTH PLAN CON STANDARDS FOR MRI

Coastal Carolina's proposed project meets the standards for MRI as identified in the 2003 State Health Plan.

(1) Each hospital should have at least one MRI unit available for diagnosis of emergency patient, inpatients, and outpatients.

Coastal Carolina will be a 41-bed hospital when it opens its doors in 2005. In its current CON application (SC-02-29), there are no provisions for an MRI. This proposed project would equip the hospital with one fixed MRI. In the absence of this project, emergency patients, inpatients, and outpatients treated at Coastal Carolina will endure significant inconvenience and potential adverse medical impact as delays in diagnosis, decision-making, and medical treatment will be incurred by traveling or being transported to MRI providers located beyond the local area. In addition, Coastal Carolina's medically unstable patients, the acutely ill inpatients, and the emergency room patients will incur additional costs associated with transportation to outside providers. Coastal Carolina strongly agrees with the State Health Plan standard and submits that the proposed MRI project is consistent with this standard.

(2) In order to promote cost effectiveness, the use of shared MRI units should be considered.

As stated above and throughout this application, an in-house fixed MRI is the most cost-effective and safest manner to meet the need for MRI services at Coastal Carolina. While mobile MRI units may have been cost effective at one point in time, with MRI diagnostic imaging now the

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Coastal Carolina Medical Center
Hardeeville, South Carolina
Page 7

Cost Containment. According to the applicant, being able to provide MRI scans in-house at Coastal Carolina will foster cost containment and improve quality of care by eliminating delays in diagnosis, decision-making, and treatment for patients. It will reduce the risks associated with transporting acutely ill and emergent patients by ambulance to an MRI site, as well as avoid the additional costs associated with ambulance transport to an outside provider. Additionally, it may reduce the need for more costly and invasive procedures.

Decision Due Date: A decision must be made by the department on or before 11/20/04

000213

Coastal Carolina
Medical Center

September 17, 2004

Mr. Rodney H. Bowman
Inspector III
Division of Planning and Certification of Need
S C Department of Health and Environmental Control
2600 Bull Street
Columbia, S C 29201-1708

Dear Mr. Bowman,

It was a pleasure speaking with you regarding the MRI CON for Coastal Carolina Medical Center. I have enclosed the following for your review:

- Quote from GE Medical for new 1.5 MRI HiSpeed Plus System
- List of physicians in the credentialing process for Coastal Carolina Medical Center

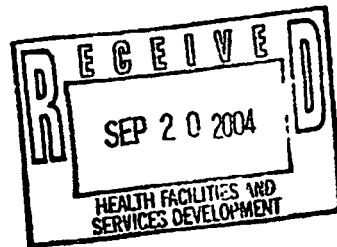
Please let me know if you have any questions or require clarification on this material.

Warm regards,



Eric Deaton
Chief Executive Officer

Cc: Mr. David B. Summer, Jr.
Parker Poe Adams & Bernstein LLP



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108 Traders Cross, Suite 100 Bluffton SC 29910
Office: (843) 705 2500 Fax: (843) 705 2501
www.coastalcarolinamedicalcenter.com

	Last Name	First Name	Group Name	Hosp Dept	Hosp Specialty	Hosp Status
1	Amlicke	James	Lowcountry Medical Group	Surgery	Orthopedic Surgery	Active
2	Aquino	LuAnn	Hilton Head Medical and Dental	Medicine	Internal Medicine	Courtesy
3	Blankenship	Mark	Metro Surgical	Surgery	Colon and Rectal Surgery	Courtesy
4	Blocker	Edward	Lowcountry Medical Group	Surgery	Orthopedic Surgery	Courtesy
5	Bowers	Willie	Carolina Emergency Associates	Surgery	Emergency Medicine	Active
6	Burnaugh	Robert		Medicine	Pulmonology	Active
7	Coffey	Mark	Georgia Emergency Associates	Surgery	Emergency Medicine	Active
8	Cramer	Susan	Neurological Institute	Medicine	Physical Medicine and Rehab	Active
9	Crisologo	John	Lowcountry Medical Group	Surgery	Gastroenterolgy	Active
10	Daly	James	SE Lung & Critical Care	Medicine	Pulmonology	
11	Donohue	Thomas	Carolina Emergency Associates	Surgery	Emergency Medicine	Active
12	Eades	Jack	Southern Allergy and Asthma	Medicine	Allergy & Immunology	Consulting
13	Estle	David	Chatham Radiologists	Medicine	Radiology	Active
14	Etheridge	Tricia	Etheridge - Tricia MD	Medicine	Family Medicine	Active
15	Frost	James	Frost Family Medicine, Inc.	Medicine	Family Medicine	Active
16	Greco	Richard	The Georgia Institute for Plastic Surgery	Surgery	Plastic Surgery	Courtesy
17	Harnett	Glenn	Carolina Emergency Associates	Surgery	Emergency Medicine	Active
18	Hughes	Brian	Carolina Emergency Associates	Surgery	Emergency Medicine	Active
19	Hussong	Richard	Hilton Head General & Laparoscopic Surgery	Surgery	General Surgery	Courtesy
20	Hutchings	Heather	Coastal Carolina Family Medicine	Medicine	Family Practice	Active
21	Hutchings	Jonathan	Coastal Carolina Family Medicine	Medicine	Family Medicine	Active
22	Kalan	Jay	Savannah Cardiology	Medicine	Cardiology	Active
23	Keith	Rebecca	Keith - Rebecca MD	Surgery	OB/GYN	Active
24	Kenney	Jeffrey	Carolina Emergency Associates	Surgery	Emergency Medicine	Active
25	Knopf	David	Chatham Radiologists	Medical	Radiology	Active

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26	Kornblatt	Brian	Carolina Emergency Associates	Surgery	Emergency Medicine	Active
27	Krishna	Raj	Palmetto Anesthesia and Pain	Surgery	Anesthesiology	Active
28	Lawton	Mark	Hilton Head Heart, PA	Medicine	Cardiology	
29	Lowe	Lance	Palmetto Pediatrics of the Lowcountry, LLC	Medicine	Pediatrics	Active
30	Maurer	David	Hilton Head ENT & Sinus Ctr	surgery	Otolaryngology	Courtesy
31	McGary	Eric	South Carolina Cancer Specialist	Medicine	Hematology/Oncology	Active
32	Muller	Bjorn	Carolina Emergency Associates	Surgery	Emergency Medicine	Active
33	Mitchell	Paul	Palmetto Anesthesia and Pain	Surgery	Anesthesiology	Active
34	Moesch	Dean	Chatham Radiologists	Medicine	Radiology	Active
35	Mullis	Daniel	Coastal Carolina Surgical Assoc	Surgery	General Surgery	Active
36	Nicholas	Thomas	Carolina Emergency Associates	Surgery	Emergency Medicine	Active
37	Portzer	James	Carolina Emergency Associates	Surgery	Emergency Medicine	Active
38	Rhodin	Thor	Lowcountry Medical Group	Surgery	Orthopedic Surgery	Courtesy
39	Rice	Kenneth	Carolina Emergency Associates	Surgery	Emergency Medicine	Active
40	Salzer	Alicia	Palmetto Pediatrics of the Lowcountry, LLC	Medicine	Pediatrics	Active
41	Sharp	Calvin	Savannah Cardiology	Medicine	Cardiology	Active
42	Slota	Paul	Hilton Head Heart, PA	Medicine	Cardiology	
43	Sparkes	Mary	Carolina Emergency Associates	Surgery	Emergency Medicine	Active
44	Stewart	Richard	Lowcountry Medical Group	Surgery	Gastroenterology	Active
45	Stoddard	Leland	Lowcountry Medical Group	Surgery	Orthopedic Surgery	Courtesy
46	Thomas	Annette	Palmetto Pediatrics of the Lowcountry, LLC	Medicine	Pediatrics	Active
47	Thomas	Gary	South Carolina Cancer Specialist	Medicine	Hematology/Oncology	Active
48	Thompson	Douglas	Lowcountry Medical Group	Medicine	Internal Medicine	Courtesy
49	Tice	Doug	Coastal Carolina Orthopedic and Sports Medicine Center	Surgery	Orthopedic Surgery	Active
50	Urban	Kurt	Carolina Emergency Associates	Surgery	Emergency Medicine	Active
51	White	Peter	BX/DX	Surgery	Pathology	

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52 Zerden
53 Zitello

Solomon
Philip

Chatham Radiologists
Hilton Head Medical Center

Medical
Surgery

Radiology
Anesthesiology

Active
Active

000217

FOR INTERNAL GE USE ONLY

"GE Company Proprietary and Confidential"

PRELIMINARY PROPOSAL

To Province Health Care
105 Westwood Plaza
Brentwood, TN 37027

GE Medical Systems

From James R. Beneck
20 Technology Parkway
Suite 380
Norcross, GA 30092
(770) 242 2500
fax 770-242-4281

KV6C3P.KV602 Friday December 12, 2003

<u>Qty</u>	<u>Catalog#</u>	<u>Description</u>	<u>Price</u>
		GE 1.5T HiSpeed Signa Infinity	
		Base System	
1	M3000AC	The GE Signa LX 1.5T MR HiSpeed Plus System is a High Performance Short Bore Whole Body Imaging System Operating at 1.5 Tesla. The Magnet is Designed to Provide an Open Friendly Experience for Patients Without Compromising the Clinical Performance Required for High Resolution/High SNR Whole Body Applications. Signa CXX4 Magnet Technology Combines High Performance Imaging with a Lightweight Compact Designed to Facilitate Efficient Installation. - o Maximum 48 cm FOV Offers Extended Coverage for Body Applications. - o High Homogeneity using Superconducting Shim Coils - o Helium Refill Once Every Three Years minimizes the need for Down Time to Refill - o High Performance Fat Sat System Enclosures The WideOpen Enclosures Provide a Dual Flare Patient Friendly Short Bore Appearance - o Eases Patient Anxiety - o Offers Better Access to the Patient by the Operator - o Provides a 60 cm Patient Cylindrical Aperture-Opening - o Patient Bore is (LxWxH) 70 cm x 60 cm x 60 cm Lightweight Undockable Patient Table with a Maximum weight patient weight of 350 lbs. - o Quick Release Patient Cradle is Designed for Emergency Situations. - o Variable Table Height From 28 Inches to 38 Inches - o Motorized Longitudinal Cradle Movement Allows for easy Patient Positioning High Performance HiSpeed Plus Gradient Subsystem - o Maximum Amplitude/Strength of 33mT/m - o A Slew Rate of 77 T/m/s - o Variable FOV from 2 cm 48 cm - o Excellent Eddy Current Compensation - o Short TR's and TE's for Improved Gradient Echo Imaging - o Active Shielding Gradient System The Digital RF Subsystem - o 20 kw Maximum Amplifier Rating - o Receiver Bandwidth 500-Hz to 250-KHz - o Four Channel Phased Array - o 128 MB Bulk Array Memory (BAM) - o State-of-the-Art Digital Transceiver	000218

- o The 80 cm Diameter High Pass Quadrature RF Body Coil Provides High SNR With a Patient Friendly Aperture
- o The Large Open Quadrature Transmit/Receive RF Head Coil
- o Unique Ultra-Low Noise Pre-Amplifiers

Utilizing NextWave Technologies, the Signa MRI Platform Provides Unsurpassed Computer Imaging

Reconstruction and Imaging Processing Power That Significantly Enhances Clinical Productivity

- o Single Screen User Interface for Controlling Scan Acquisition Easily With Virtually All Parameters Available at Glance From a Single Screen
- o High Performance Silicon Graphics Workstation
- o Robust LX Software and ScanTools2000
- o 512 MB CPU Memory
- o 9.2 GB Hard Drive/Short Term Archival of 30 000 (256 x 256) Images

Computer Architecture

- o Unparalleled Simultaneity Including Scan Prescription, Image Processing, Filming, Archiving, and Networking.
- o MOD Stores up to 30 000 Images per MOD

DICOM

- o DICOM 3.0 Storage Service Class
- o Services Class User (SCU) for Image Send
- o Services Class Provider (SCP) for Image Receive
- o DICOM 3.0 Query/Retrieve Archive and Print Service Classes

1	M1000NW	InSite Interactive Platform Global Modem
1	M1080JW	1.0T/1.5T and OpenSpeed Magnet Compressor for CXK4 Fixed or Transportable Systems Compressor for CXK4 Magnet Subsystems for 0.7T 1.0T or 1.5T Magnet Configurations. Compatible with Fixed and Relocatable Magnet Configurations. Compressor is Water Cooled and All Water Cooling Systems Must be a Closed Loop Design to Eliminate the Possibility of Magnetic Contaminants Entering Into the System 1.5T CXK4 Magnet Shield Cooler Compressor Defines required Shield Cooler Compressor and associated hardware
1	M1085BG	1.5T Body Gradient/RF Coil for CXK4 Magnet Design Defines required Gradient/RF Coil hardware.
1	M1080LA	CXK4-150 Active Shield Magnet. Provides New Short Bore CX Magnet Technology with Lower Boil-Off K4 Cryocooler Technology
1	M3043PA	Site Collector Kit for Fixed 1.5T Phased Array Signa LX w/ACGD Hardware
1	M3000RB	ReFlex 50 with 512 MB BAM ReFlex 50 Reconstruction Processor GE's Standard Reconstruction Processor The Reflex 50 reconstructs Approximately 60 Images per Second for Standard Imaging Sequences, for High Throughput Sites and Demanding Image Series. 512 MB LX Bulk Array Memory(BAM)

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Bulk Array Memory (BAM) Boards Enhance Image Acquisition/Reconstruction Capabilities for Scalable ReFlex Reconstruction Modules of Signa LX. This package contains the maximum amount of BAM compatible with the Signa LX Octane computer system

- 1 M1000NT Color Flat Panel Monitor is an 18 inch LCD High Resolution 1280 x 1024 Color Monitor. The Flat Panel Monitor Requires Much Less Space on the Operator Table and is Much Lighter
- 1 M1000MK LX Digital DASM
- 1 M1000MN LX English Keyboard
Computer keyboard with English characters compatible with LX (SGI) computer platform
- 1 M1000MW LX Wide Operator Console Table

Software

- 1 S7501TS SCANTOOLS 9.0
- 1 M3033JF Fluoro-Triggered MRA
If you want to be able to capture angiographic images at the precise moment of peak opacification fluoro-triggered MRA (FT MRA) is a capability you'll want to include in your arsenal of imaging tools. Rather than automating the image-acquisition upon detection of the bolus arrival, FT MRA allows the operator to manually trigger each acquisition almost instantly (less than 1 second switch over), as soon as he or she is satisfied with the level of vessel enhancement. The result is an interactive and extremely accurate approach to contrast-enhanced MRA.
- 1 M1090LP EchoPlus provides single-shot, diffusion-weighted EPI with ADC and eADC maps. EchoPlus applies motion sensing gradients applied in 3 orthogonal planes and uses ramp-sampling for reduced echo-spacing. EchoPlus then synthesizes an isotropic diffusion weighted data set for review. ADC and eADC maps are enabled in FuncTool.
- 1 S7500PR This feature allows the LX to query the customer's HIS/RIS to download patient demographics directly to the scanner. May require separate gateway hardware not provided by GE Medical Systems to connect Non-DICOM compatible HIS/RIS systems to the Signa LX. Compatible with all Signa LX systems.

Surface Coils

- 1 M1087NC The Medrad NV array is designed for optimized imaging of the head and neck. I

000220

- 1 M1087TP The USAI Torso-Pelvis array is an eight element array designed for optimized imaging of the chest, abdomen, and pelvis. This coil is not compatible with the 1.5T 55 cm Advantage System
- 1 M1087SP The CTL Spine Array is 12 element quadrature phased array designed for full spine imaging and includes a removeable top for imaging the anterior neck region. The coil has a 48 centimeter S to I range
- 1 S7501AF The GEMS/Medrad Dual Array Package is configured for simultaneous bilateral imaging of the orbits, TMJ's, IAC's shoulders, and hips. The accessory package includes the dual coil combiner and surface coil holder and positioning device
- 1 M1085E The Medical Advances Quad Extremity coil is designed for imaging the lower extremity and has a chimney to accommodate the foot. The coil has a maximum FOV of 22 cm sagittal, 22 cm coronal and 18 cm axial--28 cm axial with vertical chimney extension.
- 1 M1085AN The Medrad Shoulder coil is a linear coil designed for imaging the shoulder structures. The coil is packaged in a housing that rests easily on the joint.

AW and Networking

- 1 K9000L Performance Network Kit
- Contains a 10/100 Mbit Ethernet Switch Transceivers, and UTP Cable for up to Six Networked Devices.
- Kit Includes Installation of the Above Identified Equipment.

Recommended Accessories

- 1 M3088TH TwinSpeed Main Disconnect Panel
- Electrical storms and power losses are no problem when this disconnect panel is in place. It safeguards your MRI system's critical electrical components by providing complete power distribution and emergency off control.
- 1 E8823A MR Accessories Kit. Consists of a complete set of coated positioning pads in a lightweight tote case that can be a permanent fixture in an MR suite or can be easily carried from room to room. Also provides storage area for other accessories such as earplugs, electrodes, and film leads. The following pads are included
- 1 Knee Rest
 - 1 Knee Coil Insert
 - 1 Extremity Rest
 - 4 Segment Table Pads
 - 4 Body Wedges
 - 4 Rectangle Stack Pads
 - 2 Rectangle Elbow Pads
 - Sold per kit
 -

000221

- 1 E8803BE **Features/Benefits**
 Physician's Reading Chair same as one delivered with independent console
- Padded Arms for comfort
 - Charcoal Gray Color blends with many environments
- Specifications**
 Adjusts from 16 1/2 in. to 21 in. (42.5 cm x 53.3cm)
- Graphite and aluminum construction
 - Does contain magnetic materials- do not use near magnetic fields
 - Weight: 45 lbs.
- Compatibility**
 For systems purchased prior to 7/1/98
- For systems purchased after 7/1/98, see E8001SA
 - Recommended for Advantage Windows Systems
- 1 E8804LA **TopSpin SmartSet MR Contrast Injection Kit**
- Features/Benefits**
 Increases the reliability of bolus timing
- Minimizes the bolus gap during the switch of gadolinium to saline flush
 - Tubing designed specifically for the dynamic gadolinium injections of MRA or MRI
 - Swivel Lock to prevent IV separation from angiocatheter
 - Two inputs for simultaneous attachment of contrast and flush syringes
 - Check valves automatically switch between contrast and flush
 - Kink resistant
 - Adjustable length
 - Transparent
 - Latex-free
- Specifications**
 Length fully extended 72 inches (183 cm)
- Length fully coiled- 6 inches. (15 cm)
 - Sterile packed
 - Shipping weight 3 Lbs (1.4 kg)
 - Shipping Dimensions 12x7.25x8.25 inches (30 x 18 x 21 cm)
 - Quantity- 30
 - Part Number 001 4
- Compatibility**
 MR systems
- 1 E8802MC **WIDE SECURITY STRAPS**
- 1 E8802MD **NARROW SECURITY STRAPS**
- Electronics**
- 1 M3088TL **10KW IN/OUTDOOR AIR CHILL**
- Service/IS/Training**
- 1 W0800MR **Over 2 day TuT over the week for MR Advantage Windows Operation training**
- 1 M1099MD **Clinician Training Voucher**
 Entitles an individual to Attend One of a Variety of GE MR Sponsored Classes Offered Throughout

000222

the United States. These Classes are Taught by Leading Physicians Who Provide Cutting Edge Insight into the Acquisition and Interpretation of MR Data. The Voucher includes Course Tuition, Course Materials, a \$300 Airfare Allowance on Site Breakfast and Lunch (on Class Days), and \$100 Daily Stipend for Dinner and Lodging.

Advantage Windows

- 1 M80501FA Advantage Workstation Version 4.1
- Advantage Workstation Display
 - 2x 43 cm (18") Color LCD landscape monitors (1280 by 1024 resolution)
 - Advantage Workstation hardware
 - 2x 2.2GHz CPU Processors
 - 1x 1031 2GB System RAM
 - 1x 1033 2x 38GB On-Line Discs
 - CD-ROM Writer
 - Standard 10/100 Base-T Ethernet
- System Software
- Advantage Windows 4.1 Base Software
 - DICOM 3.0 Performance Std
 - AW VOLUME ANALYSIS 2
 - AW VOLUME RENDERING 2
 - AW NAVIGATOR 2
 - AW DATA EXPORT 1.0
 - AW ADVANCED XRAY ANALYSIS

MR Training

- 2 W0100MR MR Onsite Training Recommendation for a new MR system.
- o One 4 day onsite visit to coincide with system start-up
 - o One 3 day onsite follow-up visit 6-8 weeks post system start up

Recommended Training Package

During the first visit, the applications specialist will work with the medical and technical staff on basic, intermediate and advanced system operation and patient procedures. The training produces the best results when a dedicated core group of 3-5 MR technologists complete the session with a modified patient schedule. It is suggested that key physicians are available to participate in the direct protocol development and image quality review sessions. By the end of this visit, the core group should be able to perform the routine patient procedures required of the site.

The 2 day revisit is suggested after the staff has run the system for 6-8 weeks however this is flexible based on the site needs. The training will focus on the intermediate and advanced functions of the system or special needs of the clinical site. The training produces the best results when the same dedicated core group of 3-5 MR technologists from the initial visit complete the session with a modified patient schedule.

18 CE credits are available for four technologists who successfully complete the first onsite curriculum
7 CE credits are available for four technologists who successfully complete the revisit onsite curriculum

- 1 W1003HC 4 day MR course held in Milwaukee. Includes travel and modest living expenses.

Other

- 1 M80501SW AW 4.2 Software only upgrade for AW 4.1 x4000 and Xv6000 systems.

The Advantage Workstation 4.2 is the platform with exceptional stability, quality and flexibility to deliver multi-modality image management, review, comparison and processing with simplicity and power.

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Powerful software is optimized for state-of-the-art technology to provide modularity and leading edge performance. The AW 4.2 software includes:

- o Volume Viewer- the 3D software package that includes Volume Rendering, Volume Analysis Navigator and other 3D visualization and analysis tools
- o Advanced X-ray Analysis: designed to accommodate routine and special procedures, this provides tools specifically for the review of DICOM X-ray images.
- o 2D Image viewer that displays RT CT MR, CR X-Ray (Angle and R&F), Digital X-Ray (DX) MG NM PET US Secondary Capture, Secondary Capture Color DICOM Image Objects
- o Filmer- the multimedia export tool that creates standard or free-format electronic films in DICOM SR that can be saved to the a DICOM, DICOM color or a supported postscript printer
Electronic films can also be exported out of the DICOM environment in a variety of multimedia formats (HTML, PDF JPEG PNG MPEG AVI, QuickTime® VR).

This Package contains:

- o AW4.2 operating platform Patient List, database, and DICOM networking
- o Volume Viewer (VA, VR, Navigator)
- o 2D Viewer
- o Filmer
- o Data Export
- o Advanced X-ray Analysis

Host ID of existing AW system must be provided when ordering this upgrade.

1 E8823M

Features/Benefits

Music provides comfort to the patient during the procedure
Active volume compensation changes volume automatically to mask MR gradient sounds
DSP technology provides the highest sound quality available for the patient
Patient volume and selection controls with voice feedback for maximum comfort, and versatility
Backlit Technologist Control Unit allows operation of the entire system with a touch of the button even in low light environments
Built-in intercom allows the Technologist to communicate directly with the patient even while the scan is in progress
Complete AM-FM stereo, dual cassette deck, and 50 CD changer
Built in interface for intercom integration for most GE MRIs
Built in interface for fMRI
Built in interface for Video
100 % Microprocessor controlled

Specifications

Delivered with 10 headsets with ear tips installed
Power Requirements for sound system: (110/240 V AC 50-60 Hz switchable)
Power Requirements for Stereo: 110VAC
Backlit, remote technologist keypad included
Integrated input for Auto Voice Commands

Compatibility

GE Signa 0.5T 1.0 1.5T 4X, 5X
GE Horizon LX 1.0 1.5T
GE OpenSpeed
GE Profile, Contour Vectra and MAX Systems
E8822LH- Disposable Ear tips
E8822LJ- Disposable Headsets with Ear tips

000224

1 E8805BG

MR Gurney w/Backrest is lightweight and holds up to 500 lbs.

Features:

- Raised backrest: 0 degrees to 60 degrees in 15 degree increments
- 100% non-magnetic materials
- Patient restraint straps
- Flame retardant mattress
- Retractable guard rails
- Fully locking ball bearing full swivel casters

1	E8805AE	MR WHEELCHAIR W/IV & O2
1	E8808CB	MR Non-Magnetic IV Stand • Stainless steel pole with ram's horn hooks • Non-magnetic casters • 24 in. leg span • Telescopes from 72 in. to 108 in. high
1	E8808AB	NON-MAG FT STOOL/HNDRAIL
1	M80501DA	AW 4 1 Operators Manual USA

Rigging budget 10,000

TOTAL NET EQUIPMENT SELLING PRICE

\$1,458,875.85

PRICING PROPOSAL

General Electric Company is pleased to submit this Pricing Proposal for budgetary purposes only. This Pricing Proposal will be valid until February 10, 2004, unless otherwise indicated herein. If you would like to place an order for the equipment listed herein, your GE Sales Representative will arrange for the preparation and submission to you of a formal GE Quotation, including applicable GE Terms and Conditions, Warranties, and Payment Terms, for your consideration. Only a formal GE Quotation may be used to create a binding order for this equipment. Upon request, your GE Sales Representative can also provide you with information concerning GE training, lease/finance and service agreement options.

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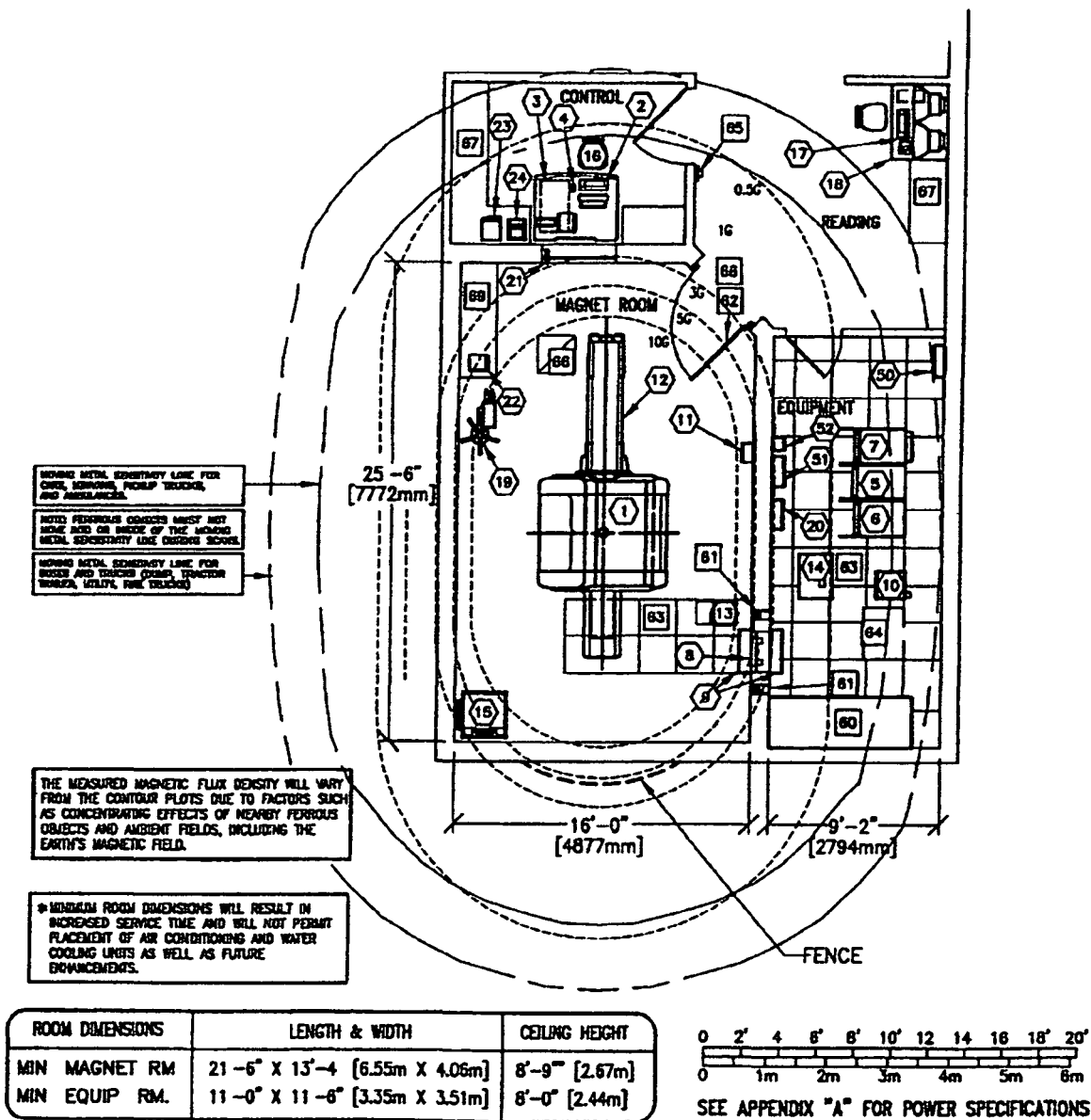
GE Medical Systems

MODALITY INSTALLATION PLANNING 02/21/03 REVISION 1

SECTION 8 PAGE 8-115

1.5T SIGNA MR/1 - ACGD

RECOMMENDED MAGNET ROOM
CEILING HEIGHT 8'-1" [2768mm]



000226

ROOM PLAN LOCATED ON PAGE 8-115

ITEM	QUANTITY	ITEM DESCRIPTION	WEIGHT	HEAT OUTPUT
①	1	1.5 TESLA MAGNET -ACTIVE SHIELD	12606 lb 5719 kg	12285 btu 3600 W
②	1	OPERATOR'S WORKSPACE (COLOR LCD)	175 lb 80 kg	4095 btu 1200 W
③	1	OPERATOR'S WORKSPACE CABINET	192 lb 87 kg	
④	1	PATIENT ALERT CONTROL BOX	0.5 lb 0.2 kg	
⑤	1	SYSTEM CABINET	494 lb 225 kg	6140 btu 1800 W
⑥	1	ACGD GRADIENT/PDU CABINET	2136 lb 969 kg	34120 btu 10000 W
⑦	1	RF CABINET	495 lb 225 kg	18423 btu 5400 W
⑧	1	RF PENETRATION PANEL	52 lb 24 kg	
⑨	2	PENETRATION PANEL COVER		
⑩	1	SHIELD COOLER CABINET	275 lb 125 kg	
⑪	1	MAGNET RUNDOWN UNIT	9 lb 4 kg	
⑫	1	PATIENT TRANSPORT TABLE	280 lb 127 kg	
⑬	1	BLOWER BOX	47 lb 21 kg	3415 btu 1000 W
⑭	1	WATER CHILLER FOR BODY COIL	375 lb 170 kg	14000 btu 4100 W
⑮	1	SPT PHANTOM CABINET	350 lb 159 kg	
⑯	1	OPERATOR'S CHAIR		
⑰	1	ADVANTAGE WORKSTATION WITH TWO COLOR MONITORS (OPTION)	168 lb 76 kg	1109 btu 325 W
⑱	1	WORKSTATION TABLE (OPTION)		
⑲	1	INJECTOR HEAD ON PEDESTAL (OPTION)	37 lb 17 kg	
⑳	1	MAGNET MONITOR	24 lb 11 kg	
㉑	2	OPTICAL TRANSMITTER/RECEIVERS (OPT)	4 lb 2 kg	
㉒	1	HEAD CONTROL UNIT (OPTION)	29 lb 13 kg	

ENVIRONMENT

Ambient Operation Temperature. 50-70° F [10-21 C]
 Allowable Temperature Change. 5 F [3° C] per hour
 Humidity 30-60 per cent non condensing
 Allowable Humidity Change 10 per cent per hour
 Max - Altitude 8000 ft [2438m] above sea level

000227

ROOM PLAN LOCATED ON PAGE 8-115

ITEM	QUANTITY	ITEM DESCRIPTION	WEIGHT	HEAT OUTPUT
23	1	BATTERY CHARGING UNIT (OPTION)	11 lb 5 kg	440 btu 70 W
24	1	DISPLAY CONTROL UNIT (OPTION)	9 lb 4 kg	
50	1	MAIN DISCONNECT CONTROL CAT NO R4503AT (OPTION)	94 lb 43 kg	900 btu 264 W
51	1	DC LIGHTING CONTROL PANEL CAT NO R4503AD (OPTION)	155 lb 70 kg	1024 btu 300 W
52	1	DC LIGHTING AUTO TRANSFORMER (USED ONLY IN VARIABLE DIMMER SYSTEMS) CAT NO R4503AF - INCLUDES CONTROL PANEL (OPTION)	60 lb 27 kg	171 btu 50 W
CUSTOMER/CONTRACTOR SUPPLIED AND INSTALLED ITEMS				
80		AIR CONDITIONING UNIT BY OTHERS (VIBRATION ISOLATION IS RECOMMENDED AT FLOOR CONNECTION POINTS OF AIR CONDITIONING UNITS TO BE INSTALLED INSTALLED FOR COOLING THE MR SUITE.)		
81		RF FILTERS BY OTHERS - LOCATE WITHIN 2'-0" (610MM) OF THE PENETRATION PANEL.		
82		RF SCREEN INCLUSIVE OF WALLS DOOR, FLOOR ETC GROUND IMPEDANCE GREATER THAN 1000 OHMS ATTENUATION 100DB AT 10-100MHZ PLANEWAVE		
83		ACCESS FLOORING BY OTHERS		
84		WATER CHILLER BY OTHERS		
85		METAL DETECTOR		
86		MAGNET ROOM EXHAUST FAN		
87		COUNTER TOP WITH DRAWERS		
88		MINIMUM DOOR OPENING FOR EQUIPMENT DELIVERY IS 43 IN W X 82 IN H [1092MM X 2083MM] CONTINGENT ON A 96 IN [2438MM] CORRIDOR WIDTH		
89		BASE CABINET FOR STORAGE OF PATIENT POSITIONING PADS SURFACE COILS ETC		

000228

September 20, 2004

MEMORANDUM

To Members, Project Review Committee

From Albert N. Whiteside, Director 
Division of Planning and Certificate of Need

Re Project Review Committee Meeting

A meeting is scheduled for Tuesday, September 28, 2004, at 2.00 PM, in the Conference Room located on the second floor of the Heritage Building, 1777 St. Julian Place, Columbia, South Carolina. One project requesting establishment of an MRI system will be discussed.

Attached is information relevant to the project that will be discussed during this meeting. In many cases, the applicant has furnished additional information that cannot appropriately be addressed in brief narratives. As a result, the project file to be discussed during this meeting will be in the active file room for review, prior to the meeting.

rhb

000229

**Coastal Carolina Medical Center
Hardeeville, South Carolina**

Request: Construction for the addition of a Magnetic Resonance Imaging (MRI) unit

Description: Coastal Carolina Medical Center proposes to provide on-site MRI services by construction of an addition to the hospital to house one (1) fixed MRI system. PHC-Jasper, Inc, d/b/a Coastal Carolina Medical Center, is a new inpatient bed hospital currently under construction, located in Jasper County, South Carolina, along the extension of Highway 278 (CON No SC-02-29), in the vicinity of the intersection of Highway 278 extension and I-95

The projected staffing for this project will include 3 1 additional FTEs.

Cost: The estimated total project cost is \$3,201,000 and is itemized as follows:

Land & Building	\$ 0
Construction	\$ 1,000,000
Architect's fee	\$ 100,000
Equipment	\$ 1,800,000
Other	\$ 301,000
Total project cost	\$ 3,201,000
Total square footage.	1,470 square feet
Construction and equipment cost per square foot	\$ 1,905

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Coastal Carolina Medical Center
Hardeeville, South Carolina
page 2

Financing: The applicant has provided a letter dated April 27, 2004, from Mr Wayne Gower, Province Healthcare Company, stating that Province Healthcare Company, the owner of Coastal Carolina Medical Center, has adequate cash available for funding the proposed project.

Need: The applicant submits, that as per the 2003 State Health Plan, the purpose of the State's CON program is to "promote cost containment, prevent unnecessary duplication of facilities and services, guide the establishment of health facilities and services that will best serve public needs, and ensure that high quality services are provided in health facilities in this State." Coastal Carolina's proposed project for the construction of an addition to its facility to add an in-house fixed MRI will improve patient safety, provide a high standard of patient care, enhance operational efficiencies, will not unnecessarily duplicate the existing services provided by freestanding MRI providers, and will foster cost containment.

Service Area Population The proposed primary service area for the MRI project is Jasper County and the Bluffton portion of Beaufort County. Coastal Carolina is targeted to serve a full-time resident population that was approximately 40,000 persons during 2000, growing to over 48,000 persons by 2006 (ORS data for Jasper County, ERSI for ZIP data). In addition to this full-time resident population, the primary service area also includes a significant partial year population and an extremely large vacation population, all of which will drive increased demand for the proposed MRI service. The applicant states that the population growth forecast for this primary service area is significant, with local area forecasted population growth more than four times the growth rate observed statewide.

COASTAL CAROLINA'S SERVICE AREA POPULATION GROWTH 2000-2006 (ALL AGES)
TABLE 1 (Source SC office of Research and Statistics)

Primary service area	2000	2006	2000-2006 change	2000-2006 growth	2000-2006 CAGR %
Jasper County	20,678	22,537	1,859	+ 9.0%	1.45% per yr
Bluffton Zip 29910	19,271	26,093	6,822	+ 35.4%	5.18% per yr
Total Primary Service Area	39,949	48,630	8,681	+ 21.7%	3.33% per yr
State of South Carolina	4,012,012	4,200,466	188,454	+ 4.7%	0.77% per yr

As shown in the above table, strong population growth over the next several years is projected in Coastal Carolina's primary service area. The applicant asserts that this increase in population will

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**Coastal Carolina Medical Center
Hardeeville, South Carolina
Page 3**

result in an overall increase in patient volumes at Coastal Carolina for all services, and strong growth in demand for MRI services

As additional MRI applications become clinically accepted and as the utilization of MRI scans becomes the community standard of care for many imaging requirements, the utilization of MRI technology has increased significantly. Specific to South Carolina, overall MRI scans increased by approximately 89% from 1997 to 2001 (overall MRI scans increasing from 120,793 scans during 1997 to 228,858 scans during 2001, data from the 1999 and 2003 State Health Plan). Reviewed on a use rate basis, assessing MRI scans per 1,000 population also shows dramatic MRI growth. From a 1997 South Carolina baseline of 31.4 MRI scans per 1,000 population, the MRI use rate has grown dramatically to 56.6 scans per 1,000 population for 2001 (use rates established by comparing MRI scan data from the 2003 State Health Plan to South Carolina population data from ORS). As additional MRI clinical imaging applications become more widespread, this volume growth and use rate growth can be expected to continue.

SOUTH CAROLINA MRI VOLUME TRENDS -1997-2001

	1997	1998	2000	2001
SC MRI Scans	120,793	141,740	200,134	228,858
Population (US census / ORS)	3,846,609	3,900,971	4,012,012	4,040,191
MRI Use Rate- Scans/1,000 Pop	31.4	36.3	49.9	56.6

Source MRI Scans from 1999 and 2003 State Health Plans Population data from SC ORS

Review of Beaufort County MRI volume, the applicant asserts, shows even stronger growth, with Beaufort County MRI provider volumes more than doubling from 1997 to 2001. The applicant notes that due to the lack of any MRI capacity in Jasper County, assessment of the Beaufort MRI market is the most appropriate surrogate for use in this CON application. Based on data presented in the 1999 and 2003 State Health Plans, MRI providers in Beaufort County saw their scan volume more than double, increasing from 5,097 scans during 1997 to 11,793 scans during 2001, a 130% volume increase. Review of local MRI use rates show a similar growth, with the 2001 Beaufort County use rate well above the state-wide use rate of 56.6 scans per 1,000 population (Beaufort County MRI provider scans divided by Beaufort County residents).

The applicant states that based upon the service area population and population growth discussed above, the strong growth in MRI volumes observed in South Carolina and in the local area, and the current lack of MRI services in Jasper County, this proposed project forecasts that the new service would perform 1,100 scans during its first year of operation, with a ten percent (10%) growth per year projected for the next two years, or 1,210 scans in the second year, and 1,331 scans in the third year.

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**Coastal Carolina Medical Center
Hardeeville, South Carolina
Page 4**

As shown at table on page two, the population within Coastal Carolina's primary service area is forecast to be 48,630 by 2006. This population is forecast to experience significant growth, with the three percent plus per year growth for years 2000 through 2006, and expected to continue through the rest of the decade.

The applicant submits that using the 2006 population as a baseline and the 2001 South Carolina use rate (56.6 scans per 1,000 population) to forecast total MRI scans for the primary service area results in a conservative forecast of 2,752 MRI scans for the primary service area for 2006. The applicant emphasizes that the conservative nature of this projection is shown by comparing the state-wide use rate of 56.6 scans per 1,000 population to the local area Beaufort County MRI use rate of 95.7 scans per 1,000 population. The applicant states that the use of the local area use rate would result in a 2006 primary service area MRI forecast of 4,654 MRI scans.

Based upon Coastal Carolina's market situation, where it will be the only hospital located within the Jasper County / Bluffton service area and the only MRI service in Jasper County, the applicant anticipates that the new MRI service will capture a significant portion of the local MRI market. With the vast majority of inpatient MRIs performed at the hospital-based MRI and the majority of outpatient MRI scans originating from the local area expected to be treated at the proposed MRI service, rapid acceptance of the proposed service is anticipated with strong initial volume expected.

Assuming that the proposed new MRI service would capture only forty percent (40%) of the local area MRI market (based upon state-wide use rates), the projected usage would result in 1,100 MRI scans performed at the hospital-based service on primary service area residents (40% times the 2,752 local area market potential = 1,100). The applicant concludes that utilizing the local Beaufort County usage rate in setting the local area market potential versus the lower state-wide use rate results in the conclusion that only a twenty-four percent (24%) market share level would be necessary to reach the local area 1,100 scans forecast or that a forty percent (40%) market capture would generate over 1,800 scans per year.

According to the applicant, in addition to treating patients from within the primary service area, the proposed MRI service is expected to serve patients from outside of the Jasper County / Bluffton area, utilizing the assumption that eighty percent (80%) of total MRI volume would originate from the primary service area and that twenty percent (20%) would originate from beyond this geographic area, results in a MRI forecast of 1,375 scans (utilizing the low state-wide use rate and a 40% primary service area market share; 1,100 scans from the primary service area / 80% of total volume from the primary service area = 1,375 total scans). The applicant further submits that if the local Beaufort County MRI use rate was used instead of the statewide use rate, total forecast MRI scans would increase to over 2,300 scans (1,861 scans from the primary service area / 80% of total volume from the primary service area = 2,326 scans).

The applicant states that comparing the volume for the proposed project included in the financial forecasts (1,100 scans in year one, 1,210 in year two, 1,331 in year three) to the need assessment

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**Coastal Carolina Medical Center
Hardeeville, South Carolina
Page 5**

discussed above (1,375 to 2,326 scans per year) demonstrates that the volume levels included in the financial forecasts are reasonable and achievable, and that the need for the proposed MRI service is justified.

Without the proposed MRI, Coastal Carolina will not be able to adequately serve the service area patients in need of MRI scans. With no available MRI capacity currently located within Jasper County, access to MRI services within Coastal Carolina's service area is severely limited, patients who need this mainstream imaging technology must travel beyond the local area to access these diagnostic procedures. Additionally, according to the applicant, with many retirees and tourists in Coastal Carolina's service area, traffic congestion is a concern. The applicant suggests that the area's traffic can put emergent and acute care patients being transported to outside providers to obtain MRI scans at risk, as well as, create long travel times for outpatients in need of MRI scans. The applicant concludes that as a result of the lack of available local MRI services and the anticipated growth in MRI usage in the service area and statewide, the benefits to patients associated with establishing access to MRI technology far outweigh any potential impact this project would have on existing providers.

STATE HEALTH PLAN CON STANDARDS FOR MRI

Coastal Carolina's proposed project meets the standards for MRI as identified in the 2003 State Health Plan.

(1) Each hospital should have at least one MRI unit available for diagnosis of emergency patient, inpatients, and outpatients.

Coastal Carolina will be a 41-bed hospital when it opens its doors in 2005. In its current CON application (SC-02-29), there are no provisions for an MRI. This proposed project would equip the hospital with one fixed MRI. In the absence of this project, emergency patients, inpatients, and outpatients treated at Coastal Carolina will endure significant inconvenience and potential adverse medical impact as delays in diagnosis, decision-making, and medical treatment will be incurred by traveling or being transported to MRI providers located beyond the local area. In addition, Coastal Carolina's medically unstable patients, the acutely ill inpatients, and the emergency room patients will incur additional costs associated with transportation to outside providers. Coastal Carolina strongly agrees with the State Health Plan standard and submits that the proposed MRI project is consistent with this standard.

(2) In order to promote cost effectiveness, the use of shared MRI units should be considered.

As stated above and throughout this application, an in-house fixed MRI is the most cost-effective and safest manner to meet the need for MRI services at Coastal Carolina. While mobile MRI units may have been cost effective at one point in time, with MRI diagnostic imaging now the

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**Coastal Carolina Medical Center
Hardeeville, South Carolina
Page 6**

gold standard for a large and growing pool of imaging modalities and with the cost of acquiring MRI technology now much more reasonable, the potential benefits of a shared mobile MRI unit are far outweighed by the benefits of having an on-site MRI unit providing immediate access to this important diagnostic technology on twenty-four hours per day and seven days per week.

In the absence of an onsite MRI at Coastal Carolina, the situation will require acutely ill and emergent patients to be transported by ambulance to outside providers for their MRI scans whenever the mobile unit is serving another provider site. This lack of access and associated transport will result in additional expenses for patients, as well as third party providers

Further, the applicant submits that in the absence of an onsite MRI at Coastal Carolina, situations may occur where more invasive tests might be performed to achieve a diagnosis when time is a critical factor. These substitute techniques would likely increase the cost of patients' care and could potentially adversely impact patient care.

Patient privacy is another consideration. Mobile MRI units do not offer dressing rooms for patients, making it necessary for patients to change in one location, then be transported to the MRI unit location, or alternatively patients must be transported to the MRI unit in hospital clothing.

Financial Feasibility: The applicant has provided a three year projected budget for the project. The budget indicates the following net income, for each year of the project: Year one- \$391,690, Year two- \$330,177, Year three- \$438,842

The average charge per patient for each year is shown as follows:

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Projected no of procedures			
Inpatient	275	303	333
Outpatient	825	908	998
Total	1,100	1,210	1,331
Avg charge per procedure	\$2,200	\$2,310	\$2,426

Indigent Care Plan. Coastal Carolina Medical Center has budgeted \$24,200, one percent (1%) of gross revenues for indigent care in the first year of the MRI operation, for the second year, Coastal Carolina Medical Center has budgeted \$27,951, and for the third year, \$32,283 in indigent care

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Coastal Carolina Medical Center
Hardeeville, South Carolina
Page 7

Cost Containment. According to the applicant, being able to provide MRI scans in-house at Coastal Carolina will foster cost containment and improve quality of care by eliminating delays in diagnosis, decision-making, and treatment for patients. It will reduce the risks associated with transporting acutely ill and emergent patients by ambulance to an MRI site, as well as avoid the additional costs associated with ambulance transport to an outside provider. Additionally, it may reduce the need for more costly and invasive procedures.

Decision Due Date. A decision must be made by the department on or before 11/20/04.

000234

Project Review Committee Meeting 9-28-04
COASTAL carolina medical center

NAME	REPRESENTING
Faye Flowers	PPAB-1 PHE Jasper
Colleen Dullen	" "
Carrie Bennett	PHE Jasper / Coastal Carolina
Eric Deaton	" "
Tricia Etheidge, MD	" " "
Les Green	McNair - MRI @ Belfair
Joe Borella	MRI at Belfair
Stephen Leukof	MANAGING Technologies



GEORGIA EMERGENCY ASSOCIATES

POST OFFICE BOX 16386 • SAVANNAH GEORGIA 31416
912-691 1533 • FAX 912-691 1853

9 Hickory Grove Way
Savannah, GA 31405-1028
Hm (912) 231-8661
Fax (912) 231-8661
Cell (912) 661-1493
KMRice1@aol.com

September 20 2004

Dear South Carolina Medical Board,

I am an Emergency Medicine Physician and partner in Georgia Emergency Associates (GEA). My group, under our new business name of Carolina Emergency Associates (CEA), will be staffing the new emergency department at Coastal Carolina Medical Center (CCMC) in Hardeeville, South Carolina. I will be the Emergency Department Director at CCMC.

As an emergency medicine physician, I am writing in strong support of an MRI suite at Coastal Carolina Medical Center.

The MRI is an accepted, state of the art diagnostic test used at most Hospitals. The MRI helps us diagnose neurologic, vascular, oncologic, and orthopedic diseases. Some of the diagnoses made with an MRI are emergent conditions, requiring immediate action, Specialist consultation, or referral.

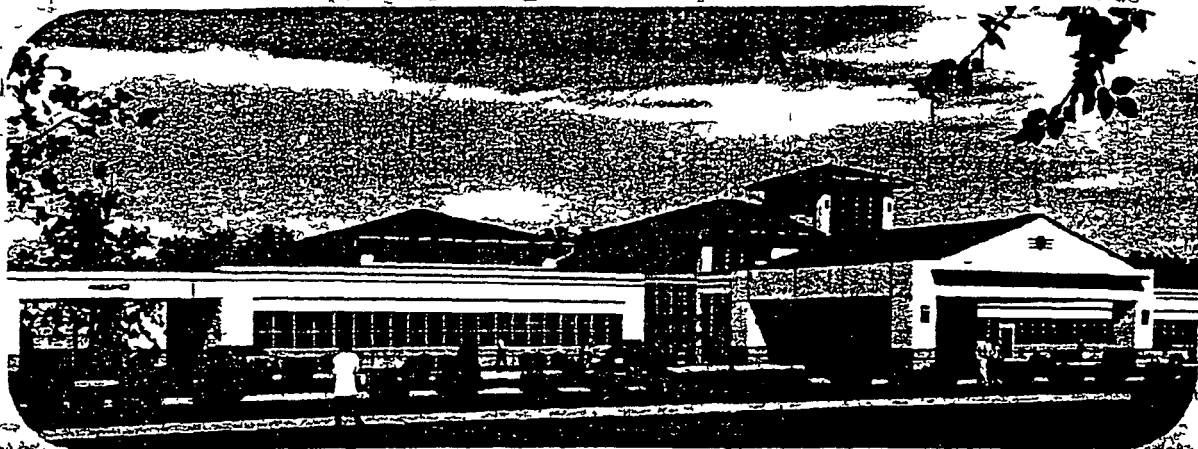
Please contact me with your questions about Coastal Carolina Medical Center.

Sincerely,

Kenneth MacLeod Rice, M.D.

Fellow, American College of Emergency Physicians
Diplomate, American Board of Emergency Medicine
Partner, GEA and CEA

000236



Compassion. Care. Community.

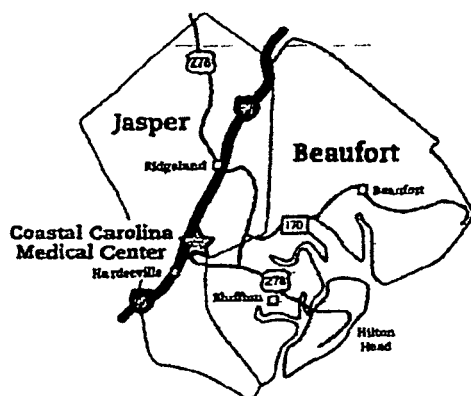
MISSION STATEMENT

Our mission is to provide excellent healthcare to our community and those we serve. We promise to be caring people with a unique passion for improving quality of life that begins with service above self.



**Coastal Carolina
Medical Center**

Compassion. Care. Community.



1000 Medical Center Drive
Hardeeville, South Carolina 29927
(843) 784-8000 Main Fax (843) 784-8001
www.coastalcarolinamedicalcenter.com

QUICK FACTS.

Coastal Carolina Medical Center is situated on 30 acres of property conveniently located off of Highway 278 just east of I 95.

The hospital is an 85,500 square foot facility featuring a number of services including:

- 24-Hour Emergency Services
- Medical Services including Intensive Care
- Inpatient/Outpatient Surgical Services
- Diagnostic testing including both laboratory and imaging procedures
- Rehabilitative Services including outpatient and inpatient physical, occupational and speech therapy; cardiac rehabilitation, and acute rehabilitative care through our inpatient rehab unit designed for patients recovering from a surgery, stroke or a related diagnosis
- Women's Services including Labor and Delivery, Gynecological Care, Mammography and Bone Density Screening

The medical campus will also host a 30,000 square foot medical office building which will support a number of new physician practices as well as a community education and meeting room.

Currently we have recruited a number of physicians. Our Medical Staff consists of physicians who are ALL Board Certified in their area of expertise (as compared to 65% nation wide).

000237

Over the last twelve months we have invested over \$30 million dollars in the community resulting in a new 85,500 square foot facility conveniently located on Highway 278 just east of 195. This new 41 private bed facility brings primary care closer to home. More importantly it creates access to more advanced technology, new medical staff and healthcare professionals and a host of new services to meet the changing needs of our growing community.



Compassion

Our team is committed to providing you and your family with the highest level of compassionate care. This commitment will be evident throughout our campus in the emergency department, physicians' offices, outpatient surgery and diagnostic testing, as well as through the hospitality demonstrated by our volunteers and on-going education classes.



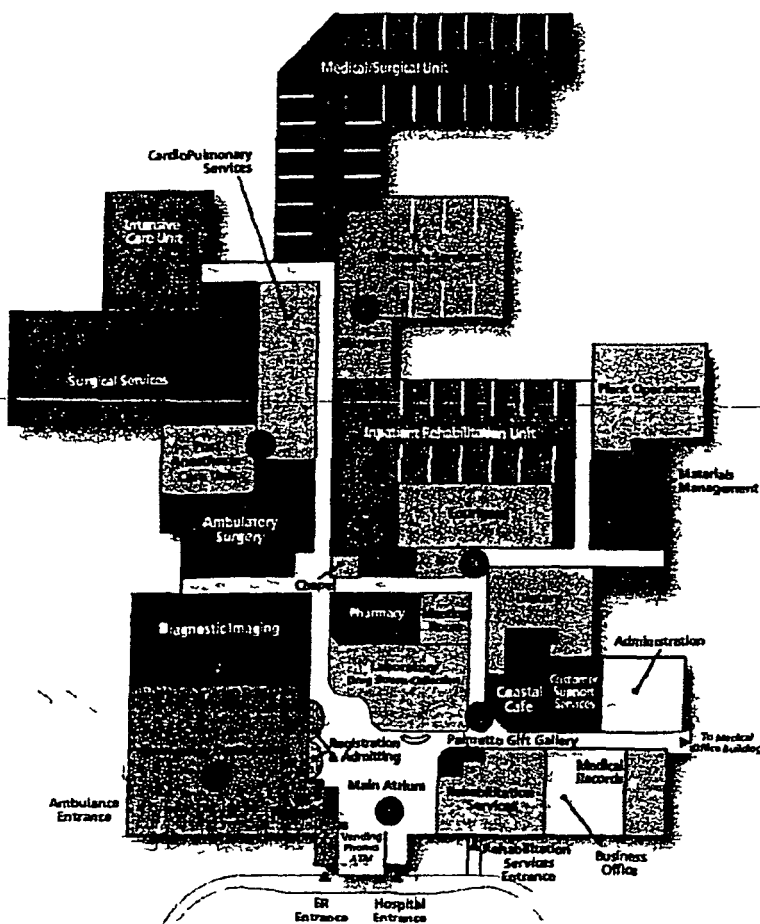
Care

Our hospital has more than 150 highly qualified healthcare professionals to assist in a variety of professional, clinical, and administrative roles. Many of these experienced healthcare professionals have received the highest level of accreditation or certification available in their field. Additionally, our medical staff is made up of more than 40 physicians, all Board Certified in their area of expertise.



Community

Our commitment to care extends beyond the walls of the hospital. We will strive to improve the quality of life within the Lowcountry by providing and supporting various educational programs, support groups, community functions, business health services, and charitable events. In addition to providing affordable, accessible care to our community, we will pay an estimated \$500,000 annually in local taxes to benefit area programs and schools.



Coastal Carolina Medical Center

Compassion. Care. Community.

Like the counties we serve, we plan to grow and expand our healthcare services to meet the changing needs of our community. Therefore, you can look to a stronger commitment to your family's health as we continue to dedicate further resources to building new relationships within the community, recruiting new physicians, adding more specialized equipment, and expanding our services.

000238



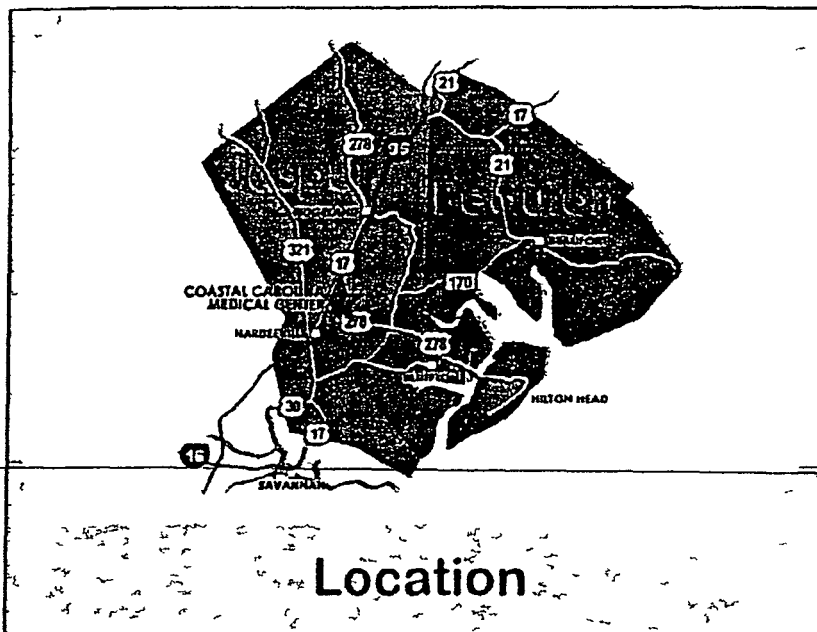
Coastal Carolina

Medical Center

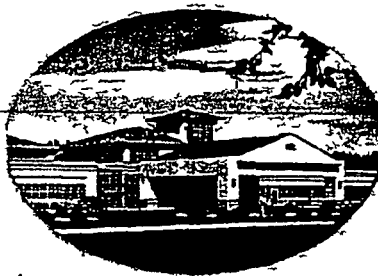


Location

000239



- Situated on 30 acres
- 85,000 square feet
- Accompanied by
30,000 square ft
Medical Office Bldg
- 41 licensed beds
 - 21 Medical/Surgical
 - 4 Labor and Delivery
 - 2 Gynecological/Surgical
 - 4 ICU
 - 10 Acute Rehab



Facility

000240

- 24-Hour Emergency Services
- Acute Medical Services
- Surgical Services
- Laboratory Services
- Imaging Services
- Physical, Occupational,
and Speech Therapy
- Cardiac Rehabilitation
- Women's Services
- Intensive Care



Featured Services

Mission Statement

Our mission is to provide excellent healthcare
to our community and those we serve

We promise to be caring people with a unique
passion for improving quality of life that
begins with service above self

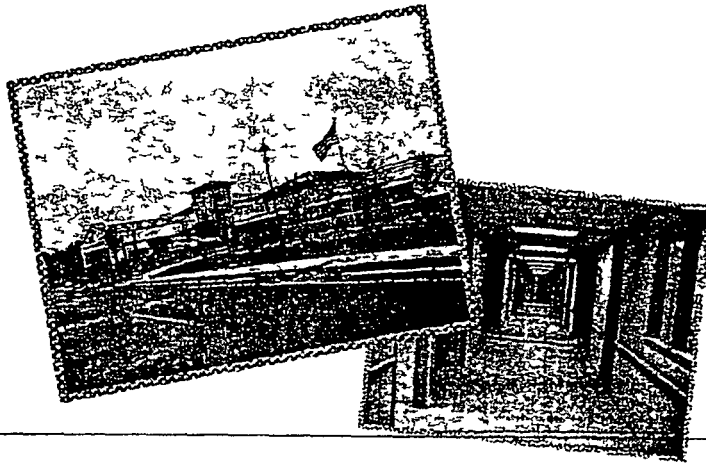
Compassion Care Community

Vision Statement

Coastal Carolina Medical Center will be
the Lowcountry's hospital of choice

Our strategic plan is to meet the changing needs of a growing
community by being easily accessible financially responsible
and focused on delivering excellent patient care

000241



Construction Progress

Recruit physicians, board members, and dept leaders	Aug 2004
Hiring of Hospital Staff	Sept 2004
Hospital Construction Complete	Oct 2004
Employee/Physician Orientation	Oct 2004
Medical Office Building Complete	Nov 2004
Hospital Open for Public Tours	Oct/Nov 2004
Hospital Begins Patient Care	Nov/Dec 2004

Timeline

000242

More than 70 physicians will represent a number of medical and surgical specialties

Anesthesiology	3	Oncology	2
Cardiology	4	Orthopedics	6
Emergency Medicine	8	Pathology	1
Family Medicine	9	Pediatrics	4
Internal Medicine	6	Pulmonology	2
Surgery	10	Radiology	1
Neurology	1	Urology	2
OB-GYN	4	Other	7

100% are Board Certified as compared to 60% nationwide

Physician Profile

Physicians Recruited	Date Rec.	Specialty
Burnaugh Bob	Aug 04	Pulmonology
Brundage, Fred	Apr 04	Family Medicine
Frost, Jack	Nov 03	Family Medicine
Hutchings, Jonathan	Feb 04	Family Medicine
Hutchings Heather	Feb 04	Family Medicine
Keith, Rebecca	Feb 04	OB-GYN
Mullis, Dan	May 04	General Surgery
Thomas, Annette	Apr 04	Pediatrics
Tice Doug	Apr 04	Orthopedic Surgery

Newly Recruited Physicians

000243

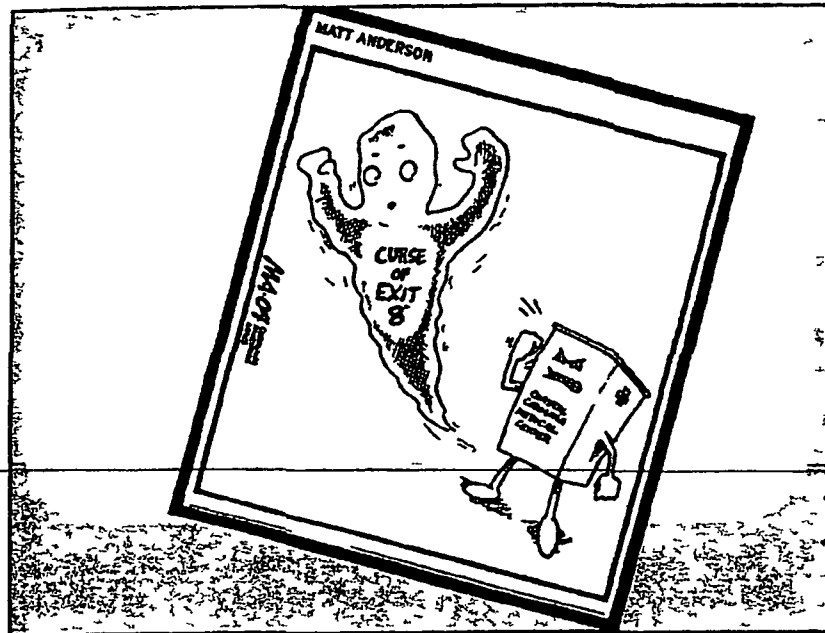
Hospital Building and Equipment	\$29 M
160+ Employees – Salaries/Benefits	7 2 M
Medical Office Building and Equipment	5 M
Physician Recruitment	3 M
Working Capital	3 M
<i>Total Investment Within Community</i>	\$48 2 M

Investment in Community

- \$500,000 towards local taxes annually
- Development of hospital has created access to natural gas resources within Jasper County
- Community pride affiliated with the end of the Curse of Exit 8
- Economic Development benefits associated with improved access to healthcare



000244



- 1 Each hospital should have at least one MRI unit available for diagnosis of emergency patients, inpatients, and outpatients
- 2 In order to promote cost-effectiveness, the use of shared mobile MRI units should be considered
- 3 The applicant agrees in writing to provide to the Department utilization data on the operation of the MRI service

Certificate of Need Standards

000245

Today will demonstrate that on-site MRI services at CCMC

- Meets the criteria of the State Health Plan
- Provides increased access to a needed service in Jasper County
- Improves the quality and delivery of patient care by reducing the costs and inconveniences associated with off-site and mobile MRI services
- Is the most cost-efficient option

The following project review are considered to be the most important to evaluating certificate of need applications for MRI services

- Community Need
- Distribution
- Acceptability
- Cost Containment

Review Criteria

000246

- CCMC will soon be the only acute care facility within Jasper County
- There are no MRI services current available within Jasper County
- Given the population growth that has occurred and is expected to continue, the need for these services will be in demand
- Portions of the Jasper County population face transportation issues which would make it difficult to access other freestanding facilities

Community Need

- This will be the first MRI unit located within Jasper County
- As the only hospital in Jasper County, it is essential that CCMC have on-site MRI services.

Distribution

000247

The following alternatives were explored in lieu of developing on-site MRI services

- Use of existing freestanding units
- Mobile Unit

Alternatives Explored

- Creates delays in diagnosis, decision making, and treatment
- Ambulance transport is not a viable option
 - Potentially stressful for patient as it creates a disruption in continuity of care
 - Potentially dangerous given congestion on Highway 278 towards HHI
 - Could jeopardize patient condition
 - Ambulance transportation creates an additional expense for patient

Use of Freestanding Units

000248

- More costly than fixed-site arrangement
- Compromises patient privacy as mobile units do not have private dressing rooms for patients
- Based upon projected utilization, use of a mobile unit would be impractical

Use of Mobile Unit

Area physicians and community leaders lend their support citing the following

- MRI unit is a standard of care for the only hospital within the primary service area supporting both a growing and aging population
- MRI unit is needed for the evaluation of patients with strokes, spinal abscesses, spinal cord injuries, and herniated disks
- MRI unit serves acutely ill patients more efficiently and effectively
- MRI unit onsite reduces the inconveniences surrounding transportation issues facing local patient populations

Acceptability

000249

- Addition will be added to existing project which will minimize costs
- Will add additional 1,470 square feet to current space

Cost Containment

The availability of onsite MRI services will

- Eliminate the delays in diagnosis, decision-making, and treatment for all patients
- Reduce the risks associated with transporting CCMC's acutely ill and emergent patients by ambulance to freestanding MRI suite
- Avoid the additional risks and costs associated with an ambulance transport to an outside provider
- Reduce the need for more costly and invasive procedures

Importance to Patient Care

000250

Overall, onsite MRI services at CCMC

- Meets the criteria of the State Health Plan
- Provides increased access to a needed service in Jasper County
- Improves the quality and delivery of patient care by reducing the costs and inconveniences associated with off-site and mobile MRI services
- ~~Is the most cost-efficient option~~

Conclusion

000251



0409194

David B. Summer, Jr.
 Partner
 Telephone: 803.253.8910
 Direct Fax: 803.253.8017
 davidsummer@parkerpoe.com

1201 Main Street
 Suite 1450
 P.O. Box 1509
 Columbia, SC 29202-1509
 Telephone: 803.253.8000
 Fax: 803.253.8017
 www.parkerpoe.com

September 24, 2004

Via Facsimile 898.3816
 Mr Jody M. Hamm
 Director
 Freedom of Information Office
 S C Department of Health
 and Environmental Control
 2600 Bull Street
 Columbia, SC 29201

10/6/04
 253 pages
 CRS
 Carolyn Jones

Re. *Coastal Carolina Medical Center
 Hardeeville, South Carolina
 CON Application for New Construction and the Addition of One Fixed MRI*

Dear Mr Hamm

Please consider this letter my request pursuant to the Freedom of Information Act for a copy of any and all documents filed in connection with the above Certificate of Need Application since our previous request to the Department of August 24, 2004

I would appreciate you notifying me when the material is ready so that I may arrange for my courier to pick it up. Of course, we agree to pay the Department's usual and customary fees for providing this information. Please call me if you have any questions

With best regards, I am

Sincerely

David B. Summer, Jr

DBS/c6q

Mr Rodney Bowman (via facsimile)

000252

RECEIVED

SEP 24 2004

Freedom of
 Information Office

CHARLESTON, SC
 CHARLOTTE, NC
 RALEIGH, NC
 SPARTANBURG, SC

COL 34557v1

0 JL 04

GENERAL RECEIPT REPORT
SC DHEC
BUREAU OF FINANCE
COLUMBIA SC

Radley

PROG/FY2005

Received From: PROVINCE HEALTHCARE

Receipt No 30131

Bank Code = 03100013

Deposit Date: 07/07/04

Deposit No 0100173

Print Code = S

Invoice = 90988

Control = CORREED

Voucher No

-----DHEC CODES-----				-----CG CODES-----				Inv_Ref	Amount		
Loc	Org	Fund	Acct	Actvty	Unk	Mini	Subf			Proj	Ph
400	402011	428015	4486701	0000000	000	0530	2837			4867	\$7,000 00
										\$7,000 00	

000253



Rodney
File

MEMORANDUM TO FILE

DATE October 27, 2004

FROM 
Albert N. Whiteside, Director
Division of Planning and Certification of Need

RE Coastal Carolina Medical Center and MRI at Belfair

On Tuesday, October 26, 2004, at 10 40 a.m , I drove from the new Coastal Carolina Medical Center at I-95, exit 8 and US 278 to MRI at Belfair located at 18 Clark Summit Drive off of US 278. The MRI at Belfair is located 13.8 miles from the Coastal Carolina Medical Center and it took approximately 17 minutes to travel this distance. US 278 is a very busy four lane road with several long traffic signals.

000254



October 18, 2004

Joel C. Grice, Director
Bureau of Health Facilities and Services Development
Certificate of Need Program
South Carolina Department of Health and Environmental Control
2600 Bull Street
Columbia, South Carolina 29201-1708

Dear Mr. Grice,

I am writing to restate the information you requested regarding the incidence of MRI procedures in our phone call of October 18, 2004. The Volunteers in Medicine clinic has sent patients to HealthSouth MRI for at least the length of my tenure as executive medical director (November 2001). We use the American College of Radiology web site to determine the medical indications for the appropriate radiological imaging technique (regular x-ray, ultrasound, CT scan, MRI). If in doubt, we consult with Dr. Borelli and abide by his recommendation.

HealthSouth has provided MRI's for our patients without charge to the patient for over three years. We have averaged about one MRI per week for our patient population. We currently have about 6,500 active patients who have a total of about 22,000 clinic visits per year. We have never had a patient wait longer than two days for a procedure and all urgent cases are seen within a few hours. We see patients with all medical illnesses except obstetrics and surgery requiring more than local anesthesia.

Our patient demographics are as follows: 50% Latino, 30% African American, 20% Caucasian, 13% pediatric, <1% older than 65 years old, 56% female.

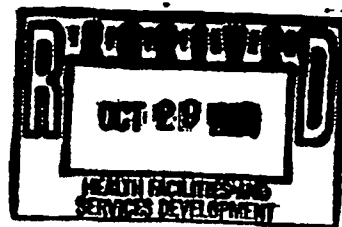
I do not believe that HealthSouth has ever turned away a patient that has had a medical indication for a MRI procedure. In addition, HealthSouth has never charged our patients for any MRI they have performed.

If you need additional patient data, please let me know.

000255

Sincerely,

Frank W. Bowen, MD, MMM
Executive Medical Director



15 Northridge Drive • Hilton Head Island, SC 29926-3764
Phone: (843) 681-6612 • Fax: (843) 681-6614

From "Crum, Liz" <LCrum@MCNAIR.NET>
To <gricejc@dhec.sc.gov>
Date 11/9/2004 1 40 47 PM
Subject FW CCMC CON Final in pdf

Joel Dr Borelli and Steve Levkoff have asked that I forward this on to you in electronic (pdf) form so that you can have it. Unfortunate I do not have Rodney's e-mail address and would appreciate your forwarding it on to him. This afternoon I will have the hard copy signed version filed with Rodney and you along with the 2 exhibits. Under separate cover I am forwarding the Province Healthcare 2003 Annual report and the Michigan CON regs. Liz

M. Elizabeth (Liz) Crum
McNair Law Firm, P.A.
1301 Gervais Street
P O Box 11390 (29211)
Columbia, South Carolina 29201
(803) 799-9800
~~(803) 376-2219 (fax)~~
lcrum@mcnair.net
<http://www.mcnair.net>

-----Original Message-----

From Joe Borelli [mailto:joeborelli1@mac.com]
Sent Tuesday, November 09, 2004 1:14 PM
To Crum, Liz
Cc Stephen Levkoff
Subject CCMC CON Final in pdf

000256

File Csh

DataCentric Technologies, Inc

November 9 2004

Mr Joel C Grice, Director
Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
South Carolina Department of Health and Environmental Control
2600 Bull Street
Columbia South Carolina 29201-1708

Re Letter of Opposition to PHC-Jasper Inc.'s (d/b/a as Coastal Carolina Medical Center hereinafter "CCMC") Certificate of Need Application for New Construction and the Addition of One (1) Fixed MRI

Dear Mr Grice

This letter is the follow-up to MRI at Belfair LLC's opposition at the project review meeting for the CCMC Certificate of Need Application for New Construction and the Addition of One (1) Fixed MRI (hereinafter "MRI Application"). MRI at Belfair LLC ("Belfair") is a freestanding imaging facility providing magnetic resonance imaging ("MRI") services in Bluffton South Carolina and is an affected party as defined in the South Carolina Certificate of Need and Health Facility Licensure Act ("CON Act"). This letter is submitted on behalf of Belfair. The MRI Application was submitted pursuant to the 2003 South Carolina Health Plan ("Plan"). Both the financial and community needs projections and assumptions presented by CCMC in support of its CON Application are inaccurate and not supported by the facts. Accurate financial and community needs assessments - including the availability of medical services in Beaufort County, 50% of the CCMC MRI Application proposed service area - demonstrate that there is no need for a fixed freestanding MRI facility at CCMC. As demonstrated here the CCMC MRI project is not financially feasible, is an unnecessary duplication of existing, underutilized MRI services, will not improve accessibility to MRI services in the proposed service area, does not promote cost containment and, will adversely affect existing providers and underserved populations. Belfair requests that the CON Application be denied.

- BACKGROUND:** The MRI Application states that the proposed service area is Jasper County and the Bluffton portion of Beaufort County with more than 50% of the served population residing in Bluffton in 2006. CCMC states that there is no MRI in Jasper County and that there is a need for MRI services to be more accessible to the residents of Jasper County. However, for its attempt to demonstrate need, the service area relied upon by CCMC has more than fifty (50%) percent of its population in Beaufort County. There are currently ten (10) MRIs operating in Beaufort County and an eleventh was approved by the Department on October 14, 2004 when it approved the CON for Beaufort Imaging Center, a freestanding imaging facility located in Port Royal and affiliated with Beaufort Memorial Hospital. Each of the MRIs that have received a CON to operate in Beaufort County has relied upon and serves the population of Jasper County as well as the population of Beaufort County.¹

¹ We expressly request that the DHEC files for the following CON applications be incorporated into this response and the CON Application: Beaufort Memorial Hospital MRI at Belfair, Hilton Head Regional Medical Center and HealthSouth Diagnostic Center of Hilton Head.

200 PROFESSIONAL BUILDING 2 CORPUS CHRISTI PLACE PO BOX 9574
HILTON HEAD SOUTH CAROLINA 29928
PHONE 843 785 3377 FAX 843 686 2491

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- 2 **Summary Basis for Opposition.** Before going into a point-by-point analysis of the basis for the Belfair opposition to the MRI Application it must be noted that the MRI Application included or relied upon assumptions financial projections and community needs assessments that derived from the original Jasper Hospital Inc. Certificate of Need Application (hereinafter JHI CON²) for the construction and relocation of a 31-bed acute care bed replacement hospital in Jasper County South Carolina The pro forma projections from the JHI CON application are included in the MRI Application and serve as the basis for CCMC's projected hospital need for the MRI Therefore it is necessary to discuss certain projections in the JHI CON as it applies to the MRI Application and its reliance on the JHI projections Consequently the JHI CON application is included herein by reference and we request that the Department incorporate the JHI CON application into its file for the MRI Application

We will demonstrate that the underlying assumptions financial projections and community needs assessments of the MRI Application are not founded in fact or valid assumptions are grossly misleading and are totally inconsistent with the experience and/or financial results of

- CCMC's parent company, Province Healthcare, in managing 19 other non-urban hospitals
- Low Country General Hospital that CCMC replaces and
- Other hospitals and healthcare providers in the service area.

- 3 **UNNECESSARY DUPLICATION OF EXISTING SERVICES** There are now eleven (11) MRI units providing or about to provide² MRI services in Beaufort County Each MRI unit, based upon a five (5) day week, eight (8) hour day can conservatively perform 3 000 scans³ per year Obviously this means that 33 000 scans can conservatively be performed on the currently available MRI units According to the 2004 State Health Plan the 10 existing units only performed 10,715 scans in FY 02. We request that you take into consideration and incorporate herein the 2003 Joint Annual Reports (JARs) for all MRI units in Beaufort County There is a tremendous excess capacity already in the Beaufort-Jasper service area Thus adding a fixed MRI unit at CCMC is an unnecessary duplication of existing MRI services

CCMC did not even address the impact that the MRI would have on existing services Instead the MRI Application only notes that the hospital would not be able to adequately serve the needs of the service area patients needing MRI services The application does not even acknowledge that there are other MRI service providers in its proposed area (MRI Application, p 20). Further, the MRI Application does not even discuss any serious problems such as availability or accessibility in obtaining MRI services absent the CCMC MRI The MRI Application only repeatedly states that the MRI is needed for

² The Beaufort Imaging Center MRI may not be on line yet but it certainly will be in the near future—long before the CCMC unit could be available.

³ The 3,000 number is extremely conservative. The state of Michigan, for example uses the capacity number of 11 000 scans per unit before another MRI unit can be approved. We believe that the MRI scan capacity of 4 000 per unit is more appropriate but have used the 3 000 number in an abundance of caution (Michigan MRI CON requirements attached hereto as Exhibit 2)

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the hospital's patients which according to the JHI Application will be from Jasper County, not Beaufort County

- 4 THE PROJECT IS NOT FINANCIALLY FEASIBLE At the outset, we noted that the financial forecasts contained in the MRI Application and their underlying assumptions appear to be grossly misleading not founded in fact and contradict the Province Health Care hospital system experience The following is a detailed analysis of the financial forecasts contained in the JHI and MRI Applications juxtaposed with the financial and operating experience of Province Healthcare CCMC's parent company and MRI at Belfair a Bluffton-based state-of-the-art MRI facility References to other health care facilities will be noted. Major categories of the financial forecasts will be addressed: service area population, services available at CCMC and likely use thereof; CCMC and CCMC MRI census and capacity utilization expected net versus gross revenues and other miscellaneous items affecting revenues and expenses Finally note that the application is not in compliance with Reg 61-15 § 202.2 b(16)

Any number by itself serves no purpose and is meaningless Only when a number is a reference point for another number or group of numbers does it begin to have meaning. In a business context, reference points tend to be either to a like category compared at a different point in time (time series data) or a like category and point in time compared with the same data from a different entity (cross-sectional data)

- a Reasonableness of Projections The first test of the validity of a pro forma budget is the reasonableness of the projections That test of reasonableness must be in the context of comparison to similar or competing businesses vis-a-vis the assumed competitive advantage of the new opportunity DHEC has recognized this when it requests that the applicant show that its proposed charges are in line with those of existing providers Occasionally numbers deviate so far from one's perception of reality that they should be immediately questioned and examined Much of the information contained in the JHI and MRI Applications falls into that category For example JHI forecasted that CCMC would in the first three years of its existence deliver 750 938 and 3 688 new babies By comparison Jasper County residents delivered a total of 165 babies in 2002 Beaufort County residents, 1850 - probably biased upward by the military presence in the area and all South Carolina residents 49 836 Is it likely that a new 31-bed rural hospital would deliver 454% of the number of babies born to residents of its primary service area in its first year of operation? Likewise Is it likely that an area (Jasper) with 0.5% of the South Carolina population would deliver 7.5% of its newborns? These projections completely disregard the reality of the actual data (experience) in Beaufort and Jasper Counties As previously noted, all JHI forecasts are included in the CCMC MRI CON

As a basis for determining the accuracy of the MRI Application financial assumptions we have chosen to compare the JHI/MRI Application forecasts to the consolidated results of Province Healthcare, its parent company Province Healthcare operates 19 other non-urban hospitals and should be a good proxy for expected operating results at CCMC Likewise, we have selected MRI at Belfair as a comparable facility to compare to the MRI Application pro forma budget. Other reference points include other area health care providers and demographic data

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The following will demonstrate that the entire financial package contained in the JHI and MRI Applications and the underlying assumptions grossly overstate the projected financial feasibility of the MRI Application and mislead DHEC

- b **CMCC Forecasts Versus Province Healthcare Actual Results.** Table 1 shows a comparison of certain Province Healthcare operating results and those forecast for the first three years of CMCC operation⁴. Province Healthcare consolidated operating results were reported in its 2003 Annual Report (Exhibit 1) for the year ending December 31 2003. In every single key operating category CCMC forecasts were substantially above the actual results obtained by Province in its other 19 non-urban hospitals
- 1 **Inpatient Admissions Per Bed** Inpatient admissions per bed forecast by CCMC for the first 3 years of operation are 173% 163% and 179% of the results achieved by Province in 2003
 - 2 **Patient Days Per Bed** CCMC patient days per bed are forecast to be 195.85 244.83 and 269.29 for the first 3 years of operation – 53.66% 67.08% and 73.78% of capacity. Province facilities average 38.45% while Low Country General Hospital averaged 70.65 patient days or 19.35% of capacity in its last two years (Bates 420 – 424). The CCMC capacity utilization forecasts are 140% 174% and 192% of Province results in 2003
 - 3 **Patient Days Per Admission** Patient days per admission were forecast at 107% of the number of patient days per Province admission – with no explanation or comparisons of expected illnesses to be treated at CCMC versus other Province facilities
 - 4 **Net Patient Revenue** Net versus gross patient revenue reflects the difference between total charges for hospital services and net charges after contractual allowances (insurance Medicare Medicaid etc.) Province Healthcare realizes 44.96% of gross revenue after contractual allowances. CCMC operating in the 10th poorest county in South Carolina with over 3403 (Bates 417) Medicaid eligible residents and 4100+ residents without health insurance (Bates 136) forecasts that it will recover 59.17% 58.61% and 58.32% of gross billings – 132% 130% and 130% of Province's actual recovery. See also the pro forma budget contained in the MRI Application
 - 5 **Average Per Bed Revenue** Average revenue per bed for Province Healthcare was \$336,154 in 2003. CCMC forecasts 152%, 192% and 216% of that for its first three years of operation
 - 6 **EBITDA Per Bed** Province's 2003 Average EBITDA per bed was \$42,163 in 2003. CCMC forecasts 225% 287% and 350% respectively in its first three years of operation

⁴ We must discuss the JHI CON financial projections because the MRI Application projections are based upon them and incorporate them.

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HILTON HEAD SOUTH CAROLINA 29928
PHONE 843 785 3377 FAX 843 686 2491

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Table 1

Comparison of Province Healthcare Operating Results versus CCMC Forecasts

	<u>Province Healthcare Corporate</u>	<u>CCMC Forecasts Year 1</u>	<u>CCMC Forecasts Year 2</u>	<u>CCMC Forecasts Year 3</u>
Acute Care Beds	2,189	31	31	31
Inpatient Admissions	72 630	1 775	2 219	2 441
Annual Inpatient Admissions per bed	33 18	57.26	54 12	59.54
Differential - Province versus CCMC		173%	163%	179%
Patient Days	307 195	8 030	10 038	11 041
Patient Days / Bed	140.34	195 85	244 83	269.29
Bed Utilization	38 45%	53 66%	67 08%	73 78%
Differential - Province versus CCMC		140%	174%	192%
Patient Days / Admit	4.23	4 52	4 52	4.52
Differential - Province versus CCMC		107%	107%	107%
Gross Inpatient Rev	\$ 903 740 000	\$17,250 000	\$ 22 080 000	\$ 24 950 400
Gross Outpatient Rev	<u>\$ 732,844,000</u>	<u>\$18,112,500</u>	<u>\$ 23,184,000</u>	<u>\$ 26,197,920</u>
Gross Patient Revenue	\$1 636 584 000	\$35,362 500	\$ 45,264 000	\$ 51 148 320
Net Patient Revenue	\$ 735 841 000	20,923 875	26 528,272	29 832 147
Net / Gross Patient Revenue	44.96%	59 17%	58.61%	58 32%
Differential - Province versus CCMC		132%	130%	100%
EBITDA	\$ 92,295 000	\$ 3,896 510	\$ 4 969 085	\$ 6 050 550
EBITDA / Net Revenue	12.54%	18 62%	18 73%	20.28%
Differential Province versus CCMC		148%	149%	162%
Average Rev / Bed	\$ 336 154	\$ 510 338	\$ 647 031	\$ 727 613
Differential - Province versus CCMC		152%	192%	216%
Average EBITDA / Bed	\$ 42 163	\$ 95 037	\$ 121 197	\$ 147,574
Differential - Province versus CCMC		225%	287%	350%
Outpatient Factor	1.81	2.05	2 05	2 05
Differential Province versus CCMC		113%	113%	113%
Inpatient Admissions	72 630	1 775	2,219	2 441
Adjusted Admissions	131,557	3 639	4 549	5 004

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HILTON HEAD SOUTH CAROLINA 29928
PHONE 843 785 3377 FAX 843 686 2491

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000261

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- 7 Province's 2003 EBITDA as a percent of net revenue is 12.54%. CCMC forecasts 148%, 149% and 162%.
- 8 **Outpatient Factor** Province's outpatient factor the ratio of gross patient revenue to inpatient revenue is 1.81. CCMC once again forecasts much higher – 113% of the parent. It should be noted that JHI forecasts 19,000 ER visits in year 1 and 23,750 and 26,125 in years two and three (Bates 357). Hilton Head Regional Medical Center a Level III trauma facility with a much larger service area and over 2.5 million tourist visits per year has only 20,000 ER visits per year. Once again JHI grossly overstates the number of ER visits it could reasonably expect to have. Of course one of the justifications that CCMC seeks to demonstrate facility need for the MRI is the expected number of ER visits.

In every measure of operating performance without explanation or substantiation, CCMC has forecast results that far exceed those achieved by the comparable hospitals owned and or managed by its parent company. These deviations are too great to be ignored.

-
- c. **CCMC MRI Forecasts Versus MRI at Belfair Operating Results** Just as it was necessary to find a basis for determining the efficacy of JHI's financial forecasts it is necessary to find a comparable for the MRI Application. The MRI Application forecasts will be compared to the operating results of MRI at Belfair a General Electric International show site MRI facility located in Bluffton SC – 12 miles and no more than 15 minutes at posted speed limits (55 and 60 MPH) from the CCMC facility. The Belfair results are for the 12 months ending April 30, 2004. The following are pertinent comparisons of actual Belfair operating results versus CCMC MRI forecasts. Complete results are shown in Table 2.

- 1 **Scan Volume** Scan volume at Belfair for the 12 months ending April 30 was 3,142. According to Mr. Chris Cribbs former radiology administrator at Hilton Head Regional Medical Center (HHRMC) that 93-bed Level III trauma facility performs approximately 3 scans per day (2 inpatient and 1 outpatient).

CCMC forecasts 1,100, 1,211 and 1,331 procedures in years one through three. Outpatient volume is expected to be 75% of the total – ostensibly derived from Beaufort County which is already extremely well served by existing MR facilities. In its first year CCMC MRI based in a 31 acute care bed facility expects to scan more patients than HHRMC, a facility 3 times its size located in the wealthiest county in the state and with a service area population more than twice that of Jasper.

- 2 **Gross Revenue** Belfair's gross revenue per scan is \$1,203. CCMC forecasts gross revenue per scan of \$2,200, \$2,308 and \$2,425 in years one through three – or – 183%, 192% and 202% of the Belfair charges. CCMC claims that its charges will be consistent with current charge structures in the marketplace* (p. 28 of CON). This differential is even more dramatic when one considers that MRI at Belfair performs a majority of its scans with contrast – a more expensive and time-consuming procedure.

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3 **Net Revenue** Net revenue is total revenue less contractual discounts for third parties including private insurers, Medicare and Medicaid. Belfair's net revenue per scan at is \$565, 47% of gross revenue. CCMC forecasts net revenue per scan of \$1210, \$1269 and \$1334 for years one through three – 55% of very inflated gross revenue. The CCMC forecasted net revenue per scan is 214%, 225% and 236% of Belfair's net revenue per scan. Several points should be noted:

a On approximately the same number of scans, CCMC forecasts net revenue per scan higher than Belfair's gross revenue.

b CCMC forecasts net revenue per scan at more than double Belfair's. CCMC forecasts net revenue as a fixed percentage of an inflated gross revenue number without regard to allowed reimbursement rates. The most important factor in forecasting net revenue is contractual discounts to insurers, Medicare, Medicaid and other third parties. Gross revenue is meaningless. Allowable reimbursement rates by procedure type are the basis for third party reimbursements.

c In spite of overwhelming evidence to the contrary, CCMC's CON Application claims that the MRI facility will be cost-effective (see p. 29).

4 **CCMC MRI Forecasted Expenses** CCMC MRI forecasted expenses appear to be understated by at least \$260,000 per year – the cost of capital (@ 7.5% or higher) for the facility plus the cost of scan storage.

a CCMC has grossly overstated the revenue potential of its proposed MRI facility when compared to a nearby state-of-the-art MR facility. Likewise, it has significantly understated its expenses. The magnitude of the deviation of CCMC forecasts from actual results achieved by MRI at Belfair is profound.

d **CCMC MRI Economic Viability** The proposed CCMC MRI facility is not economically viable. Table 3 is an adjusted forecast of results possibly achievable by CCMC MRI. The adjusted forecast assumes:

1 – Province capacity utilization rates (much higher than rates for the Low Country General Hospital that CCMC replaced)

2 Reimbursement rates achieved by MRI at Belfair

3 Original CCMC forecast of MRI outpatient – inpatient ratios (3:1) and

4 7.5% cost of capital

Under this scenario, the CCMC MRI project would lose \$629,000, \$906,000 and \$933,000 in its first three years of operation.

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Table 2
Comparison of MRI at Belfair Operating Results versus CCMC MRI Forecasts

	Belfair 30-Apr-04	CCMC MRI Forecasts		
		Year 1	Year 2	Year 3
Outpatient MRI Procedures	3142 ^a	825	908	998
Inpatient MRI Procedures		<u>275</u>	<u>303</u>	<u>333</u>
Total MRI Procedures	<u>3142</u>	<u>1100</u>	<u>1211</u>	<u>1331</u>
Outpatient as % of Total		75%	75%	75%
Revenues				
Gross Outpatient MRI Revenues	\$ 4 723 480	\$ 1 815 000	\$ 2,096 325	\$ 2 421,255
Gross Inpatient MRI Revenues	<u>\$ -</u>	<u>\$ 605,000</u>	<u>\$ 698,775</u>	<u>\$ 807,085</u>
Gross MRI Revenues	\$ 4 723 480	\$ 2 420 000	\$ 2 795 100	\$ 3,228 340
Average Gross Revenue Per MRI	<u>\$ 1,203</u>	<u>\$ 2,200</u>	<u>\$ 2,308</u>	<u>\$ 2,425</u>
CCMC Gross Revenue Per Scan as % Belfair		183%	192%	202%
Net Revenues	<u>\$ 1,776,452</u>	<u>\$ 1,331,000</u>	<u>\$ 1,537,305</u>	<u>\$ 1,775,587</u>
Average Net Revenue per MRI	<u>\$ 565</u>	<u>\$ 1,210</u>	<u>\$ 1,269</u>	<u>\$ 1,334</u>
Net Revenue as % of Gross Revenue	47%	55%	55%	55%
CCMC Net / Belfair Net		214%	225%	236%
Operating Expenses				
MRI Equipment Lease	\$ 405 656			
Salaries and Wages	\$ 199 436	\$ 141,856	\$ 146 112	\$ 150 494
Employee Benefits	\$ -	\$ 27 662	\$ 28 492	\$ 29 347
Medical Supplies & Medications	\$ 81 851	\$ 166 375	\$ 192,163	\$ 221 848
Image Storage	\$ 53 140			
Miscellaneous	<u>\$ 82,260</u>			
Total Operating Expenses	<u>\$ 822,343</u>	<u>\$ 335,893</u>	<u>\$ 366,767</u>	<u>\$ 401,789</u>
General and Administrative Expenses				
Management Fees	\$ 95 313			
Facilities Rent	\$ 58 094			
Maintenance Contracts	\$ 62 484		\$ 120 400	\$ 120 400
Bad Debts Expense	\$ 59 782	\$ 121 000	\$ 139 755	\$ 161 417
Depreciation and Amortization	\$ 54 331	\$ 138 333	\$ 276 667	\$ 276 667
Interest Expense	\$ 18			
Property Taxes		\$ 73 689	\$ 73 689	\$ 73 689
Insurance		\$ 626	\$ 657	\$ 690
Miscellaneous Expenses	\$ 147 137			
Utilities	<u>\$ -</u>	<u>\$ 8,643</u>	<u>\$ 9,075</u>	<u>\$ 9,529</u>
Total G&A Expenses	<u>\$ 477,159</u>	<u>\$ 342,291</u>	<u>\$ 620,243</u>	<u>\$ 642,392</u>
Total Expenses	<u>\$ 1,299,501</u>	<u>\$ 678,184</u>	<u>\$ 987,010</u>	<u>\$ 1,044,181</u>
Pre-Tax Earnings	\$ 476 951	\$ 652 816	\$ 550 295	\$ 731 406
EBITDA	\$ 531 300	\$ 791 149	\$ 826 962	\$ 1 008 073

^a Includes approximately 20 inpatients predominantly from Memorial University Medical Center (Savannah, GA) and Hilton Head Regional Medical Center (Hilton Head, SC) transported via ambulance for advanced cardiovascular MRI

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Table 3

CCMC MRI Forecasts Adjusted for Reasonable Expectations of Performance

	<u>CCMC MRI Forecasts</u>		
	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Adjustments to CCMC Expense Assumptions			
Interest Expense @ 7.5% of Facility Cost	\$ 240,075	\$ 240,075	\$ 240,075
Image Storage (% of cases vs Belfair)	\$ 18,604	\$ 20,481	\$ 22,511
Net Adjustment to CCMC Expenses	<u>\$ 258,679</u>	<u>\$ 260,556</u>	<u>\$ 262,586</u>
Adjusted Total CCMC Expenses	<u>\$ 936,863</u>	<u>\$ 1,247,566</u>	<u>\$ 1,306,767</u>
Adjustments to CCMC Revenue Assumptions			
Adjust Scans			
Inpatient Bed utilization same as PRV = 38%			
Adjusted Inpatient Admissions	1249	1259	1253
Adjusted Inpatient Scans - CCMC Ratio S/IP	194	215	235
~~Outpatient Adjusted / Inpatient Admissions~~	~~350~~	~~389~~	~~426~~
Total Adjusted Scans	<u>544</u>	<u>604</u>	<u>661</u>
Adjust Average Net Revenue per Scan to Belfair	\$ 565	\$ 565	\$ 565
Adjusted Net Revenue	<u>\$ 307,451</u>	<u>\$ 341,322</u>	<u>\$ 373,611</u>
Minus Adjusted Total Expenses	<u>\$ (936,863)</u>	<u>\$ (1,247,566)</u>	<u>\$ (1,306,767)</u>
Adjusted Pre Tax Earnings (loss)	<u>\$ (629,412)</u>	<u>\$ (906,245)</u>	<u>\$ (933,156)</u>

- 5 **THE MRI APPLICATION DOES NOT PROMOTE COST CONTAINMENT** CCMC states that the project will foster cost containment because it will 1) eliminate the delays in diagnosis decision-making and treatment for all patients 2) reduce the risks associated with transporting the hospital's acutely ill and emergent patients to freestanding facilities; 3) avoid the costs associated with ambulance transportation and 4) reduce the need for more costly and invasive procedures. We address each of these below:
- a There is a MRI unit within a 20 to 35 minute drive of all residents of Jasper County and within 10 to 12 minutes of all residents of Bluffton. This slight difference in drive time certainly does little if anything to eliminate the delays in diagnosis, decision-making and treatment for all patients. It may make the trip take slightly less time for some patients.
 - b Risk associated with transportation of hospital inpatients has nothing to do with cost containment. Approximately one third (1/3) of the projected patients for the MRI Application are inpatients. The vast majority of emergency department patients are not candidates for MRI. Rather, acutely ill patients requiring cross-sectional imaging are almost always better served by CT. It is most likely that seriously injured emergent patients will be taken to Beaufort Memorial or Hilton Head Medical Center because of their Level III trauma designation or to Memorial University Medical Center (Level I) in Savannah, GA.

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- c Yet again the number of inpatients that the MRI Application projects ranges from 275 in year one to 333 in year three. The CCMC charge is significantly higher for example than the Belfair charge. Further the Belfair gross revenue per scan is a global charge which includes the physician professional component. The CCMC charge does not. The physician fee must be added to the CCMC total charge. This higher cost is applicable to every patient CCMC would scan not just to the inpatients. To the extent that there is an ambulance charge associated with the transportation of an inpatient, the higher charges imposed by the hospital and the physician reading the scan are much more costly.
- d The likelihood that a patient at CCMC would have to have a more expensive invasive procedure because he could not be taken to either a freestanding MRI facility or Beaufort Memorial or Hilton Head Medical Center is extremely remote. CCMC asserts that without in-house MRI services patients will have to undergo risky invasive, more expensive diagnostic tests. As CCMC does not operate cardiac catheterization, X-ray angiographic or interventional procedure suites we question the nature of the "invasive" procedures to which they refer.

The fixed MRI project will increase rather than contain the cost of health care since it constitutes an unnecessary duplication of services will have an adverse effect on existing providers and underserved patients and will not be financially feasible.

- 6 **THE PROJECT WILL HAVE AN ADVERSE IMPACT ON EXISTING PROVIDERS AND THE UNDERSERVED POPULATION.** As is discussed elsewhere herein there is no need for an additional fixed scanner. The population growth is not sufficient to offset the additional excess capacity created by the proposed MRI Application. The only way that CCMC can possibly meet its scan projections in years 1 through 3 is to capture a significant number of patients from the Bluffton area, in particular, that are patients of Belfair. Belfair is a General Electric International MRI show site and one of a very few clinical evaluation sites for GE. Without an appropriate patient base it cannot continue to serve as a show site/clinical evaluation site or continue to provide the most advanced technology to the patients in its service area. Belfair is the only facility in Beaufort and Jasper that provides cardiac MRI. Again without an appropriate patient base it may not be able to continue to provide all of the advances in cardiac MRI.

Belfair and HEALTHSOUTH Diagnostic Center have consistently taken every indigent patient that has been referred to them. See the letter from Frank Bowen, M.D. medical director Volunteers in Medicine Clinic of Hilton Head. CCMC projects it will only provide 9 to 10 scans per year to indigent patients. Belfair and HEALTHSOUTH collectively have provided approximately 100 scans to indigent patients annually. Each scan that CCMC takes from Belfair or HealthSouth reduces, commensurately their ability to continue to provide meaningful care to indigent patients.

- 7 **ANY INCREASE IN ACCESSIBILITY DOES NOT OUTWEIGH THE ADVERSE IMPACT ON EXISTING PROVIDERS.** The 2003 South Carolina Health Plan (Plan) provides "The benefits of improved accessibility will be equally weighted with the adverse affects of duplication in evaluating Certificate of Need applications for this service." Plan p. 67. As is demonstrated below the existing MRI services are accessible to CCMC's proposed service area.

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The average worker living in Jasper County commutes 34.2 minutes to and from work each day. Without CCMC most Jasper residents are within that same driving time to much larger hospitals offering a much broader range of health care services and trauma care. ALL residents of Beaufort County are within that driving time to either Hilton Head Regional Medical Center or Beaufort Memorial Hospital. MRI services are easily accessible to all Beaufort and Jasper residents at hospitals and stand-alone MR facilities. More than fifty (50%) percent of the population relied upon by CCMC in the MRI Application is from the Bluffton area of Beaufort County and is located closer to MRI at Belfair and Southern MRI.

- 8 **THERE IS NEITHER A COMMUNITY NOR HOSPITAL SPECIFIC NEED FOR THE MRI PROJECT** Beaufort County is well served medically by Beaufort Memorial Hospital (130 acute care beds with Level III trauma) and Hilton Head Regional Medical Center (93 acute care beds with Level III trauma). The MRI Application does not present any justification for assuming that there is a medical need for another fixed MRI to service the CCMC Service Area. They do not even address the availability of services from Beaufort Memorial Hospital (a Duke university affiliate in Heart and Cancer care), Hilton Head Regional Medical Center, or any of the existing MRI facilities in Beaufort County.
- 9 **Jasper County MRI Emergent Care Need Not Justified** The MRI Application cites the need for emergent care in Jasper as a basis for community need and hospital specific need demonstration for a fixed MR. However, CCMC's reliance is unfounded.
- a CMC is not even a Level III trauma center. Under the local and State EMS protocols, emergent patients are taken to a hospital in many circumstances on the basis of the severity of injury or illness rather than hospital proximity.
 - b CCMC does not address the types or severity of trauma that might be readily treated in a non-urban 31-bed acute care facility. For example, much of the critical need for emergent MRI is eliminated if there are no neurosurgeons to treat severe spinal cord and head trauma and no capacity for interventional cardiology. Further, MRI at Belfair is the only facility in the region that has the capability to perform cardiac MRI and the MRI Application does not indicate that CCMC plans to offer cardiac MR services.
 - c Regionally, Hilton Head Regional Medical Center and Beaufort Memorial Hospital, both in close proximity to Jasper County residents, are Level III trauma centers. Hilton Head refers major head, spinal cord, chest and other trauma cases for tertiary care to Memorial Health University Medical Center (Savannah, GA - 20 miles from the Hardeeville JHI site) and MUSC (Charleston, SC) both Level I trauma centers located in major teaching hospitals. Without a full range of board certified specialists and other criteria to at least be designated a Level III trauma center, any rationale attempting to justify fixed MRI services for trauma patients are specious.
- 10 **Jasper Fixed MRI Need Not Established.** CCMC has not and cannot justify the need for a fixed MRI facility in Jasper County. The following details the pertinent issues.
- a. The MRI Application inpatient and outpatient utilization forecasts and emergent care assumptions are significantly overstated (see Section 3 - 5(b)) based upon

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- 1 The experience of Province Healthcare in managing its other 19 non-urban hospitals
 - 2 Low Country General Hospital (that CCMC replaces) utilization rates
 - 3 Other hospitals in the South Carolina lowcountry and,
 - 4 Existing state-of-the-art MR facilities serving Sun City Bluffton Beaufort and Hilton Head in Beaufort County and surrounding areas in South Carolina and Georgia – including Jasper County
- b The MRI Application assumes that Beaufort County will comprise more than 50% of its service area population (the wealthiest 50%) without addressing the current availability of MRI capability and capacity in that part of its service area.
- c The MRI Application makes frequent reference (for example see p 21) to a fixed MRI requirement to eliminate the need for "more invasive diagnostic tests. The application fails to identify what these tests are and whether they are even available at CCMC. For example, a test that they might cite is catheter X-ray angiography. However CCMC is not equipped based upon the JHI CON and the MRI Application, to perform X-ray, catheter angiography. What types of "invasive diagnostic tests" for which MRI would be the preferred alternative is CCMC contemplating at its institution?
- d CCMC has not and cannot provide justification for a fixed MR in Jasper County
- 11 **Jasper Indigent Care Needs Not Met:** The JHI CON (Bates 20) couched its location choice in the context of the necessity of deriving a sufficiently affluent patient mix to be able to provide indigent care. Jasper is the 10th poorest county in SC with *per capita* income of \$14,161. Of course the same is true of MRI at Belfair or HealthSouth or any existing facility providing indigent care. Over 20% of Jasper's population lives below the poverty level. Thirty-five percent (35%) of adults do not have a high school education. In August 2001 Jasper had 3,403 residents (Bates 417) eligible for Medicaid. According to the Executive Director of the Jasper County Development Board (Bates 408) Jasper has the highest influx of Hispanics in the state, many of whom are uninsured and ineligible for Medicaid. The Executive Director of the Jasper County Board of Disabilities and Special Needs made a desperate plea for medical access for her impoverished county (Bates 413). This makes it more critical that any project that CCMC proposes has sufficient indigent care. At 9 to 10 MRI indigent patients annually the MRI Application does not provide sufficient indigent care in an area CCMC acknowledges has a great need for such care.
- 12 **Limited Beaufort County Support for CCMC MRI:** Community support for the MRI Application is limited predominately to residents of Jasper County and/or individuals with business interests in Jasper County or physicians from Georgia (several of whom are radiologists presumably contracted to interpret the scans for CCMC MRI).
- 13 **Physician Referral Issues:** The MRI Application does not address the issue of Beaufort County physician referral to the proposed CCMC MRI facility. Given lack of

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physician support it is highly unlikely that Beaufort County residents would avail themselves of either CCMC or the CCMC MRI facility

- 14 Epidemiological Issues Lynn Bailey Associates in the JHI CON (Bates 135 - 138) notes that Jasper County is considered "very rural" by the South Carolina Budget and Control Board. She further notes that the South Carolina Rural Health Reports estimates that South Carolinians living in very rural area are 20% more likely than urban residents to die of cancer and 44% more likely to die of a heart attack. Once again the lack of a viable indigent care program does not meet the community need. The lack of planned cardiac MRI and interventional cardiology services at CCMC also suggest that there is no need for MRI for that significant percentage of the Jasper County population that is more likely to die of a heart attack.

SUMMARY AND CONCLUSIONS

We respectfully request that SC DHEC reject the MRI Application. The MRI Application (and project) is not financially feasible, is an unnecessary duplication of existing underutilized MRI services, will not improve accessibility to MRI services in the proposed service area, does not promote cost containment and will adversely affect existing providers and underserved populations. The MRI Application is not in compliance with the Plan because appropriate consideration was not given to the use of a shared mobile MRI and any increase in accessibility gained from the location of the MRI is more than offset by the adverse impact of duplicating existing, underutilized MRI services.

Sincerely,

J Stephen Levkoff
Chairman and Chief Executive Officer

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Exhibit 1

Province Healthcare Company

2003 Annual Report

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Exhibit 2

Michigan MRI CON Requirements

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MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

CERTIFICATE OF NEED (CON) REVIEW STANDARDS
FOR MAGNETIC RESONANCE IMAGING (MRI) SERVICES

(By authority conferred on the CON Commission by Section 22215 of Act No. 368 of the Public Acts of 1978 as amended and sections 7 and 8 of Act No. 306 of the Public Acts of 1969 as amended being sections 333.22215 24 207 and 24 208 of the Michigan Compiled Laws)

Section 1 Applicability

Sec. 1 (1) These standards are requirements for the approval of the initiation expansion, replacement, relocation, or acquisition of MRI services and the delivery of services for all projects approved and Certificates of Need issued under Part 222 of the Code that involve magnetic resonance imaging services.

(2) Magnetic resonance imaging is a covered clinical service for purposes of Part 222 of the Code. An MRI unit approved pursuant to Section 9(1) seeking approval to operate pursuant to sections 3 4 5 6, 7 or 8 shall be considered as a person requesting CON approval to initiate expand replace, relocate or acquire a covered clinical service, as applicable.

(3) The Department shall use sections 3 4 5 6, 7 8 9, 10, 13, 14 15 16 and 17 as applicable in applying Section 22225(1) of the Code, being Section 333.22225(1) of the Michigan Compiled Laws

(4) The Department shall use Section 12 as applicable in applying Section 22225(2)(c) of the Code being Section 333.22225(2)(c) of the Michigan Compiled Laws

Section 2. Definitions

Sec. 2. (1) For purposes of these standards

(a) "Acquisition of an existing MRI service or unit(s)" means obtaining control or possession of an existing fixed or mobile MRI service or unit(s) by contract, ownership lease, or other comparable arrangement.

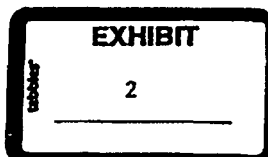
(b) "Actual MRI adjusted procedures" for purposes of sections 15 and 16 means the number of MRI procedures adjusted in accordance with the applicable provisions of Section 13 performed on an existing MRI unit, or if an MRI service has two or more MRI units at the same site the average number of MRI adjusted procedures performed on each unit, for the 12-month period reported on the most recently published "Available MRI Adjusted Procedures List," as of the date an application is deemed complete by the Department.

(c) "Available MRI adjusted procedures," for purposes of Section 15 means the number of MRI adjusted procedures performed by an existing MRI service in excess of 8,000 per fixed MRI unit and 7 000 per mobile MRI unit. For either a fixed or mobile MRI service the number of MRI units used to compute available MRI adjusted procedures shall include both existing and approved but not yet operational MRI units. In determining the number of available MRI adjusted procedures, the Department shall use data for the 12-month period reported on the most recently published list of available MRI adjusted procedures as of the date an application is deemed complete by the Department.

In the case of an MRI service that operates, or has a valid CON to operate more than one fixed MRI unit at the same site, the term means the number of MRI adjusted procedures in excess of 8 000 multiplied by the number of fixed MRI units at the same site. For example, if an MRI service operates or has a valid CON to operate two fixed MRI units at the same site, the available number of MRI adjusted procedures is the number that is in excess of 16 000 (8 000 x 2) MRI adjusted procedures

In the case of a mobile MRI unit, the term means the sum of all MRI adjusted procedures performed by the same mobile MRI unit at all of the host sites combined that is in excess of 7 000. For example if a mobile MRI unit serves five host sites the term means the sum of MRI adjusted procedures for all five

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host sites combined that is in excess of 7 000 MRI adjusted procedures

(d) "Central service coordinator" means the organizational unit that has operational responsibility for a mobile MRI unit(s). It shall be a legal entity authorized to do business in the State of Michigan.

(e) "Certificate of Need Commission" or "CON Commission" means the Commission created pursuant to Section 22211 of the Code, being Section 333.22211 of the Michigan Compiled Laws.

(f) "Code" means Act No. 368 of the Public Acts of 1978, as amended, being Section 333.1101 et seq. of the Michigan Compiled Laws.

(g) "Contrast MRI procedure" means an MRI procedure involving either of the following: (i) a procedure following use of a contrast agent or (ii) procedures performed both before and after the use of a contrast agent.

(h) "Dedicated pediatric MRI" means an MRI unit on which at least 80% of the MRI procedures are performed on patients under 18 years of age.

(i) "Department" means the Michigan Department of Community Health (MDCH).

(j) "Doctor" means an individual licensed under Article 15 of the Code to engage in the practice of medicine, osteopathic medicine and surgery, chiropractic, dentistry, or podiatry.

(k) "Existing magnetic resonance imaging service" or "existing MRI service" means either the utilization of an authorized MRI unit(s) at one site in the case of a fixed MRI service and in the case of a mobile MRI service, the utilization of an authorized mobile MRI unit(s) at each host site on the date an application is submitted to the Department.

(l) "Expand a fixed MRI service" means an increase in the number of fixed MRI units to be operated by the applicant at the same site.

(m) "Expand a mobile MRI service" means the addition of a mobile MRI unit that will be operated by a central service coordinator that is approved to operate one or more mobile MRI units as of the date an application is submitted to the Department.

(n) "Group practice" for purposes of Section 16(3)(b) means a group practice as defined pursuant to the provisions of 42 U.S.C. 1395nn(h)(4) commonly known as Stark II and the Code of Federal Regulations, 42 CFR Part 411 published in the Federal Register on August 14, 1995, or its replacement.

(o) "Health service area" or "HSA" means the geographic areas set forth in Section 19.

(p) "Host site" means the site at which a mobile MRI unit is authorized by CON to provide MRI services.

(q) "Initiate a fixed MRI service" means begin operation of a fixed MRI service at a site that does not provide or is not CON approved to provide fixed MRI services as of the date an application is submitted to the Department. The term does not include the acquisition or relocation of an existing fixed MRI service or the renewal of a lease.

(r) "Initiate a mobile MRI host site" means the provision of MRI services at a host site that has not received any MRI services within 12 months from the date an application is submitted to the Department. The term does not include the renewal of a lease.

(s) "Initiate a mobile MRI service" means begin operation of a mobile MRI unit that serves two or more host sites.

The term does not include the acquisition of an existing mobile MRI service or the renewal of a lease.

(t) "Inpatient," for purposes of Section 13 of these standards, means an MRI visit involving an individual who has been admitted to the licensed hospital at the site of the MRI service/unit or in the case of an MRI unit that is not located at that licensed hospital site, an admitted patient transported from a licensed hospital site by ambulance to the MRI service.

(u) "IRB" or "institutional review board" means an institutional review board as defined by Public Law 93-348 that is regulated by Title 45 CFR 46.

(v) "Licensed hospital site" means a health facility licensed under Part 215 of the Code. In the case of a single site hospital, it is either (i) the location of the facility authorized by license and listed on that licensee's certificate of licensure or (ii) in the case of a hospital with multiple sites, the location of each separate and distinct inpatient unit of the health facility as authorized by the licensee's certificate of licensure.

(w) "Magnetic resonance" or "MR" means the analysis of the interaction that occurs between radio frequency energy, atomic nuclei, and strong magnetic fields to produce cross sectional images similar to

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those displayed by computed tomography (CT) but without the use of ionizing radiation.

(x) "Magnetic resonance imaging adjusted procedure" or "MRI adjusted procedure" means an MRI visit, at an existing MRI service, that has been adjusted in accordance with the applicable provisions of Section 13.

(y) "Magnetic resonance imaging database" or "MRI database" means the database maintained by the Department pursuant to Section 12 of these standards, that collects information about each MRI visit at MRI services located in Michigan

(z) "Magnetic resonance imaging procedure" or "MRI procedure" means a procedure conducted by an MRI unit approved pursuant to sections 3 4 5 6 7 8 or 10 of these standards which is either a single billable diagnostic magnetic resonance procedure or a procedure conducted by an MRI unit at a site participating with an approved diagnostic radiology residency program, under a research protocol approved by an institutional review board. The capital and operating costs related to the research use are charged to a specific research account and not charged to or collected from third-party payors or patients. The term does not include a procedure conducted by an MRI unit approved pursuant to Section 9(1)

(aa) "Magnetic resonance imaging services" or "MRI services" means either the utilization of an authorized MRI unit(s) at one site in the case of a fixed MRI service or in the case of a mobile MRI service the utilization of an authorized mobile MRI unit at each host site.

(bb) "Magnetic resonance imaging unit" or "MRI unit" means the magnetic resonance system consisting of an integrated set of machines and related equipment necessary to produce the images and/or spectroscopic quantitative data from scans

(cc) "Magnetic resonance imaging visit" or "MRI visit" means a single patient visit to an MRI service/unit that may involve one or more MRI procedures.

(dd) "Medicaid" means title XIX of the social security act, chapter 531 49 Stat. 620 1396r-6 and 1396r-8 to 1396v

(ee) "Metropolitan statistical area county" means a county located in a metropolitan statistical area as that term is defined under the "standards for defining metropolitan and micropolitan statistical areas" by the statistical policy office of the office of information and regulatory affairs of the United States office of management and budget, 65 F.R. p. 82238 (December 27 2000) and as shown in Appendix A.

(ff) "Micropolitan statistical area county" means a county located in a micropolitan statistical area as that term is defined under the "standards for defining metropolitan and micropolitan statistical areas" by the statistical policy office of the office of information and regulatory affairs of the United States office of management and budget, 65 F.R. p. 82238 (December 27 2000) and as shown in Appendix A.

(gg) "Mobile MRI unit" means an MRI unit operating at two or more host sites and that has a central service coordinator. The mobile MRI unit shall operate under a contractual agreement for the provision of MRI services at each host site on a regularly scheduled basis.

(hh) "Ownership interest, direct or indirect," for purposes of these standards means a direct ownership relationship between a doctor and an applicant entity or an ownership relationship between a doctor and an entity that has an ownership relationship with an applicant entity.

(ii) "Pediatric patient," for purposes of these standards except for Section 10 means a patient who is 12 years of age or less.

(jj) "Planning area," for purposes of these standards means

(i) in the case of a proposed fixed MRI service or unit, the geographic area within a 20-mile radius from the proposed site if the proposed site is not in a rural or micropolitan statistical area county and a 75-mile radius from the proposed site if the proposed site is in a rural or micropolitan statistical area county.

For purposes of Section 7(8) of these standards the planning area shall be measured from the original site at which the MRI service was first initiated.

(ii) in the case of a proposed mobile MRI service or unit, except as provided in subsection (iii), the geographic area within a 20-mile radius from each proposed host site if the proposed site is not in a rural or micropolitan statistical area county and within a 75-mile radius from each proposed host site if the proposed site is in a rural or micropolitan statistical area county.

(iii) in the case of a proposed mobile MRI service or unit meeting the requirement of Section 13(2)(d) the health service area in which all the proposed mobile host sites will be located.

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(kk) "Referring doctor" for purposes of these standards means the doctor of record who ordered the MRI procedure(s) and either to whom the primary report of the results of an MRI procedure(s) is sent or in the case of a teaching facility the attending doctor who is responsible for the house officer or resident that requested the MRI procedure.

(ll) "Relocate an existing MRI service/unit(s)" means a change in the location of an existing MRI service/unit(s) from the existing site to a different site within the relocation zone.

(mm) "Relocation zone" for purposes of these standards means the geographic area that is within a 5-mile radius of the existing site of the MRI service or unit to be relocated if the existing MRI service or unit is not located in a rural or micropolitan statistical area county and a 10-mile radius if the existing MRI service or unit is located in a rural or micropolitan statistical area county

(nn) "Renewal of a lease" means extending the effective period of a lease for an existing MRI unit that does not involve either replacement of the MRI unit, as defined in Section 2(1)(oo)(i) or (ii) a change in the parties to the lease.

(oo) "Replace an MRI service or unit" means (i) any equipment change involving a change in or replacement of the magnet resulting in an applicant operating the same number and type (fixed or mobile) of MRI units before and after project completion or (ii) an equipment change other than a change in the magnet that involves a capital expenditure of \$500 000 or more in any consecutive 24-month period or (iii) the renewal of a lease. The term does not include an upgrade of an existing MRI service or unit, and it does not include a host site that proposes to receive mobile MRI services from a different central service coordinator if the requirements of Section 3(5)(a)-(e) as applicable have been met.

(pp) "Rural county" means a county not located in a metropolitan statistical area or micropolitan statistical areas as those terms are defined under the "standards for defining metropolitan and micropolitan statistical areas" by the statistical policy office of the office of information regulatory affairs of the United States office of management and budget, 65 F R p 82238 (December 27 2000) and as shown in Appendix A.

(qq) "Sedated patient" means a patient that meets all of the following

(i) whose level of consciousness is either conscious-sedation or a higher level of sedation as defined by the American Association of Anesthesiologists the American Academy of Pediatrics the Joint Commission on the Accreditation of Health Care Organizations or an equivalent definition

(ii) who is monitored by mechanical devices while in the magnet.

(iii) who requires observation while in the magnet by personnel other than employees routinely assigned to the MRI unit, who are trained in cardiopulmonary resuscitation (CPR)

(rr) "Site" for purposes of these standards, means

(i) in the case of a licensed hospital site, a location that is part of the licensed hospital site or a location that is contiguous to the licensed hospital site or

(ii) in the case of a location that is not a licensed hospital site a location at the same address or a location that is contiguous to that address

(ss) "Teaching facility" for purposes of these standards means a licensed hospital site or other location that provides either fixed or mobile MRI services and at which residents or fellows of a training program in diagnostic radiology that is approved by the Accreditation Council on Graduate Medical Education or American Osteopathic Association are assigned

(tt) "Unadjusted MRI scan" means an MRI procedure performed on a single anatomical site as defined by the MRI database and that is not adjusted pursuant to the applicable provisions of Section 13

(uu) "Upgrade an existing MRI unit" means any equipment change that

(i) does not involve a change in or replacement of, the magnet; does not result in an increase in the number of MRI units, or does not result in a change in the type of MRI unit (e.g. changing a mobile MRI unit to a fixed MRI unit), and

(ii) involves a capital expenditure of less than \$500 000 in any consecutive 24-month period.

(2) Terms defined in the Code have the same meanings when used in these standards.

Section 3 Requirements for approval of applicants proposing to initiate an MRI service or mobile MRI host site

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Sec. 3 (1) An applicant proposing to initiate a fixed MRI service shall demonstrate that 6 000 available MRI adjusted procedures from within the same planning area as the proposed service/unit, per proposed unit result from application of the methodology in Section 15 of these standards.

(2)(a) An applicant proposing to initiate a mobile MRI service that involves beginning operation of a mobile MRI unit shall demonstrate that a minimum of 5 500 available MRI adjusted procedures, from within the same planning area as the proposed service/unit per proposed unit result from application of the methodology in Section 15 of these standards

(b) The applicant, whether the central service coordinator or the host site must demonstrate that a minimum of 600 available MRI adjusted procedures from within the same planning area as the proposed service/unit, result from the application of the methodology in Section 15 of these standards for each proposed host site that

(i) is not located in a rural or micropolitan statistical area county and
(ii) has not received any mobile MRI service within the most recent 12-month period as of the date an application is submitted to the Department.

(c) The applicant, whether the central service coordinator or the host site must demonstrate that a minimum of 400 available MRI adjusted procedures from within the same planning area as the proposed service/unit, result from the application of the methodology in Section 15 of these standards for each proposed host site that

~~(i) is located in a rural or micropolitan statistical area county and~~

~~(ii) has not received any mobile MRI service within the most recent 12-month period as of the date an application is submitted to the Department.~~

(3)(a) An applicant, whether the central service coordinator or a proposed host site, proposing to initiate a mobile MRI host site not in a rural or micropolitan statistical area county that is to be part of an existing mobile MRI service must demonstrate that at least 600 available MRI adjusted procedures, from within the same planning area as the proposed service/unit result from the application of the methodology in Section 15 of these standards for that host site.

(b) An applicant, whether the central service coordinator or a proposed host site, proposing to initiate a mobile MRI host site in a rural or micropolitan statistical area county that is to be part of an existing mobile MRI service must demonstrate that at least 400 available MRI adjusted procedures, from within the same planning area as the proposed service/unit, result from the application of the methodology in Section 15 of these standards for that host site

(4) An applicant that meets all of the following requirements shall not be required to be in compliance with subsection (1)

(a) The applicant is proposing to initiate a fixed MRI service

~~(b) The applicant is currently a host site being served by one or more mobile MRI units~~

(c) The applicant has received, in aggregate the following

(i) at least 6 000 MRI adjusted procedures within the most recent 12-month period for which data, verifiable by the Department, are available or

(ii) at least 4 000 MRI adjusted procedures within the most recent 12-month period for which data verifiable by the Department, are available, and the applicant meets all of the following

(A) is located in a county that has no fixed MRI machines that are pending approved by the Department, or operational at the time the application is deemed submitted;

(B) the nearest fixed MRI machine is located more than 15 radius miles from the application site,

(C) the applicant is a nonprofit licensed hospital site

(D) the applicant certifies in its CON application, by providing a governing body resolution, that the board of trustees of the facility has performed a due diligence investigation and has determined that the fixed MRI service will be economically viable to ensure provision of safe and appropriate patient access within the community hospital setting

(d) All of the MRI adjusted procedures provided at the applicant's approved site in the most recent 12-month period referenced in (c) above, by each mobile MRI service/units from which any of the MRI adjusted procedures are being utilized to meet the minimum 6 000 or 4 000 MRI adjusted procedures shall be utilized to meet the requirements of (c) [For example If mobile network 19 provided 4 000

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adjusted procedures network 21 provided 2 100 and network 18 provided 1 000 all of the adjusted procedures from network 19 and 21 must be used (i.e. 6 100) but the 1 000 adjusted procedures from network 18 do not need to be used to meet the 6 000 minimum)

(e) The applicant shall install the fixed MRI unit at the same site as the existing approved host site.

(5) Initiation of a mobile MRI host site does not include the provision of mobile MRI services at a host site if the applicant, whether the host site or the central service coordinator demonstrates or provides each of the following as applicable

(a) The host site has received mobile MRI services from an existing mobile MRI unit within the most recent 12-month period as of the date an application is submitted to the Department.

(b) The addition of a host site to a mobile MRI unit will not increase the number of MRI units operated by the central service coordinator or by any other person.

(c) Notification to the Department of the addition of a host site prior to the provision of MRI services by that mobile MRI unit in accordance with (d)

(d) A signed certification on a form provided by the Department whereby each host site for each mobile MRI unit has agreed and assured that it will provide MRI services in accordance with the terms for approval set forth in Section 12 of these standards as applicable. The central service coordinator also shall identify all current host sites on this form, that are served by the mobile route as of the date of the signed certification or are committed in writing to be served by the mobile route.

(e) The central service coordinator requires as a condition of any contract with a host site, compliance with the requirements of these standards by that host site and the central service coordinator assures compliance by that host site, as a condition of the CON issued to the central service coordinator

Section 4 Requirements for approval of an application proposing to expand an existing MRI service

Sec. 4 (1) An applicant proposing to expand a fixed MRI service shall demonstrate that its existing fixed MRI units (excluding MRI units approved pursuant to Section 10) have performed at least an average of 11 000 adjusted procedures for each fixed unit based on the application of the methodology in Section 13 and as documented in accordance with Section 14 of these standards.

(2) An applicant proposing to expand a mobile MRI service shall demonstrate that 4 000 available MRI adjusted procedures from within the same planning area as the proposed service/unit, per proposed additional unit result from application of the methodology in Section 15 of these standards

(3) An applicant proposing to expand a mobile MRI service must provide a copy of the existing or revised contracts between the central service coordinator and each host site(s) that includes the same stipulations as specified in Section 6(2).

Section 5. Requirements for approval of an applicant proposing to replace an existing MRI unit

Sec. 5 An applicant proposing to replace an existing MRI unit shall demonstrate that the proposed project meets each of the following requirements.

(1) Within the most recent 12-month period for which data, verifiable by the Department, are available at least the applicable minimum number of MRI adjusted procedures set forth in subdivision (a), (b), or (c) has been performed. In meeting this requirement, an applicant shall not include any procedures conducted by an MRI unit approved pursuant to Section 9(1)

(a) Each mobile MRI unit to be replaced has performed in excess of an average of 5 500 MRI adjusted procedures per MRI unit.

(b) Each fixed MRI unit to be replaced has performed in excess of an average of 6 000 MRI adjusted procedures per MRI unit.

(c) The dedicated pediatric MRI unit to be replaced has performed in excess of 3,500 MRI

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adjusted procedures per MRI unit.

(2) An applicant proposing to replace an MRI unit that does not involve a renewal of a lease shall demonstrate that the MRI unit to be replaced is fully depreciated according to generally accepted accounting principles, the existing equipment clearly poses a threat to the safety of the public; or the proposed replacement equipment offers a significant technological improvement which enhances quality of care increases efficiency and reduces operating costs

(3) Equipment that is replaced shall be removed from service and disposed of or rendered considerably inoperable on or before the date that the replacement equipment becomes operational.

(4) An applicant proposing to replace a mobile MRI unit must provide a copy of the existing or revised contracts between the central service coordinator and each host site(s) that includes the same stipulations as specified in Section 6(2)

Section 6. Additional requirements for approval of an applicant proposing to initiate a mobile MRI service

Sec 6. (1) An applicant proposing to initiate a mobile MRI service that involves beginning operation of a mobile MRI unit shall identify the proposed regular route schedule and the procedures for handling emergency situations.

(2) An applicant proposing a mobile MRI service shall submit copies of all proposed contracts related to the mobile MRI service in the CON application submitted by the central service coordinator. The contract shall include at least the following.

(a) A signed certification, on a form provided by the Department, whereby each host site has agreed and assured that it will provide MRI services for each mobile MRI unit in accordance with the terms of approval set forth in Section 12 of these standards as applicable. The central service coordinator also shall identify all current host sites on this form, as of the date of the signed certification.

(b) A statement that requires compliance with the requirements of these standards by that host site and assures compliance, by that host site as a condition of the CON issued to the central service coordinator

(c) A signed agreement between the central service coordinator and the host site(s) that states that for any host site applying, at any time in the future for a fixed MRI unit under Section 3(4) that the mobile services at the host site will not cease until the fixed unit is in operation or upon the request of the host site. Further the applicant applying for the fixed MRI unit must stipulate in the application at the time it is submitted to the Department that it has notified all affected host sites as well as the central service coordinator at least six months prior to beginning operation of the fixed MRI unit.

Section 7 Requirements for approval of an applicant proposing to relocate an existing MRI service/unit(s)

Sec 7 An applicant proposing to relocate an existing MRI service/unit(s) shall demonstrate that the proposed project meets all of the following

(1) The service/unit(s) to be relocated is a fixed MRI unit.

(2) The MRI service/unit(s) to be relocated has been in operation for at least 36 months as of the date an application is submitted to the Department.

(3) The proposed new site of the existing MRI service/unit(s) to be relocated is in the relocation zone.

(4) The proposed project will not result in the replacement of the MRI unit(s) to be relocated unless

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the applicant demonstrates that the requirements of Section 5 as applicable also have been met.

(5) The proposed project will not result in an increase of the number of MRI units operated by the MRI service

(6) Each MRI unit to be relocated performed at least the applicable minimum number of MRI adjusted procedures set forth in Section 12(1)(d)(i) of these standards based on the most recent 12-month period for which the Department has verifiable data

(7) The applicant agrees to operate the MRI service or unit(s) in accordance with all applicable project delivery requirements set forth in Section 12 of these standards

(8) An applicant that meets all of the following requirements shall be exempt from subsection (3)

(a) The licensed hospital site to which the MRI service is to be relocated and the MRI service at the site from which the MRI service is to be relocated are owned by the same person as defined in Section 1106 of this public act or the same governmental entity

(b) The licensed hospital site to which the MRI service is to be relocated is located within the planning area.

~~(c) As evidenced in the governing body resolution required in (e) the MRI service to be relocated shall cease at its current location within 24 months after the date the application receives a final decision of approval from the Department or upon the date the service becomes operational at the relocation site whichever occurs first.~~

(d) The MRI service shall be relocated and shall be operational within 24 months after the date the application receives a final decision of approval from the Department or the CON to relocate the MRI service shall expire

(e) The CON application includes a resolution of the applicant's governing body that commits to the provisions of (c) and (d)

(f) The relocation of the MRI service shall not result in the licensed hospital site having more than one fixed MRI unit.

Section 8 Requirements for approval of an applicant proposing to acquire an existing MRI service/unit(s)

Sec 8 An applicant proposing to acquire an existing fixed or mobile MRI service/unit(s) shall demonstrate that the proposed project meets all of the following

(1) The project will not change the number of MRI units at the site of the MRI service being acquired unless the applicant demonstrates that the project is in compliance with the requirements of Section 3 or 4 as applicable.

(2) The project will not result in the replacement of an MRI unit at the MRI service to be acquired unless the applicant demonstrates that the requirements of Section 5 also have been met.

(3) The applicant agrees to operate the MRI service/unit(s) in accordance with all applicable project delivery requirements set forth in Section 12 of these standards.

(4) For the first application proposing to acquire an existing fixed or mobile MRI service on or after July 1 1997 the existing MRI service/unit(s) to be acquired shall not be required to be in compliance with the volume requirements applicable to a seller/lessor on the date the acquisition occurs. The MRI service shall be operating at the applicable volume requirements set forth in Section 12(1)(d)(i) of these standards in the second 12 months after the effective date of the acquisition, and annually thereafter

(5) For any application proposing to acquire an existing fixed or mobile MRI service/unit(s) except the first application approved pursuant to subsection (4) an applicant shall be required to document that

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the MRI service/unit(s) to be acquired is operating in compliance with the volume requirements set forth in Section 12(1)(d)(i) of these standards applicable to an existing MRI service on the date the application is submitted to the Department.

Section 9 Requirements for approval of an applicant proposing an MRI unit to be used exclusively for research

Sec. 9 (1) An applicant proposing an MRI unit to be used exclusively for research shall demonstrate each of the following:

(a) The applicant operates a diagnostic radiology residency program approved by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, or an equivalent organization.

(b) The MRI unit shall operate under a protocol approved by the applicant's institutional review board

(c) The applicant agrees to operate the unit in accordance with the terms of approval in Section 12(2)

(2) An applicant meeting the requirements of subsection (1) shall be exempt from meeting the requirements and terms of sections 3 4 5 6 7 8, 12 [with the exception of 12(1)(d)(iii)] 14 and 15 of these standards.

Section 10 Requirements for approval of an applicant proposing to establish dedicated pediatric MRI

Sec. 10 (1) An applicant proposing to establish dedicated pediatric MRI shall demonstrate all of the following.

(a) The applicant shall have experienced at least 7 000 pediatric (< 18 years old) discharges (excluding normal newborns) in the most recent year of operation

(b) The applicant shall have performed at least 5 000 pediatric (< 18 years old) surgeries in the most recent year of operation.

(c) The applicant shall have an active medical staff at the time the application is submitted to the department, that includes but is not limited to physicians who are fellowship-trained in the following pediatric specialties.

(i) pediatric radiology (at least two)

(ii) pediatric anesthesiology

(iii) pediatric cardiology

(iv) pediatric critical care

(v) pediatric gastroenterology

(vi) pediatric hematology/oncology

(vii) pediatric neurology

(viii) pediatric neurosurgery

(ix) pediatric orthopedic surgery

(x) pediatric pathology

(xi) pediatric pulmonology

(xii) pediatric surgery

(xiii) neonatology

(d) The applicant shall have in operation the following pediatric specialty programs at the time the application is submitted to the Department:

(i) pediatric bone marrow transplant program

(ii) established pediatric sedation program

(iii) pediatric open heart program

(2) An applicant meeting the requirements of subsection (1) shall be exempt from meeting the requirements of Section 4 of these standards.

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Section 11 Requirements for approval – all applicants

Sec. 11 An applicant shall provide verification of Medicaid participation at the time the application is submitted to the Department. If the required documentation is not submitted with the application on the designated application date the application will be deemed filed on the first applicable designated application date after all required documentation is received by the Department.

Section 12. Project delivery requirements—terms of approval

Sec. 12 (1) An applicant shall agree that, if approved, the services provided by the MRI unit, whether fixed or mobile, shall be delivered and maintained in compliance with the following terms of CON approval:

- (a) Compliance with these standards.
- (b) Compliance with applicable safety and operating standards for the specific MRI unit approved.
- (c) Compliance with the following quality assurance standards.
- (i) An applicant shall develop and maintain policies and procedures that establish protocols for the following system performance measures. The protocols shall establish the required benchmarks identify the testing interval which shall be at least quarterly and identify the MRI staff person responsible for testing the system performance measures.

- (A) Signal-to-noise ratio
- (B) Spatial resolution
- (C) Slice thickness location and separation
- (D) Spatial linearity
- (E) Field homogeneity and drift
- (F) System calibration and stability
- (G) Cryogen level and boiloff rate.
- (H) Radio frequency power monitor
- (I) Hard copy image quality

In addition to the designated staff person, the system performance measures in subdivisions (A) through (F) and (H) also shall be evaluated by an appropriately trained MRI physicist or engineer. The physicist/engineer shall conduct tests of these system performance measures when the MRI unit begins to operate, and annually thereafter. The purpose of the physicist/engineer test shall be to certify to the Department that the MRI unit meets or exceeds all of the system performance specifications of the manufacturer of the MRI unit in effect for that MRI unit at the time of installation or most recent upgrade. The physicist/engineer shall make available for review the periodic system performance measures test data established in this subsection.

(ii) An applicant shall develop and maintain policies, procedures, and protocols for assuring the functionality of each of the following MRI accessories. The protocols shall establish the required benchmarks identify the testing interval for each accessory and identify the staff person responsible for testing the system performance measures.

- (A) All surface coils.
- (B) Positioning devices
- (C) Physiologic triggering/monitoring equipment.
- (D) Patient communication devices
- (E) Scan table position indicator and drives
- (F) Data network including storage and retrieval
- (G) Emergency rundown/shutdown units
- (H) Hard copy devices.

(iii) An applicant shall develop and maintain policies and procedures that establish protocols for assuring the effectiveness of operation and the safety of the general public, patients and staff in the MRI service. Each of the following must be included and the staff person responsible for development and enforcement of these policies shall be indicated.

- (A) Access to the MRI service
- (B) Access to the MRI scan room.

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- (C) Patient safety clearance before imaging and safety during imaging
- (D) Adverse bioeffects including
 - (1) acoustic hazard.
 - (2) radio frequency burn hazard
 - (3) specific absorption rates
 - (4) peripheral nerve stimulation.
 - (5) pregnancy
 - (6) magnet quench hazard
- (E) Sedation
- (F) Contrast administration
- (G) Treatment of adverse reactions to contrast.
- (H) Patient monitoring for sedation anesthesia and unstable patients
- (I) Patient resuscitation, management of emergencies maintenance of cardiopulmonary resuscitation equipment, and certification requirements for personnel for either basic or advanced cardiopulmonary resuscitation
- (J) Screening for metallic implants pacemakers and metallic foreign bodies as well as a list of contraindications.
- (K) Mechanism for consultation regarding difficult cases
- ~~(L) Pulse sequence protocols for specific indications~~
- (M) Institutional review board policies relating to non-FDA approved pulse sequences or investigational procedures.
- (N) Staff inservice regarding subdivisions (A) through (M)
- (iv) An applicant shall establish a schedule for preventive maintenance for the MRI unit.
- (v) An applicant shall maintain records of the results of the periodic test data required by subdivisions (I) and (II) including the results of the tests performed by the MRI physicist/engineer required in subdivision (I) An applicant upon request, shall submit annually to the Department a report of the test data results and evidence of compliance with the applicable project delivery requirements
- (vi) An applicant shall provide documentation identifying the specific individuals that form the MRI team. At a minimum the MRI team shall consist of the following professionals:
 - (A) An MRI team leader who shall be responsible for
 - (1) developing criteria for procedure performance
 - (2) developing protocols for procedure performance.
 - (3) developing a clinical data base for utilization review and quality assurance purposes
 - (4) transmitting requested data to the Department.
 - (5) screening of patients to assure appropriate utilization of the MRI service
 - (6) taking and interpretation of scans.
 - (7) coordinating MRI activity at MRI host sites for a mobile MRI unit.
 - (8) identifying and correcting MRI image quality deficiencies.
 - (B) Physicians who shall be responsible for screening of patients to assure appropriate utilization of the MRI service and taking and interpretation of scans At least one of these physicians shall be a board-certified radiologist.
 - (C) An appropriately trained MRI technician who shall be responsible for taking an MRI scan.
 - (D) An MRI physicist/engineer available as a team member on a full-time part-time or contractual basis. An MRI physicist/engineer shall be responsible for at least the following
 - (1) providing technical specifications for new equipment and assistance in equipment procurement.
 - (2) performing or validating technical performance for system acceptance
 - (3) establishing preventive maintenance schedules and quality assurance test procedures and recording and reviewing preventive maintenance and quality assurance data
 - (4) facilitating the repair of acute system malfunctions
 - (5) training personnel in the MRI service with respect to the technical aspects of MRI scanning and patient and staff safety
 - (6) assisting in designing and optimizing clinical imaging procedures
 - (E) System maintenance personnel who shall be responsible for calibrating the MRI system and preventive maintenance at regularly scheduled intervals and who shall compile and submit quality control

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data to the MRI team leader

(vii) An applicant shall document that the MRI team members have the following qualifications.

(A) The MRI team leader is a board-certified or board-eligible radiologist, or other physician trained in MRI who spends greater than 75 percent of his or her professional time in multiple anatomic site medical imaging. The MRI team leader also shall demonstrate that he or she meets the requirements set forth in subsection (B) for a physician who interprets MRI images.

(B) Each physician credentialed to interpret MRI scans meets the requirements of each of the following:

(1) The physician is licensed to practice medicine in the State of Michigan.

(2) The physician has had at least 60 hours of training in MRI physics, MRI safety, and MRI instrumentation in a program that is part of an imaging program accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association, and the physician meets the requirements of subdivision (i), (ii), or (iii).

(i) Board certification by the American Board of Radiology, the American Osteopathic Board of Radiology, or the Royal College of Physicians and Surgeons of Canada. If the diagnostic radiology program completed by a physician in order to become board certified did not include at least two months of MRI training, that physician shall document that he or she has had the equivalent of two months of postgraduate training in clinical MRI imaging at an institution which has a radiology program accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association.

(ii) Formal training by an imaging program(s) accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association that included two years of training in cross-sectional imaging and six months training in organ-specific imaging areas.

(iii) A practice in which at least one-third of total professional time, based on a full-time clinical practice during the most recent 5-year period, has been the primary interpretation of MR imaging.

(3) The physician has completed and will complete a minimum of 40 hours every two years of Category I Continuing Medical Education credits in topics directly involving MR imaging.

(4) The physician interprets, as the primary interpreting physician, at least 250 unadjusted MRI scans annually.

(C) An MRI technologist who is registered by the American Registry of Radiologic Technicians and has, or will have within 36 months of the effective date of these standards or the date a technologist is employed by an MRI service, whichever is later, special certification in MRI. If a technologist does not have special certification in MRI within either of the 3-year periods of time, all continuing education requirements shall be in the area of MRI services.

(D) An applicant shall document that an MRI physicist/engineer is appropriately qualified. For purposes of evaluating this subdivision, the Department shall consider it *prima facie* evidence as to the qualifications of the physicist/engineer if the physicist/engineer is certified as a medical physicist by the American Board of Radiology, the American Board of Medical Physics, or the American Board of Science in Nuclear Medicine. However, the applicant may submit and the Department may accept other evidence that an MRI physicist/engineer is qualified appropriately.

(E) An applicant shall document that system maintenance personnel are qualified on the basis of training and experience to perform the calibration, preventive maintenance, and quality control functions on the specific MRI unit approved.

(viii) The applicant shall have within the MRI unit/service, equipment and supplies to handle clinical emergencies that might occur in the unit. MRI service staff will be trained in CPR and other appropriate emergency interventions. A physician shall be on-site in, or immediately available to the MRI unit at all times when patients are undergoing scans.

(ix) In addition to all other applicable terms of approval, each mobile MRI unit shall have an operations committee with members representing each host site, the central service coordinator, and the medical director. This committee shall oversee the effective and efficient use of the MRI unit, establish the normal route schedule, identify the process by which changes shall be made to the schedule, develop procedures for handling emergency situations, and review the ongoing operations of the mobile MRI unit on at least a quarterly basis.

(X) An applicant shall participate in Medicaid at least 12 consecutive months within the first two years of operation and continue to participate annually thereafter.

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(d) Compliance with the following terms of approval as applicable

(i) MRI units shall be operating at a minimum average annual level of utilization during the second 12 months of operation and annually thereafter of 6 000 actual MRI adjusted procedures per unit for fixed MRI services 5 500 actual MRI adjusted procedures per unit for mobile MRI services, and a total of 3 500 MRI adjusted procedures per unit for dedicated pediatric MRI. Each mobile host site in a rural or micropolitan statistical area county shall have provided at least a total of 400 adjusted procedures during its second 12 months of operation and annually thereafter from all mobile units providing services to the site. Each mobile host site not in a rural or micropolitan statistical area county shall have provided at least a total of 600 adjusted procedures during its second 12 months of operation and annually thereafter from all mobile units providing services to the site. In meeting these requirements an applicant shall not include any MRI adjusted procedures performed on an MRI unit used exclusively for research and approved pursuant to Section 9(1)

(ii) The applicant, to assure that the MRI unit will be utilized by all segments of the Michigan population shall

(A) provide magnetic resonance services to all individuals based on the clinical indications of need for the service and not on ability to pay or source of payment.

(B) maintain information by source of payment to indicate the volume of care from each source provided annually

Compliance with selective contracting requirements shall not be construed as a violation of this term.

(iii) The applicant shall participate in a data collection network established and administered by the Department or its designee. The data may include but is not limited to annual budget and cost information operating schedules throughout schedules demographic and diagnostic information and the volume of care provided to patients from all payor sources as well as other data requested by the Department or its designee and approved by the Commission. The applicant shall provide the required data in a format established by the Department and in a mutually agreed upon media no later than 30 days following the last day of the quarter for which data are being reported to the Department. An applicant shall be considered in violation of this term of approval if the required data are not submitted to the Department within 30 days following the last day of the quarter for which data are being reported. However the Department shall allow an applicant up to an additional 60 days to submit the required data if reasonable efforts are made by an applicant to provide the required data. The Department may elect to verify the data through on-site review of appropriate records. Data for an MRI unit approved pursuant to Section 9(1) or Section 10 shall be reported separately

(iv) The operation of and referral of patients to the MRI unit shall be in conformance with 1978 PA 368 Sec. 16221 as amended by 1986 PA 319 MCL 333 16221 MSA 14 15 (16221)

(e)(i) The applicant shall provide the Department with a notice stating the first date on which the MRI unit became operational and such notice shall be submitted to the Department consistent with applicable statute and promulgated rules

(ii) An applicant who is a central service coordinator shall notify the Department of any additions deletions or changes in the host sites of each approved mobile MRI unit within 10 days after the change(s) in host sites is made

(2) An applicant for an MRI unit under Section 9(1) shall agree that the services provided by the MRI unit approved pursuant to Section 9(1) shall be delivered in compliance with the following terms of CON approval:

(a) The capital and operating costs relating to the research use of the MRI unit approved pursuant to Section 9(1) shall be charged only to a specific research account(s) and not to any patient or third-party payor

(b) The MRI unit approved pursuant to Section 9(1) shall not be used for any purposes other than as approved by the institutional review board unless the applicant has obtained CON approval for the MRI unit pursuant to Part 222 and these standards other than Section 9

(3) The agreements and assurances required by this section shall be in the form of a certification

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authorized by the owner or governing body of the applicant.

(4) An applicant approved to initiate a fixed MRI service pursuant to Section 3(4) of these standards shall cease operation as a host site and not become a host site for at least 12 months from the date the fixed service/unit becomes operational.

Section 13 MRI procedure adjustments

Sec. 13 (1) The Department shall apply the following formula as applicable to determine the number of MRI adjusted procedures that are performed by an existing MRI service or unit.

- (a) The base value for each MRI procedure is 1.0
- (b) For each MRI visit involving a pediatric patient, 0.25 shall be added to the base value.
- (c) For each MRI visit involving an inpatient, 0.50 shall be added to the base value.
- (d) For each MRI procedure performed on a sedated patient, 0.75 shall be added to the base value.
- (e) For each contrast MRI procedure performed after use of a contrast agent and not involving a procedure before use of a contrast agent, 0.35 shall be added to the base value.
- (f) For each contrast MRI procedure involving a procedure before and after use of a contrast agent, 1.0 shall be added to the base value.
- (g) For each MRI procedure performed at a teaching facility 0.15 shall be added to the base value.
- (h) The results of subsections (a) through (g) shall be summed and that sum shall represent an MRI adjusted procedure.

(2) The Department shall apply not more than one of the adjustment factors set forth in this subsection, as applicable to the number of MRI procedures adjusted in accordance with the applicable provisions of subsection (1) that are performed by an existing MRI service or unit.

(a) For a site located in a rural or micropolitan statistical area county the number of MRI adjusted procedures shall be multiplied by a factor of 1.4

(b) For a mobile MRI unit that serves hospitals and other host sites located in rural, micropolitan statistical area, and metropolitan statistical area counties the number of MRI adjusted procedures for a site located in a rural or micropolitan statistical area county shall be multiplied by a factor of 1.4 and for a site located in a metropolitan statistical area county the number of MRI adjusted procedures shall be multiplied by a factor of 1.0

(c) For a mobile MRI unit that serves only sites located in rural or micropolitan statistical area counties the number of MRI adjusted procedures shall be multiplied by a factor of 2.0

(d) For a mobile MRI unit that serves only sites located in a health service area with one or fewer fixed MRI units and one or fewer mobile MRI units the number of MRI adjusted procedures shall be multiplied by a factor of 3.5

(e) Subsection (2) shall not apply to an application proposing a subsequent fixed MRI unit (second third etc.) at the same site.

(3) The number of MRI adjusted procedures performed by an existing MRI service is the sum of the results of subsections (1) and (2)

Section 14. Documentation of actual utilization

Sec. 14 Documentation of the number of MRI procedures performed by an MRI unit shall be substantiated by the Department utilizing data submitted by the applicant in a format and media specified by the Department and as verified for the 12-month period reported on the most recently published "Available MRI Adjusted Procedures List" as of the date an application is deemed complete by the Department. The number of MRI procedures actually performed shall be documented by procedure records and not by application of the methodology required in Section 15. The Department may elect to verify the data through on-site review of appropriate records.

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Section 15 Methodology for computing the number of available MRI adjusted procedures

Sec. 15 (1) The number of available MRI adjusted procedures required pursuant to Section 3 or 4(2) of these standards shall be computed in accordance with the methodology set forth in this section. In applying the methodology, the following steps shall be taken in sequence, and data for the 12-month period reported on the most recently published Available MRI Adjusted Procedures List, as of the date an application is deemed complete by the Department, shall be used:

(a) Identify the number of actual MRI adjusted procedures performed by each existing MRI service as determined pursuant to Section 13.

(i) For purposes of computing actual MRI adjusted procedures, MRI adjusted procedures performed on MRI units used exclusively for research and approved pursuant to Section 9(1) and dedicated pediatric MRI approved pursuant to Section 10 shall be excluded.

(ii) For purposes of computing actual MRI adjusted procedures, the MRI adjusted procedures, from the host site utilized to meet the requirements of Section 3(4)(d) shall be excluded beginning at the time the application is deemed complete and for three years from the date the fixed MRI unit becomes operational.

(iii) For purposes of computing actual MRI adjusted procedures, the MRI adjusted procedures utilized to meet the requirements of Section 4(1) shall be reduced by 8,000 and shall be excluded beginning at the time the application is deemed complete and for three years from the date the fixed MRI unit becomes operational.

(b) Identify the number of available MRI adjusted procedures, if any, for each existing MRI service as determined pursuant to Section 2(1)(c).

(c) Determine the number of available MRI adjusted procedures that each referring doctor may commit from each service to an application in accordance with the following:

(i) Divide the number of available MRI adjusted procedures identified in subsection (b) for each service by the number of actual MRI adjusted procedures identified in subsection (a) for that existing MRI service.

(ii) For each doctor referring to that existing service, multiply the number of actual MRI adjusted procedures that the referring doctor made to the existing MRI service by the applicable proportion obtained by the calculation in subdivision (c)(i).

(A) For each doctor, subtract any available adjusted procedures previously committed. The total for each doctor cannot be less than zero.

(B) The total number of available adjusted procedures for that service shall be the sum of the results of (A) above.

(iii) For each MRI service, the available MRI adjusted procedures resulting from the calculation in (ii) above shall be sorted in descending order by the available MRI adjusted procedures for each doctor. Then any duplicate values shall be sorted in descending order by the doctors' license numbers (last 6 digits only).

(iv) Using the data produced in (iii) above, sum the number of available adjusted procedures in descending order until the summation equals at least 75 percent of the total available adjusted procedures. This summation shall include the minimum number of doctors necessary to reach the 75 percent level.

(v) For the doctors representing 75 percent of the total available adjusted procedures in (iv) above, sum the available adjusted procedures.

(vi) For the doctors used in subsection (v) above, divide the total number of available adjusted procedures identified in (B) above by the sum of those available adjusted procedures produced in (v) above.

(vii) For only those doctors identified in (v) above, multiply the result of (vi) above by the available adjusted procedures calculated in (c)(ii)(A) above.

(viii) The result shall be the Available MRI Adjusted Procedures List.

(2) After publication of the "Available MRI Adjusted Procedures List" resulting from (i) above, the data shall be updated to account for a) doctor commitments of available MRI adjusted procedures in

subsequent MRI CON applications and b) MRI adjusted procedures used in subsequent MRI CON applications received in which applicants apply for fixed MRI services pursuant to Section 3(4)

Section 16. Procedures and requirements for commitments of available MRI adjusted procedures

Sec. 16 (1) If one or more host sites on a mobile MRI service are located within the planning area of the proposed site the applicant may access available MRI adjusted procedures from the entire mobile MRI service.

(2)(a) At the time the application is submitted to the Department, the applicant shall submit a signed data commitment, on a form provided by the Department in response to the applicant's letter of intent or at the applicant's discretion on a more current form subsequently provided by the Department, for each doctor committing available MRI adjusted procedures to that application for a new or additional MRI unit pursuant to Section 3 or Section 4(2) respectively

(b) An applicant also shall submit, at the time the application is filed with the Department, a computer file that lists for each MRI service from which data are being committed to the same application, the name and license number of each doctor for whom a signed data commitment form is submitted.

(i) The computer file shall be provided to the Department on mutually agreed upon media and in a format prescribed by the Department.

~~(a) If the doctor commitments submitted on the departmental forms do not agree with the data on the computer file the applicant shall be allowed to correct only the computer file data.~~

(c) If the required documentation for the doctor commitments submitted under this subsection is not submitted with the application on the designated application date the application will be deemed filed on the first applicable designated application date after all required documentation is received by the Department.

(3) The Department shall consider a data commitment, on a form provided by the Department in response to the applicant's letter of intent or at the applicant's discretion on a more current form subsequently provided by the Department submitted by the applicant in support of its application that meets the requirements of each of the following, as applicable

(a) A committing doctor certifies that 100% of his or her available MRI adjusted procedures for each specified MRI service, calculated pursuant to Section 15 is being committed and specifies the CON application number, for the new fixed or mobile MRI unit or for the additional mobile MRI unit proposed to be located within the planning area, to which the data commitment is made. A doctor shall not be required to commit available MRI adjusted procedures from all MRI services to which his or her patients are referred for MRI services but only from those MRI services specified by the doctor in the data commitment form provided by the Department and submitted by the applicant in support of its application.

~~(b) A committing doctor certifies that he or she does not have an ownership interest, either direct or indirect, in the applicant entity except that this requirement shall not apply if the applicant entity is a group practice of which the committing doctor is a member~~

(c) A committing doctor certifies that he or she has not been provided, or received a promise of being provided a financial incentive to commit any of his or her available MRI adjusted procedures to the application.

(4)(a) The Department shall not consider a data commitment from a doctor for available MRI adjusted procedures from a specific MRI service if the available MRI adjusted procedures from that specific MRI service were used to support approval of an application for a new or additional MRI unit, pursuant to Section 3 or 4(2) respectively for which a final decision to approve has been issued by the Director of the Department until either of the following occurs.

(i) The approved CON is withdrawn or expires

(ii) The MRI service or unit to which the data were committed has been in operation for at least 36 continuous months.

(b) The Department shall not consider a data commitment from a doctor for available MRI adjusted procedures from a specific MRI service if the available MRI adjusted procedures from that specific MRI

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service were used to support an application for a new fixed or mobile MRI unit or additional mobile MRI unit pursuant to Section 3 or 4(2) respectively for which a final decision to disapprove was issued by the Director of the Department until either of the following occurs

(i) A final decision to disapprove an application is issued by the Director and the applicant does not appeal that disapproval or

(ii) If an appeal was made either that appeal is withdrawn by the applicant or the committing doctor withdraws his or her data commitment pursuant to the requirements of subsection (8)

(5) The Department shall not consider a data commitment from a committing doctor for available MRI adjusted procedures from the same MRI service if that doctor has submitted a signed data commitment, on a form provided by Department, for more than one (1) application for which a final decision has not been issued by the Department. If the Department determines that a doctor has submitted a signed data commitment for the same available MRI adjusted procedures from the same MRI service to more than one CON application pending a final decision for a new fixed or mobile MRI unit or additional mobile MRI unit pursuant to Section 3 or 4(2), respectively the Department shall,

(a) if the applications were filed on the same designated application date notify all applicants, simultaneously and in writing, that one or more doctors have submitted data commitments for available MRI adjusted procedures from the same MRI service and that the doctors' data from the same MRI service shall not be considered in the review of any of the pending applications filed on the same designated application date until the doctor notifies the Department in writing of the one (1) application for which the data commitment shall be considered.

(b) if the applications were filed on different designated application dates consider the data commitment submitted in the application filed on the earliest designated application date and shall notify simultaneously in writing all applicants of applications filed on designated application dates subsequent to the earliest date that one or more committing doctors have submitted data commitments for available MRI adjusted procedures from the same MRI service and that the doctors' data shall not be considered in the review of the application(s) filed on the subsequent designated application date(s)

(6) The Department shall not consider any data commitment submitted by an applicant after the date an application is deemed complete unless an applicant is notified by the Department, pursuant to subsection (5), that one or more committing doctors submitted data commitments for available MRI adjusted procedures from the same MRI service. If an applicant is notified that one or more doctors' data commitments will not be considered by the Department, the Department shall consider data commitments submitted after the date an application is deemed complete only to the extent necessary to replace the data commitments not being considered pursuant to subsection (5)

(7) In accordance with either of the following the Department shall not consider a withdrawal of a signed data commitment

(a) during the 120-day period following the date on which the Department's review of an application commences

(b) after a proposed decision to approve an application has been issued by the Department.

(8) The Department shall consider a withdrawal of a signed data commitment if a committing doctor submits a written notice to the Department that specifies the CON application number and the specific MRI services for which a data commitment is being withdrawn and if an applicant demonstrates that the requirements of subsection (7) also have been met.

Section 17 Lists of MRI adjusted procedures published by the Department

Sec. 17 (1) At a minimum on or before May 1 and November 1 of each year the Department shall publish the following lists

(a) A list, known as the "MRI Service Utilization List," of all MRI services in Michigan that includes at least the following for each MRI service

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- (i) The number of actual MRI adjusted procedures
 - (ii) The number of available MRI adjusted procedures if any and
 - (iii) The number of MRI units including whether each unit is a clinical unit or an MRI unit used exclusively for research.
- (b) A list, known as the "Available MRI Adjusted Procedures List," that identifies each MRI service that has available MRI adjusted procedures and includes at least the following:
- (i) The number of available MRI adjusted procedures
 - (ii) The name, address, and license number of each referring doctor identified in Section 14(1)(c)(v) whose patients received MRI services at that MRI service and
 - (iii) The number of available MRI adjusted procedures performed on patients referred by each referring doctor identified in Section 15(1)(c)(v) and if any are committed to an MRI service. This number shall be calculated in accordance with the requirements of Section 15(1). A referring doctor may have fractional portions of available MRI adjusted procedures.
- (c) For the lists published pursuant to subsections (a) or (b) the May 1 list will report 12 months of data from the previous January 1 through December 31 reporting period and the November 1 list will report 12 months of data from the previous July 1 through June 30 reporting period. Copies of both lists shall be available upon request.
- (d) The Department shall not be required to publish a list that sorts MRI database information by referring doctor, only by MRI service.
-

(2) When an MRI service begins to operate at a site at which MRI services previously were not provided, the Department shall include in the MRI database data beginning with the second full quarter of operation of the new MRI service. Data from the start-up date to the start of the first full quarter will not be collected to allow a new MRI service sufficient time to develop its data reporting capability. Data from the first full quarter of operation will be submitted as test data but will not be reported in the lists published pursuant to this section.

(3) In publishing the lists pursuant to subsections (a) and (b) if an MRI service has not reported data in compliance with the requirements of Section 12(1)(d)(iii), the Department shall indicate on both lists that the MRI service is in violation of the requirements set forth in Section 12(1)(d)(iii) and no data will be shown for that service on either list.

(4) In the case of an MRI service at which MRI services previously were not provided the Department may use annualized data from at least a consecutive six-month period in publishing the lists pursuant to subsections (a) and (b).

Section 18 Effect on prior CON Review Standards, Comparative reviews

Sec. 18 (1) These CON review standards supersede and replace the CON Review Standards for Magnetic Resonance Imaging Services approved by the CON Commission on March 9, 2004 and effective June 4, 2004.

- (2) Projects reviewed under these standards shall not be subject to comparative review.

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Section 19 Health Service Areas

Sec. 19 Counties assigned to each of the health service areas are as follows

HSA	COUNTIES		
1	Livingston Macomb Wayne	Monroe Oakland	St. Clair Washtenaw
2	Clinton Eaton	Hillsdale Ingham	Jackson Lenawee
3	Barry Berrien Branch	Calhoun Cass Kalamazoo	St. Joseph Van Buren
4	Allegan Ionia Kent Lake	Mason Mecosta Montcalm Muskegon	Newaygo Oceana Osceola Ottawa
5	Genesee	Lapeer	Shiawassee
6	Arenac Bay Clare Gladwin Grafton	Huron Iosco Isabella Midland Ogemaw	Roscommon Saginaw Sanilac Tuscola
7	Alcona Alpena Antrim Benzie Charlevoix Cheboygan	Crawford Emmet Gd Traverse Kalkaska Leelanau Manistee	Missaukee Montmorency Oscoda Otsego Presque Isle Wexford
8	Alger Baraga Chippewa Delta Dickinson	Gogebic Houghton Iron Keweenaw Luce	Mackinac Marquette Menominee Ontonagon Schoolcraft

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APPENDIX A

**CON REVIEW STANDARDS
FOR MRI SERVICES**

Rural Michigan counties are as follows

Alcona	Hillsdale	Ogemaw
Alger	Huron	Ontonagon
Antrim	Iosco	Osceola
Arenac	Iron	Oscoda
Baraga	Lake	Otsego
Charlevoix	Luce	Presque Isle
Cheboygan	Mackinac	Roscommon
Clare	Manistee	Sanilac
Crawford	Mason	Schoolcraft
Emmet	Montcalm	Tuscola
Gladwin	Montmorency	
Gogebic	Oceana	

Micropolitan statistical area Michigan counties are as follows

Allegan	Gratiot	Mecosta
Alpena	Houghton	Menominee
Benzie	Isabella	Midland
Branch	Kalamazoo	Missaukee
Chippewa	Keweenaw	St. Joseph
Delta	Leelanau	Shiawassee
Dickinson	Lenawee	Wexford
Grand Traverse	Marquette	

Metropolitan statistical area Michigan counties are as follows:

Barry	Ionia	Newaygo
Bay	Jackson	Oakland
Berrien	Kalamazoo	Ottawa
Calhoun	Kent	Saginaw
Cass	Lapeer	St. Clair
Clinton	Livingston	Van Buren
Eaton	Macomb	Washtenaw
Genesee	Monroe	Wayne
Ingham	Muskegon	

Source:

65 F.R., p 82238 (December 27 2000)
Statistical Policy Office
Office of Information and Regulatory Affairs
United States Office of Management and Budget

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MCNAIR LAW FIRM, P.A.
ATTORNEYS AND COUNSELORS AT LAW

M. Elizabeth Crum
lorum@mcnair.net
Direct Facsimile: (803) 933-1484

www.mcnair.net

BANK OF AMERICA TOWER
1301 GERVAIS STREET 11th FLOOR
COLUMBIA, SOUTH CAROLINA 29201

POST OFFICE BOX 11390
COLUMBIA, SOUTH CAROLINA 29211
TELEPHONE (803) 799-9800
FACSIMILE (803) 938-2219

November 17, 2004

Hand Delivered

Mr. Rodney H. Bowman
South Carolina Department of Health
and Environmental Control

1777 St. Julian Place
Suite 200
Columbia, SC 29204

RE Traffic Collisions on I-95 between Walterboro and Beaufort Exits

Dear Mr. Bowman

Enclosed please find a summary and supporting documentation which we have received from the South Carolina Department of Public Safety with respect to traffic collisions on Interstate 95 between the Walterboro (Highway 64) and Beaufort (Highway 17) exits for the years 2002, 2003 and 2004 to date.

Please let me know if you have any questions

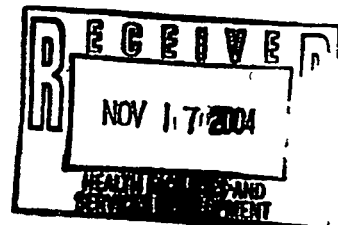
Sincerely,

M. Elizabeth Crum
M. Elizabeth Crum *by Elizabeth A. Altshuler*

Enclosures

cc Mr. Stephen Levkoff

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ANDERSON CHARLESTON CHARLOTTE COLUMBIA GEORGETOWN GREENVILLE HILTON HEAD ISLAND MYRTLE BEACH RALEIGH

COLUMBIA 809295v1

TRAFFIC COLLISIONS ON I 95 BETWEEN WALL DOOR SC 64 EXIT & US 17 EXIT TOWARDS BEAUFORT
 HAMPTON, COLLETON & SPER COUNTIES
 2002, 2003 & UP TO THE PRESENT (2004 FIGURES ARE PRELIMINARY)

YEAR	COLLISION TYPE			TOTALS	PERSONS KILLED	PERSONS INJURED
	Fatal	Injury	Property Damage Only			
2002	5	49	111	165	7	71
2003	7	42	113	162	8	81
2004	5	38	90	133	6	70
TOTALS	17	129	314	460	21	222

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TRAFFIC COLLISIONS ON I 95 BETWEEN WALTON AND SC 64 EXIT & US 17 EXIT TOWARDS BEAUFORT
 HAMPTON, COLLETON SPER COUNTIES
 2002, 2003 & UP TO THE PRESENT 2004 FIGURES ARE PRELIMINARY)

LIGHTING	COLLISION TYPE			TOTALS	PERSONS KILLED	PERSONS INJURED
	Fatal	Injury	Property Damage Only			
Daylight	12	92	241	345	14	147
Dawn	1	3	8	10	2	9
Dusk	0	1	5	6	0	1
Dark (Lighting Unspecified)	0	2	0	2	0	3
Dark (Street Lamp Lit)	0	3	4	7	0	3
Dark (Street Lamps Not Lit)	0	0	1	1	0	0
Dark (No Lights)	4	28	57	89	5	59
TOTALS	17	129	314	460	21	222

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TRAFFIC COLLISIONS ON I 95 BETWEEN WALT JOHNS SC 64 EXIT & US 17 EXIT TOWARDS BEAUFORT
 HAMPTON, COLLETON 8PER COUNTIES
 2002, 2003 & UP TO THE PRESENT 2004 (2004 FIGURES ARE PRELIMINARY)

WEATHER CONDITIONS	COLLISION TYPE			TOTALS	PERSONS KILLED	PERSONS INJURED
	Fatal	Injury	Property Damage Only			
Clear, No Adverse Conditions	10	84	194	288	14	146
Rain	4	35	97	136	4	57
Cloudy	3	8	19	30	3	17
Fog, Smog, Smoke	0	2	3	5	0	2
Unknown	0	0	1	1	0	0
TOTALS	17	129	314	460	21	222

000357

TRAFFIC COLLISIONS ON I 95 BETWEEN WALTERS RD & US 17 EXIT TOWARDS BEAUFORT
 HAMPTON, COLLETON PER COUNTIES
 2002, 2003 & UP TO THE PRESENT 2004 FIGURES ARE PRELIMINARY)

PROBABLE CAUSE	COLLISION TYPE			TOTALS	PERSONS KILLED	PERSONS INJURED
	Fatal	Injury	Property Damage Only			
Distracted/ Inattention	1	8	45	54	1	13
Too Fast for Conditions	2	49	119	170	3	73
Exceeded Speed Limit	1	0	1	2	1	2
Failed To Yield Row	0	4	12	16	0	6
Run Off Road	2	7	21	30	2	15
Fatigued/As leep	4	20	9	33	6	39
Followed Too Closely	0	3	2	5	0	4
Improper Turn	0	1	0	1	0	2
Aggressive Driving	0	0	1	1	0	0
Over Correcting/ Over Steering	1	2	7	10	1	3
Swerving To Avoid Object	0	1	2	3	0	1
Wrong Side/Wrong Way	0	1	2	3	0	1

(Continued)

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TRAFFIC COLLISIONS ON I 95 BETWEEN WAL
HAMPTON, COLLETO
2002, 2003 & UP TO THE PRESENT 2

SC 64 EXIT & US-17 EXIT TOWARDS BEAUFORT
PER COUNTIES
(2004 FIGURES ARE PRELIMINARY)

PROBABLE CAUSE	COLLISION TYPE			TOTALS	PERSONS KILLED	PERSONS INJURED
	Fatal	Injury	Property Damage Only			
Under Influence	1	5	3	9	1	6
Vision Obscured (W/In Unit)	0	0	2	2	0	0
Improper Lane Usage/Change	0	12	26	38	0	23
Other Improper Action (Driver)	0	2	6	8	0	2
Unknown	1	0	2	3	1	1
Debris	0	2	6	8	0	2
Road Surface Condition (is Wet)	1	1	1	3	1	2
Rut, Hole, Bump	0	0	1	1	0	0
Shoulders(N on, Low, Soft , High)	0	0	1	1	0	0
Not Visible(Dark Clothing)	0	0	1	1	0	0
Animal In Road	0	0	13	13	0	0

(Continued)

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TRAFFIC COLLISIONS ON I 95 BETWEEN WALTON JCT SC 64 EXIT & US 7 EXIT TOWARDS BEAUFORT
 HAMPTON, COLLETON SPER COUNTIES
 2002, 2003 & UP TO THE PRESENT 2004 FIGURES ARE PRELIMINARY)

PROBABLE CAUSE	COLLISION TYPE			TOTALS	PERSONS KILLED	PERSONS INJURED
	Fatal	Injury	Property Damage Only			
Obstruction	0	0	1	1	0	0
Weather Condition	0	2	9	11	0	5
Other Environmental Factor	0	0	1	1	0	0
Brakes	0	0	1	1	0	0
Steering	0	0	1	1	0	0
Tires/Wheels	3	7	13	23	4	20
Cargo	0	2	0	2	0	2
Other Vehicle Defect	0	0	4	4	0	0
Unknown Vehicle Defect	0	0	1	1	0	0
TOTALS	17	129	314	460	21	222

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TRAFFIC COLLISIONS ON I 95 BETWEEN WALT HAMPTON, COLLETON SC 64 EXIT & US 17 EXIT TOWARDS BEAUFORT
 2002, 2003 & UP TO THE PRESENT 2004 FIGURES ARE PRELIMINARY

FIRST HARMFUL EVENT	COLLISION TYPE			TOTALS	PERSONS KILLED	PERSONS INJURED
	Fatal	Injury	Property Damage Only			
Cargo/Equip Loss Or Shift	0	2	1	3	0	2
Equipment Failure	2	1	6	9	3	6
Jackknife	0	1	4	5	0	1
Overturn/Ro llover	5	19	21	45	5	37
Run Off Road Left	0	6	4	9	0	9
Run Off Road Right	1	1	3	5	1	2
Other Non Collision	0	2	6	7	0	2
Unknown Non Collision	0	2	3	5	0	2
Animal (Deer Only)	0	0	10	10	0	0
Animal (All Others)	0	0	2	2	0	0
Motor Vehicle (In Transport)	3	41	116	160	3	67
Motor Vehicle (Stopped)	0	1	19	20	0	1

(Continued)

000361

TRAFFIC COLLISIONS ON I 95 BETWEEN WALTON COUNTY 84 EXIT & US 17 EXIT TOWARDS BEAUFORT
 HAMPTON, COLLETON PER COUNTIES
 2002, 2003 & UP TO THE PRESENT 2004 FIGURES ARE PRELIMINARY)

FIRST HARMFUL EVENT	COLLISION TYPE			TOTALS	PERSONS KILLED	PERSONS INJURED
	Fatal	Injury	Property Damage Only			
Motor Vehicle (Parked)	1	1	3	5	2	1
Other Movable Object	0	1	8	9	0	1
Unknown Movable Object	0	0	2	2	0	0
Bridge Rail	0	1	4	5	0	1
Culvert	0	0	2	2	0	0
Ditch	0	3	13	16	0	8
Embankment	0	3	2	5	0	8
Fence	0	0	1	1	0	0
Guardrail End	0	2	1	3	0	2
Guardrail Face	0	2	8	10	0	2
HWY Traffic Sign Post	0	0	2	2	0	0
Median Barrier	0	0	8	8	0	0
Other (Post, Pole, Support, t, Etc	0	0	4	4	0	0

(Continued)

000362

TRAFFIC COLLISIONS ON I 95 BETWEEN WALTER HAMPTON, COLLETON
 2002, 2003 & UP TO THE PRESENT 2004 FIGURES ARE PRELIMINARY)

FIRST HARMFUL EVENT	COLLISION TYPE			TOTALS	PERSONS KILLED	PERSONS INJURED
	Fatal	Injury	Property Damage Only			
Tree	5	40	57	102	7	74
Other	0	1	5	6	0	1
TOTALS	17	129	314	460	21	222

000363

TRAFFIC COLLISIONS ON I 95 BETWEEN WALTON COUNTY 64 EXIT & US 17 EXIT TOWARDS BEAUFORT
 HAMPTON, COLLETON PER COUNTIES
 2002, 2003 & UP TO THE PRESENT 2004 FIGURES ARE PRELIMINARY)

TIME OF DAY	ACCIDENT TYPE			TOTAL ACCIDENTS	PERSONS KILLED	PERSONS INJURED
	Fatal	Injury	Property Damage Only			
12 01am 3 00am	1	9	21	31	2	17
3 01am 6 00am	2	10	14	26	3	26
6 01am 9 00am	2	14	26	42	3	23
9 01am Noon	5	17	56	78	6	25
12 01pm 3 00pm	1	28	86	115	1	46
3 01pm 6 00pm	3	30	61	94	3	45
6 01pm 9 00pm	3	13	36	52	4	30
9 01pm Midnight	0	8	14	22	0	10
TOTALS	17	129	314	460	21	222

000364

TRAFFIC COLLISIONS ON I 95 BETWEEN WALTON COUNTY 64 EXIT & US 17 EXIT TOWARDS BEAUFORT
 HAMPTON, COLLETON PER COUNTIES
 2002, 2003 & UP TO THE PRESENT 2004 FIGURES ARE PRELIMINARY)

DAY OF WEEK	ACCIDENT TYPE			TOTAL ACCIDENTS	PERSONS KILLED	PERSONS INJURED
	Fatal	Injury	Property Damage Only			
Sunday	5	14	56	77	6	29
Monday	0	21	47	68	0	34
Tuesday	2	15	28	45	3	27
Wednesday	1	14	24	39	1	23
Thursday	2	18	38	58	2	24
Friday	2	19	49	70	3	34
Saturday	5	28	70	103	6	51
TOTALS	17	128	314	460	21	222

000365

TRAFFIC COLLISIONS ON I 95 BETWEEN WALKER RD 64 EXIT & US 17 EXIT TOWARDS BEAUFORT
 HAMPTON, COLLETON PER COUNTIES
 2002, 2003 & UP TO THE PRESENT 2004 FIGURES ARE PRELIMINARY)

MONTH	ACCIDENT TYPE			TOTAL ACCIDENTS	PERSONS KILLED	PERSONS INJURED
	Fatal	Injury	Property Damage Only			
January	1	3	19	23	1	5
February	3	13	14	30	4	18
March	1	13	31	45	1	25
April	2	11	26	39	4	22
May	1	13	28	42	1	30
June	0	19	39	58	0	34
July	2	12	35	49	3	18
August	2	13	37	52	2	19
September	1	15	19	35	1	20
October	1	3	19	23	1	5
November	2	8	14	24	2	16
December	1	6	33	40	1	10
TOTALS	17	129	314	460	21	222

000366

TRAFFIC COLLISIONS ON I 95 BETWEEN WALL HAMPTON, COLLETON 64 EXIT & US 17 EXIT TOWARDS BEAUFORT
PER COUNTIES
2002, 2003 & UP TO THE PRESENT 2004 FIGURES ARE PRELIMINARY)

Obs	CTY	CRASH NUMBER	DATE TIME	PERSONS KILLED	PERSONS INJURED	ROUTE CATEGORY	ROUTE NUMBER	ROUTE AUXILIARY	BASE ROUTE CATEGORY	BASE ROUTE NUMBER	BASE ROUTE AUXILIARY	BASE DISTANCE OFFSET	OFFSET DIRECTION	ALSB
1	Colleton	03062785	June 2, 2003 0545	0	5	Interstate	95	0	Other	COUN	0	0050	N	COUNTY LINE
2	Colleton	03182431	December 27, 2003 1315	0	0	Interstate	95	0	Other	COUN	0	0010	N	COUNTY LINE
3	Colleton	04034251	April 3, 2004 0720	0	0	Interstate	95	0	Other	COUN	0	0030	S	COUNTY LINE
4	Hampton	04034256	April 2, 2004 1300	0	1	Interstate	95	0	Other	COUN	0	0210	N	COUNTY LINE
5	Hampton	04041958	April 17, 2004 1805	0	0	Interstate	95	0	Other	COLL	9	0250	N	COLLETON COUNTY LINE
6	Colleton	02048043	April 28, 2002 2300	0	1	Interstate	95	0	US Primary	0021	0	0200	S	
7	Colleton	02083219	August 13, 2002 0715	0	1	Interstate	95	0	US Primary	0021	0	0200	S	
8	Colleton	04087189	July 31, 2004 1245	0	0	Interstate	95	0	US Primary	0021	0	0002	S	
9	Colleton	02154497	December 27, 2002 1050	0	0	Interstate	95	0	US Primary	0021	0	0161	S	
10	Colleton	04083802	June 6, 2004 0618	0	3	Interstate	95	0	US Primary	0021	0	0003	S	
11	Colleton	02011437	January 28, 2002 0720	0	0	Interstate	95	0	US Primary	0021	0	0003	S	
12	Colleton	02064108	June 7, 2002 1600	0	0	Interstate	95	0	US Primary	0021	0	0150	S	
13	Colleton	03154348	December 27, 2003 1010	0	0	Interstate	95	0	US Primary	0021	0	0002	S	
14	Hampton	02145987	November 27, 2002 1130	0	0	Interstate	95	0	SC Primary	0068	0	0050	N	
15	Hampton	03108108	September 7, 2003 1015	1	0	Interstate	95	0	Secondary	0017	0	0210	S	POCOTALIGO RD
16	Hampton	02154484	December 28, 2002 1130	0	0	Interstate	95	0	SC Primary	0068	0	0004	S	
17	Colleton	02086446	July 28, 2002 1521	0	0	Interstate	95	0	US Primary	0021	0	0135	S	
18	Hampton	03090389	August 3, 2003 1800	0	0	Interstate	95	0	SC Primary	0068	0	0005	S	
19	Colleton	04098232	August 26, 2004 0120	0	1	Interstate	95	0	US Primary	0021	0	0120	S	

Obs	LIGHTING CONDITIONS	WEATHER CONDITIONS	ROAD CONDITIONS	PROBABLE CAUSE	FIRST HARMFUL EVENT	MILEPOST
1	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Fatigued/Asleep	Tree	0 00
2	Daylight	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Motor Vehicle (In Transport)	0 00
3	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (Stopped)	0 00
4	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Guardrail Face	0 00
5	Daylight	Clear, No Adverse Conditions	DRY	Debris	Embankment	0 00
6	Daylight	Clear, No Adverse Conditions	DRY	Run Off Road	Tree	0 18
7	Daylight	Clear, No Adverse Conditions	DRY	Tires/Wheels	Other Non Collision	0 18
8	Daylight	Rain	WET	Too Fast for Conditions	Tree	0 18
9	Daylight	Clear, No Adverse Conditions	DRY	Followed Too Closely	Motor Vehicle (In Transport)	0 21
10	Dawn	Clear, No Adverse Conditions	DRY	Improper Lane Usage/Change	Embankment	0 27
11	Dawn	Clear, No Adverse Conditions	DRY	Run Off Road	Guardrail Face	0 32
12	Daylight	Rain	WET	Too Fast for Conditions	Run Off Road Right	0 32
13	Daylight	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Motor Vehicle (In Transport)	0 32
14	Daylight	Clear, No Adverse Conditions	DRY	Vision Obscured (W/In Unit)	Motor Vehicle (In Transport)	0 36
15	Daylight	Rain	WET	Run Off Road	Tree	0 37
16	Daylight	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Motor Vehicle (In Transport)	0 38
17	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (In Transport)	0 47
18	Daylight	Clear, No Adverse Conditions	DRY	Failed To Yield Row	Motor Vehicle (In Transport)	0 62
19	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Fatigued/Asleep	Unknown Non Collision	0 62

TRAFFIC COLLISIONS ON I 95 BETWEEN WALLINGFORD SC 64 EXIT & US 17 EXIT TOWARDS BEAUFORT
HAMPTON, COLLETON & SPER COUNTIES
2002, 2003 & UP TO THE PRESENT 2 (2004 FIGURES ARE PRELIMINARY)

Obs	CTY	CRASH NUMBER	DATE	TIME	PERSONS KILLED	PERSONS INJURED	ROUTE CATEGORY	ROUTE NUMBER	ROUTE AUXILIARY	BASE ROUTE CATEGORY	BASE ROUTE NUMBER	BASE ROUTE AUXILIARY	BASE DISTANCE OFFSET	OFFSET DIRECTION
20	Colleton	02030388	March 23, 2002	1200	0	1	Interstate	95	0	US Primary	0021	0	0110	S
21	Colleton	02150341	December 22, 2002	1048	0	0	Interstate	95	0	US Primary	0021	0	0010	S
22	Colleton	02017742	February 23, 2002	1040	1	1	Interstate	95	0	US Primary	0021	0	0010	S
23	Colleton	02078719	July 12, 2002	2235	0	1	Interstate	95	0	US Primary	0021	0	0100	S
24	Colleton	02088115	August 2, 2002	1110	0	0	Interstate	95	0	US Primary	0021	0	0001	E
25	Colleton	02129558	November 2, 2002	0700	0	0	Interstate	95	0	US Primary	0021	0	0100	S
26	Colleton	02154502	December 24, 2002	1210	0	0	Interstate	95	0	US Primary	0021	0	0100	S
27	Colleton	03101729	August 25, 2003	0730	0	0	Interstate	95	0	US Primary	0021	0	0001	S
28	Colleton	03110001	September 22, 2003	1630	0	0	Interstate	95	0	US Primary	0021	0	0100	S
29	Colleton	03123495	October 20, 2003	1825	0	0	Interstate	95	0	US Primary	0021	0	0010	S
30	Colleton	04022629	March 6, 2004	1355	0	0	Interstate	95	0	US Primary	0021	0	0001	S
31	Colleton	04082466	July 16, 2004	1516	0	0	Interstate	95	0	US Primary	0021	0	0010	S
32	Colleton	04087170	July 31, 2004	1228	0	1	Interstate	95	0	US Primary	0021	0	0001	S
33	Hampton	02020792	March 2, 2002	1520	0	0	Interstate	95	0	SC Primary	0088	0	0350	S
34	Colleton	04011361	February 9, 2004	0835	0	1	Interstate	95	0	US Primary	0021	0	0090	S
35	Colleton	04044137	April 9, 2004	0338	0	3	Interstate	95	0	US Primary	0021	0	0090	S
36	Colleton	02088781	June 11, 2002	1310	0	0	Interstate	95	0	US Primary	0021	0	0070	S
37	Colleton	02154489	December 27, 2002	1040	0	0	Interstate	95	0	US Primary	0021	0	0003	S
38	Colleton	03088866	August 25, 2003	1643	0	1	Interstate	95	0	US Primary	0021	0	0003	S

Obs	ALSB	LIGHTING CONDITIONS	WEATHER CONDITIONS	ROAD CONDITIONS	PROBABLE CAUSE	FIRST HARMFUL EVENT	MILEPOST
20		Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Overturn/Rollover	0 72
21		Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (In Transport)	0 72
22		Daylight	Cloudy	DRY	Unknown	Overturn/Rollover	0 82
23		Dark (No Lights)	Cloudy	WET	Under Influence	Motor Vehicle (In Transport)	0 82
24		Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Guardrail Face	0 82
25		Daylight	Clear, No Adverse Conditions	DRY	Fatigued/Asleep	Overturn/Rollover	0 82
26		Daylight	Rain	WET	Too Fast for Conditions	Tree	0 82
27		Daylight	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Tree	0 82
28		Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Bridge Rail	0 82
29		Daylight	Clear, No Adverse Conditions	UNKNOWN	Other Environmental Factor	Tree	0 82
30		Daylight	Cloudy	DRY	Improper Lane Usage/Change	Motor Vehicle (In Transport)	0 82
31		Daylight	Clear, No Adverse Conditions	DRY	Improper Lane Usage/Change	Ditch	0 82
32		Daylight	Rain	WET	Followed Too Closely	Motor Vehicle (In Transport)	0 82
33		Daylight	Rain	WET	Too Fast for Conditions	Motor Vehicle (In Transport)	0 88
34		Daylight	Clear, No Adverse Conditions	DRY	Fatigued/Asleep	Guardrail End	0 82
35		Dark (No Lights)	Clear, No Adverse Conditions	DRY	Fatigued/Asleep	Tree	0 82
36		Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (In Transport)	1 12
37		Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (In Transport)	1 18
38		Daylight	Clear, No Adverse Conditions	DRY	Over Correcting/Over Steering	Tree	1 18

TRAFFIC COLLISIONS ON I 95 BETWEEN WALL HAMPTON, COLLETON 64 EXIT & US 17 EXIT TOWARDS BEAUFORT
 2002, 2003 & UP TO THE PRESENT 2004 FIGURES ARE PRELIMINARY)

Obs	CTY	CRASH NUMBER	DAT	TIME	PERSONS KILLED	PERSONS INJURED	ROUTE CATEGORY	ROUTE NUMBER	ROUTE AUXILIARY	BASE ROUTE CATEGORY	BASE ROUTE NUMBER	BASE ROUTE AUXILIARY	BASE DISTANCE OFFSET	OFFSET DIRECTION
39	Hampton	03038044	March 29, 2003	1304	0	0	Interstate	95	0	Interstate	0095	0	0000	N
40	Hampton	03038043	March 24, 2003	1344	0	0	Interstate	95	0	Interstate	0095	0	0001	N
41	Hampton	03060623	May 31, 2003	2202	0	0	Interstate	95	0	Interstate	0095	0	0000	N
42	Colleton	02158774	December 29, 2002	1630	0	1	Interstate	95	0	US Primary	0021	0	0005	S
43	Colleton	03019748	February 27, 2003	1805	0	1	Interstate	95	0	US Primary	0021	0	0050	S
44	Colleton	02022702	February 25, 2002	1725	0	2	Interstate	95	0	US Primary	0021	0	0030	S
45	Colleton	02024487	March 8, 2002	2214	0	0	Interstate	95	0	US Primary	0021	0	0003	S
46	Colleton	03148775	December 18, 2003	0827	0	0	Interstate	95	0	US Primary	0021	0	0020	S
47	Colleton	04078738	July 11, 2004	1510	0	0	Interstate	95	0	US Primary	0021	0	0002	S
48	Colleton	04078080	July 7, 2004	0840	0	0	Interstate	95	0	US Primary	0021	0	0020	S
49	Hampton	02067883	May 17, 2002	1446	0	4	Interstate	95	0	8C Primary	0088	0	0270	S
50	Colleton	03114844	October 2, 2003	0821	0	0	Interstate	95	0	US Primary	0021	0	0010	N
51	Colleton	02030391	March 23, 2002	1045	0	0	Interstate	95	0	US Primary	0021	0	0010	S
52	Colleton	02105274	September 14, 2002	1410	0	0	Interstate	95	0	US Primary	0021	0	0010	S
53	Colleton	02133231	November 13, 2002	1740	0	1	Interstate	95	0	US Primary	0021	0	0100	S
54	Colleton	02034444	March 29, 2002	1754	0	0	Interstate	95	0	US Primary	0021	0	0000	N
55	Colleton	02073868	June 14, 2002	0732	0	0	Interstate	95	0	US Primary	0021	0	0019	N
56	Hampton	02168472	December 21, 2002	1335	0	0	Interstate	95	0	US Primary	0021	0	0003	S
57	Hampton	03082772	June 7, 2003	2000	0	0	Interstate	95	0	US Primary	0021	0	0001	S

Obs	ALSB	LIGHTING CONDITIONS	WEATHER CONDITIONS	ROAD CONDITIONS	PROBABLE CAUSE	FIRST HARMFUL EVENT	MILEPOST
39		Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (Stopped)	1 20
40		Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (Stopped)	1 25
41		Dark (No Lights)	Clear, No Adverse Conditions	DRY	Under Influence	Motor Vehicle (In Transport)	1 30
42		Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (In Transport)	1 32
43		Daylight	Cloudy	DRY	Improper Lane Usage/Change	Overturn/Rollover	1 32
44		Daylight	Clear, No Adverse Conditions	DRY	Improper Lane Usage/Change	Motor Vehicle (In Transport)	1 52
45		Dark (No Lights)	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Tree	1 52
46		Daylight	Cloudy	DRY	Exceeded Speed Limit	Motor Vehicle (In Transport)	1 62
47		Daylight	Rain	WET	Run Off Road	Tree	1 62
48	000369	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (In Transport)	1 62
49		Daylight	Rain	WET	Weather Condition	Motor Vehicle (In Transport)	1 68
50		Daylight	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Tree	1 68
51		Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (In Transport)	1 72
52		Daylight	Rain	WET	Too Fast for Conditions	Tree	1 72
53		Dark (No Lights)	Clear, No Adverse Conditions	DRY	Under Influence	Motor Vehicle (In Transport)	1 72
54		Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (Stopped)	1 82
55		Daylight	Clear, No Adverse Conditions	DRY	Failed To Yield Row	Motor Vehicle (In Transport)	1 82
56		Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (In Transport)	1 82
57		Daylight	Rain	WET	Distracted/Inattention	Tree	1 82

TRAFFIC COLLISIONS ON I 95 BETWEEN WALT JPP SC 64 EXIT & US 17 EXIT TOWARDS BEAUFORT
HAMPTON, COLLETON SPER COUNTIES
2002, 2003 & UP TO THE PRESENT 20 (2004 FIGURES ARE PRELIMINARY)

Obs	CTY	CRASH NUMBER	DAT	TIME	PERSONS KILLED	PERSONS INJURED	ROUTE CATEGORY	ROUTE NUMBER	ROUTE AUXILIARY	BASE ROUTE CATEGORY	BASE ROUTE NUMBER	BASE ROUTE AUXILIARY	BASE DISTANCE OFFSET	OFFSET DIRECTION
58	Colleton	03087801	May 28, 2003	1200	0	0	Interstate	95	0	Secondary	0013	0	0010	N
59	Colleton	03072552	June 2, 2003	0300	0	0	Interstate	95	0	US Primary	0021	0	0042	N
60	Colleton	03110990	September 23, 2003	1030	0	1	Interstate	95	0	US Primary	0021	0	0001	S
61	Colleton	04051125	May 1, 2004	0635	0	0	Interstate	95	0	US Primary	0021	0	0040	N
62	Colleton	02089993	June 11, 2002	1243	0	0	Interstate	95	0	US Primary	0021	0	0040	N
63	Colleton	02154869	December 22, 2002	1218	0	0	Interstate	95	0	US Primary	0021	0	0002	N
64	Colleton	02143938	December 1, 2002	1002	0	0	Interstate	95	0	US Primary	0021	0	0004	N
65	Colleton	03081818	July 17, 2003	1745	0	0	Interstate	95	0	US Primary	0021	0	0001	S
66	Colleton	03001002	January 3, 2003	1840	0	0	Interstate	95	0	US Primary	0021	0	0100	N
67	Colleton	03039014	April 2, 2003	1030	0	0	Interstate	95	0	US Primary	0021	0	0200	S
68	Colleton	04081407	July 11, 2004	1530	0	0	Interstate	95	0	US Primary	0021	0	0120	N
69	Colleton	02180988	December 19, 2002	0830	0	0	Interstate	95	0	US Primary	0021	0	0018	N
70	Colleton	04096928	August 23, 2004	1418	0	0	Interstate	95	0	US Primary	0021	0	0100	N
71	Colleton	02030392	March 23, 2002	1150	0	0	Interstate	95	0	Secondary	0066	0	0300	S
72	Colleton	02168309	December 22, 2002	1055	0	0	Interstate	95	0	Secondary	0066	0	0300	S
73	Colleton	02095108	August 15, 2002	1710	0	1	Interstate	95	0	US Primary	0021	0	0020	N
74	Colleton	03082773	June 7, 2003	2045	0	0	Interstate	95	0	US Primary	0021	0	0250	S
75	Hampton	02025480	March 11, 2002	1301	0	0	Interstate	95	0	Secondary	0017	0	0250	S
76	Colleton	04054902	May 14, 2004	0820	1	1	Interstate	95	0	US Primary	0021	0	0310	N

Obs	ALSB	LIGHTING CONDITIONS	WEATHER CONDITIONS	ROAD CONDITIONS	PROBABLE CAUSE	FIRST HARMFUL EVENT	MILEPOST
58		Daylight	Clear, No Adverse Conditions	DRY	Run Off Road	Tree	1 82
59		Dark (No Lights)	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Motor Vehicle (In Transport)	1 82
60		Daylight	Rain	WET	Too Fast for Conditions	Bridge Rail	1 82
61		Dawn	Rain	WET	Debris	Unknown Movable Object	1 82
62		Daylight	Clear, No Adverse Conditions	DRY	Run Off Road	Overturn/Rollover	1 84
63		Daylight	Clear, No Adverse Conditions	DRY	Animal In Road	Animal (Deer Only)	1 84
64		Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (Stopped)	1 86
65		Daylight	Rain	WET	Too Fast for Conditions	Tree	1 91
66		Dark (No Lights)	Clear, No Adverse Conditions	DRY	Tires/Wheels	Overturn/Rollover	1 92
67	000370	Daylight	Clear, No Adverse Conditions	DRY	Improper Lane Usage/Change	Motor Vehicle (In Transport)	1 92
68		Daylight	Rain	WET	Distracted/Inattention	Motor Vehicle (In Transport)	1 92
69		Daylight	Rain	WET	Improper Lane Usage/Change	Other Non Collision	1 97
70		Daylight	Rain	WET	Too Fast for Conditions	Overturn/Rollover	1 97
71		Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (In Transport)	1 99
72		Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (In Transport)	1 99
73		Daylight	Clear, No Adverse Conditions	DRY	Fatigued/Asleep	Ditch	2 02
74		Dark (No Lights)	Rain	WET	Too Fast for Conditions	Motor Vehicle (In Transport)	2 02
75		Daylight	Clear, No Adverse Conditions	DRY	Tires/Wheels	Other Movable Object	2 22
76		Daylight	Clear, No Adverse Conditions	DRY	Fatigued/Asleep	Overturn/Rollover	2 22

TRAFFIC COLLISIONS ON I 95 BETWEEN WALL
HAMPTON, COLLETO
2002, 2003 & UP TO THE PRESENT
SC 64 EXIT & US 17 EXIT TOWARDS BEAUFORT
3PER COUNTIES
(2004 FIGURES ARE PRELIMINARY)

Obs	CTY	CRASH NUMBER	DATE	TIME	PERSONS KILLED	PERSONS INJURED	ROUTE CATEGORY	ROUTE NUMBER	ROUTE AUXILIARY	BASE ROUTE CATEGORY	BASE ROUTE NUMBER	BASE ROUTE AUXILIARY	BASE DISTANCE OFFSET	OFFSET DIRECTION	ALSB
77	Colleton	04092357	August 10, 2004	1718	1	1	Interstate	95	0	US Primary	0021	0	0020	N	
78	Hampton	03015439	February 14, 2003	0550	0	0	Interstate	95	0	US Primary	0017	0	0020	S	
79	Hampton	02084095	June 8, 2002	0648	0	0	Interstate	95	0	SC Primary	0068	0	0002	S	
80	Hampton	04074378	July 2, 2004	1710	0	0	Interstate	95	0	SC Primary	0068	0	0002	S	
81	Hampton	03028832	March 8, 2003	1712	0	0	Interstate	95	0	Secondary	0017	0	0050	N	
82	Hampton	03056069	May 8, 2003	1245	0	0	Interstate	95	0	SC Primary	0038	0	0010	N	
83	Hampton	03078503	July 14, 2003	1220	0	0	Interstate	95	0	US Primary	0017	0	0001	N	
84	Hampton	03157645	January 4, 2003	0620	0	0	Interstate	95	0	US Primary	0017	0	0220	N	
85	Colleton	04067172	July 22, 2004	1445	0	0	Interstate	95	0	US Primary	0021	0	0075	N	
86	Hampton	03064115	May 22, 2003	1930	0	0	Interstate	95	0	Secondary	0017	0	0203	S	
87	Colleton	03147273	December 3, 2003	1352	0	0	Interstate	95	0	US Primary	0021	0	0080	N	
88	Hampton	04040336	April 5, 2004	0330	0	2	Interstate	95	0	Secondary	0017	0	0020	N	
89	Colleton	02078720	July 12, 2002	1808	0	0	Interstate	95	0	US Primary	0021	0	0100	N	
90	Colleton	02150357	December 18, 2002	1347	0	0	Interstate	95	0	US Primary	0021	0	0010	N	
91	Colleton	03128911	November 1, 2003	0916	0	0	Interstate	95	0	US Primary	0021	0	0100	N	
92	Colleton	03137072	November 18, 2003	1520	0	0	Interstate	95	0	US Primary	0021	0	0000	N	
93	Colleton	04011359	February 6, 2004	2200	0	0	Interstate	95	0	US Primary	0021	0	0100	N	
94	Colleton	04036404	April 4, 2004	1206	0	0	Interstate	95	0	US Primary	0021	0	0001	N	
95	Colleton	04064847	June 10, 2004	1738	0	0	Interstate	95	0	US Primary	0021	0	0001	N	

Obs	LIGHTING CONDITIONS	WEATHER CONDITIONS	ROAD CONDITIONS	PROBABLE CAUSE	FIRST HARMFUL EVENT	MILEPOST
77	Daylight	Cloudy	DRY	Over Correcting/Over Steering	Overturn/Rollover	2 22
78	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (In Transport)	2 27
79	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Other Non Collision	2 38
80	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Overturn/Rollover	2 38
81	Daylight	Clear, No Adverse Conditions	DRY	Failed To Yield Row	Motor Vehicle (In Transport)	2 47
82	Daylight	Clear, No Adverse Conditions	DRY	Improper Lane Usage/Change	Motor Vehicle (In Transport)	2 47
83	Daylight	Rain	WET	Too Fast for Conditions	Ditch	2 47
84	Daylight	Unknown	UNKNOWN	Unknown Vehicle Defect	Culvert	2 47
85	Daylight	Clear, No Adverse Conditions	DRY	Improper Lane Usage/Change	Motor Vehicle (In Transport)	2 57
86	Dark (No Lights)	Rain	WET	Weather Condition	Motor Vehicle (In Transport)	2 62
87	Daylight	Cloudy	DRY	Distracted/Inattention	Jackknife	2 62
88	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Tree	2 67
89	Daylight	Rain	WET	Tires/Wheels	Tree	2 82
90	Daylight	Clear, No Adverse Conditions	DRY	Other Vehicle Defect	Unknown Movable Object	2 82
91	Daylight	Clear, No Adverse Conditions	DRY	Animal In Road	Animal (Deer Only)	2 82
92	Daylight	Clear, No Adverse Conditions	DRY	Improper Lane Usage/Change	Motor Vehicle (In Transport)	2 82
93	Dark (No Lights)	Cloudy	WET	Tires/Wheels	Motor Vehicle (Parked)	2 82
94	Daylight	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Motor Vehicle (In Transport)	2 82
95	Daylight	Rain	WET	Too Fast for Conditions	Overturn/Rollover	2 82

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TRAFFIC COLLISIONS ON I 95 BETWEEN WAJ JOPO SC 64 EXIT & US-17 EXIT TOWARDS BEAUFORT
HAMPTON, COLLETON SPER COUNTIES
2002, 2003 & UP TO THE PRESENT 2 (2004 FIGURES ARE PRELIMINARY)

Obs	CTY	CRASH NUMBER	DATE TIME	PERSONS KILLED	PERSONS INJURED	ROUTE CATEGORY	ROUTE NUMBER	ROUTE AUXILIARY	BASE ROUTE CATEGORY	BASE ROUTE NUMBER	BASE ROUTE AUXILIARY	BASE DISTANCE OFFSET	BASE OFFSET DIRECTION	ALSB
96	Colleton	04088224	June 14, 2004 1420	0	0	Interstate	95	0	US Primary	0021	0	0100	N	
97	Colleton	04095330	August 17, 2004 0225	0	0	Interstate	95	0	Secondary	0019	0	0380	N	
98	Hampton	02146207	December 8, 2002 0200	0	0	Interstate	95	0	SC Primary	0088	0	0015	S	
99	Hampton	04075840	June 28, 2004 1354	0	0	Interstate	95	0	SC Primary	0088	0	0150	S	
100	Colleton	02028903	March 10, 2002 0205	0	0	Interstate	95	0	US Primary	0021	0	0110	N	
101	Colleton	03040883	April 21, 2003 0200	0	0	Interstate	95	0	US Primary	0021	0	0110	N	
102	Colleton	04070924	June 18, 2004 0029	0	0	Interstate	95	0	US Primary	0021	0	0110	N	
103	Colleton	02074336	June 30, 2002 0905	0	0	Interstate	95	0	Secondary	0034	0	0000	S	
104	Colleton	03089652	June 18, 2003 1205	0	1	Interstate	95	0	SC Primary	0081	0	0220	S	
105	Hampton	02129907	October 22, 2002 1100	0	1	Interstate	95	0	SC Primary	0088	0	0110	S	
106	Hampton	04086459	August 21, 2004 1510	0	0	Interstate	95	0	Secondary	0017	0	0002	N	
107	Hampton	04102680	August 22, 2004 1845	0	0	Interstate	95	0	Secondary	0017	0	0080	N	
108	Colleton	02017450	February 15, 2002 1410	0	0	Interstate	95	0	US Primary	0021	0	0150	N	
109	Hampton	03080378	August 10, 2003 0100	0	0	Interstate	95	0	SC Primary	0068	0	0001	S	
110	Hampton	04034249	April 3, 2004 0710	0	1	Interstate	95	0	SC Primary	0068	0	0100	S	
111	Hampton	03133233	November 9, 2003 0045	0	0	Interstate	95	0	SC Primary	0088	0	0085	S	
112	Hampton	02034427	March 30, 2002 1515	0	0	Interstate	95	0	Secondary	0017	0	0012	N	
113	Colleton	03124557	October 20, 2003 2110	0	0	Interstate	95	0	US Primary	0021	0	0200	N	
114	Colleton	04102789	September 3, 2004 1830	0	1	Interstate	95	0	US Primary	0021	0	0002	N	

Obs	LIGHTING CONDITIONS	WEATHER CONDITIONS	ROAD CONDITIONS	PROBABLE CAUSE	FIRST HARMFUL EVENT	WILEPOST
96	Daylight	Rain	WET	Too Fast for Conditions	Tree	2 82
97	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Fatigued/Asleep	Unknown Non Collision	2 85
98	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Fatigued/Asleep	Motor Vehicle (In Transport)	2 88
99	Daylight	Clear, No Adverse Conditions	DRY	Swerving To Avoid Object	Other Movable Object	2 88
100	Dark (No Lights)	Cloudy	WET	Run Off Road	Run Off Road Right	2 92
101	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Run Off Road	Tree	2 92
102	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Motor Vehicle (In Transport)	2 92
103	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Ditch	2 99
104	Daylight	Rain	WET	Under Influence	Motor Vehicle (In Transport)	3 01
105	Daylight	Clear, No Adverse Conditions	DRY	Fatigued/Asleep	Guardrail Face	3 28
106	Daylight	Clear, No Adverse Conditions	DRY	Followed Too Closely	Motor Vehicle (In Transport)	3 29
107	Daylight	Rain	WET	Too Fast for Conditions	Median Barrier	3 29
108	Daylight	Rain	WET	Improper Lane Usage/Change	Motor Vehicle (In Transport)	3 32
109	Daylight	Cloudy	DRY	Distracted/Inattention	Motor Vehicle (In Transport)	3 38
110	Daylight	Clear, No Adverse Conditions	DRY	Fatigued/Asleep	Overturn/Rollover	3 38
111	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Animal In Road	Animal (Deer Only)	3 53
112	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (In Transport)	3 67
113	Daylight	Clear, No Adverse Conditions	DRY	Debris	Other Movable Object	3 82
114	Daylight	Cloudy	DRY	Failed To Yield Row	Equipment Failure	3 82

TRAFFIC COLLISIONS ON I 95 BETWEEN WAJ 000 SC 84 EXIT & US 17 EXIT TOWARDS BEAUFORT
HAMPTON, COLLETON SPER COUNTIES
2002, 2003 & UP TO THE PRESENT 2 (2004 FIGURES ARE PRELIMINARY)

Obs	CTY	CRASH NUMBER	DATE	TIME	PERSONS KILLED	PERSONS INJURED	ROUTE CATEGORY	ROUTE NUMBER	ROUTE AUXILIARY	BASE ROUTE CATEGORY	BASE ROUTE NUMBER	BASE ROUTE AUXILIARY	BASE DISTANCE OFFSET	BASE DISTANCE DIRECTION	AL88
115	Colleton	03079504	July 11, 2003	0620	0	1	Interstate	95	0	US Primary	0021	0	0240	N	
116	Colleton	03142887	December 8, 2003	1330	0	0	Interstate	95	0	US Primary	0021	0	0020	S	
117	Hampton	04055821	May 18, 2004	1225	0	0	Interstate	95	0	SC Primary	0088	0	0000	S	
118	Colleton	02018148	February 12, 2002	0759	0	0	Interstate	95	0	US Primary	0021	0	0038	N	
119	Colleton	02053640	May 13, 2002	1440	0	0	Interstate	95	0	US Primary	0021	0	0230	N	
120	Colleton	03101731	August 28, 2003	1700	0	1	Interstate	95	0	Other	COUN	0	0010	N	COUNTY LINE
121	Hampton	03097280	August 23, 2003	0439	0	0	Interstate	95	0	SC Primary	0088	0	0010	S	
122	Hampton	02030255	March 23, 2002	1833	0	0	Interstate	95	0	SC Primary	0088	0	0000	N	
123	Hampton	02034468	March 29, 2002	1541	0	0	Interstate	95	0	SC Primary	0088	0	0000	S	
124	Hampton	04021381	February 29, 2004	1252	0	0	Interstate	95	0	SC Primary	0088	0	0000	N	
125	Hampton	02150348	December 21, 2002	1400	0	0	Interstate	95	0	SC Primary	0088	0	0001	N	
126	Hampton	03047917	April 29, 2003	1622	0	1	Interstate	95	0	SC Primary	0088	0	0025	S	
127	Hampton	03058308	May 3, 2003	0002	0	0	Interstate	95	0	SC Primary	0088	0	0050	N	
128	Hampton	03078305	July 10, 2003	1715	1	1	Interstate	95	0	SC Primary	0088	0	0072	S	
129	Hampton	03079502	July 14, 2003	1247	0	0	Interstate	95	0	SC Primary	0088	0	0001	S	
130	Hampton	03079601	June 6, 2003	1848	0	0	Interstate	95	0	Interstate	0095	0	0100	S	
131	Hampton	03079829	July 2, 2003	1045	0	1	Interstate	95	0	Interstate	0095	0	0001	S	
132	Hampton	03084368	July 25, 2003	1115	0	0	Interstate	95	0	Other	COUN	9	0050	S	COUNTY LINE
133	Hampton	03140450	November 30, 2003	1215	0	0	Interstate	95	0	Interstate	0095	0	0005	S	

Obs	LIGHTING CONDITIONS	WEATHER CONDITIONS	ROAD CONDITIONS	PROBABLE CAUSE	FIRST HARMFUL EVENT	MILEPOST
115	Daylight	Clear, No Adverse Conditions	DRY	Run Off Road	Tree	3 86
116	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Tree	3 86
117	Daylight	Rain	WET	Too Fast for Conditions	Median Barrier	3 98
118	Daylight	Clear, No Adverse Conditions	DRY	Run Off Road	Run Off Road Right	4 05
119	Daylight	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Motor Vehicle (In Transport)	4 12
120	Daylight	Clear, No Adverse Conditions	DRY	Tires/Wheels	Tree	4 26
121	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Improper Lane Usage/Change	Guardrail Face	4 28
122	Dark	Clear, No Adverse Conditions	DRY	Failed To Yield Row	Motor Vehicle (In Transport)	4 38
123	Daylight	Clear, No Adverse Conditions	DRY	Unknown	Motor Vehicle (Stopped)	4 38
124	Daylight	Clear, No Adverse Conditions	DRY	Failed To Yield Row	Motor Vehicle (In Transport)	4 38
125	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (In Transport)	4 39
126	Daylight	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Motor Vehicle (In Transport)	4 39
127	Dark (No Lights)	Rain	WET	Weather Condition	Overturn/Rollover	4 39
128	Daylight	Rain	WET	Road Surface Condition (ie Wet)	Tree	4 39
129	Daylight	Rain	WET	Too Fast for Conditions	Tree	4 39
130	Daylight	Rain	WATER(STANDING)	Swerving To Avoid Object	Motor Vehicle (In Transport)	4 39
131	Daylight	Rain	WET	Too Fast for Conditions	Motor Vehicle (In Transport)	4 39
132	Daylight	Clear, No Adverse Conditions	DRY	Fatigued/Asleep	Tree	4 39
133	Daylight	Clear, No Adverse Conditions	DRY	Vision Obscured (W/In Unit)	Motor Vehicle (In Transport)	4 39

TRAFFIC COLLISIONS ON I 95 BETWEEN WALL HAMPTON, COLLETON SC 64 EXIT & US 17 EXIT TOWARDS BEAUFORT
HAMPTON, COLLETON SPER COUNTIES
2002, 2003 & UP TO THE PRESENT 2L (2004 FIGURES ARE PRELIMINARY)

Obs	CTY	CRASH NUMBER	DATE	TIME	PERSONS KILLED	PERSONS INJURED	ROUTE CATEGORY	ROUTE NUMBER	ROUTE AUXILIARY	BASE ROUTE CATEGORY	BASE ROUTE NUMBER	BASE ROUTE AUXILIARY	BASE DISTANCE OFFSET	OFFSET DIRECTION
134	Hampton	04000001	January 4, 2004	1040	0	0	Interstate	95	0	SC Primary	0068	0	0240	N
135	Hampton	04028731	March 11, 2004	1100	0	2	Interstate	95	0	SC Primary	0068	0	0000	S
136	Colleton	04034504	March 28, 2004	1219	0	0	Interstate	95	0	SC Primary	0068	0	0001	N
137	Colleton	04040190	April 17, 2004	1201	0	2	Interstate	95	0	Secondary	0068	0	0001	N
138	Hampton	04042013	April 16, 2004	1600	0	0	Interstate	95	0	SC Primary	0068	0	0000	S
139	Colleton	04067561	June 14, 2004	1053	0	0	Interstate	95	0	SC Primary	0068	0	0100	S
140	Hampton	02084772	July 20, 2002	1406	0	0	Interstate	95	0	SC Primary	0068	0	0030	N
141	Hampton	03048288	April 29, 2003	1516	0	0	Interstate	95	0	SC Primary	0068	0	0010	S
142	Hampton	03048289	April 29, 2003	1645	0	1	Interstate	95	0	SC Primary	0068	0	2000	S
143	Hampton	03090109	August 3, 2003	1646	1	6	Interstate	95	0	SC Primary	0068	0	0005	N
144	Hampton	02021351	February 28, 2002	1620	0	0	Interstate	95	0	SC Primary	0068	0	0010	N
145	Hampton	02041256	April 10, 2002	0613	0	0	Interstate	95	0	SC Primary	0068	0	0010	N
146	Hampton	03053775	May 8, 2003	1425	0	0	Interstate	95	0	SC Primary	0068	0	0010	N
147	Hampton	03147243	December 13, 2003	1950	0	0	Interstate	95	0	SC Primary	0068	0	0010	N
148	Colleton	02078726	July 7, 2002	1155	0	0	Interstate	95	0	Secondary	0068	0	0050	S
149	Colleton	02130956	October 1, 2002	1347	0	0	Interstate	95	0	Secondary	0068	0	0050	S
150	Hampton	02024688	February 28, 2002	0800	2	0	Interstate	95	0	Secondary	0017	0	0210	N
151	Hampton	02105726	July 6, 2002	0130	0	3	Interstate	95	0	Secondary	0017	0	0210	N
152	Hampton	03062775	June 7, 2003	1945	0	1	Interstate	95	0	SC Primary	0068	0	0200	N

Obs	ALSB	LIGHTING CONDITIONS	WEATHER CONDITIONS	ROAD CONDITIONS	PROBABLE CAUSE	FIRST HARMFUL EVENT	MILEPOST
134		Daylight	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Motor Vehicle (In Transport)	4 39
135		Daylight	Clear, No Adverse Conditions	DRY	Followed Too Closely	Motor Vehicle (In Transport)	4 39
136		Daylight	Clear, No Adverse Conditions	DRY	Other Vehicle Defect	Cargo/Equip Loss Or Shift	4 39
137		Daylight	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Motor Vehicle (In Transport)	4 39
138		Daylight	Clear, No Adverse Conditions	DRY	Improper Lane Usage/Change	Motor Vehicle (In Transport)	4 39
139		Daylight	Rain	WET	Too Fast for Conditions	Jackknife	4 39
140		Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (In Transport)	4 41
141		Daylight	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Motor Vehicle (In Transport)	4 43
142		Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (In Transport)	4 43
143		Daylight	Rain	WET	Tires/Wheels	Overturn/Rollover	4 43
144		Daylight	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Run Off Road Left	4 48
145		Dark (No Lights)	Cloudy	WET	Tires/Wheels	Other Non Collision	4 48
146		Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (In Transport)	4 48
147		Dark (No Lights)	Rain	WET	Too Fast for Conditions	Tree	4 48
148		Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (Stopped)	4 49
149		Daylight	Clear, No Adverse Conditions	DRY	Tires/Wheels	Equipment Failure	4 49
150		Daylight	Clear, No Adverse Conditions	DRY	Fatigued/Asleep	Motor Vehicle (Parked)	4 57
151		Dark (No Lights)	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (In Transport)	4 57
152		Daylight	Rain	WET	Too Fast for Conditions	Guardrail End	4 58

TRAFFIC COLLISIONS ON I 95 BETWEEN WALTON SC 84 EXIT & US 17 EXIT TOWARDS BEAUFORT
 HAMPTON, COLLETON SPER COUNTIES
 2002, 2003 & UP TO THE PRESENT 2 (2004 FIGURES ARE PRELIMINARY)

Obs	CTY	CRASH NUMBER	DAT TIME	PERSONS KILLED	PERSONS INJURED	ROUTE CATEGORY	ROUTE NUMBER	ROUTE AUXILIARY	BASE ROUTE CATEGORY	BASE ROUTE NUMBER	BASE ROUTE AUXILIARY	BASE DISTANCE OFFSET	BASE OFFSET DIRECTION	AL88
153	Colleton	02005628	January 22, 2002 1945	0	0	Interstate	95	0	US Primary	0021	0	0300	N	
154	Colleton	02008548	January 23, 2002 1650	0	1	Interstate	95	0	US Primary	0021	0	0300	N	
155	Colleton	02141092	December 1, 2002 0945	0	0	Interstate	95	0	US Primary	0021	0	0002	S	
156	Colleton	03101726	August 29, 2003 1347	0	0	Interstate	95	0	US Primary	0021	0	0003	N	
157	Colleton	03152434	December 25, 2003 1805	0	2	Interstate	95	0	US Primary	0021	0	0003	N	
158	Colleton	04071204	June 14, 2004 1248	0	1	Interstate	95	0	US Primary	0021	0	0001	N	
159	Colleton	04074571	June 25, 2004 0545	0	1	Interstate	95	0	US Primary	0021	0	0002	S	
160	Hampton	02034443	March 29, 2002 1311	0	0	Interstate	95	0	SC Primary	0068	0	0050	N	
161	Hampton	03047071	May 1, 2003 1020	0	0	Interstate	95	0	SC Primary	0068	0	0005	N	
162	Hampton	03014035	February 9, 2003 2200	0	0	Interstate	95	0	Secondary	0044	0	0000	S	
163	Hampton	04041319	April 11, 2004 1734	0	0	Interstate	95	0	Secondary	0013	0	0001	N	
164	Colleton	04022631	March 3, 2004 0755	0	2	Interstate	95	0	US Primary	0021	0	0003	N	
165	Colleton	04068759	June 14, 2004 0200	0	0	Interstate	95	0	Secondary	0068	0	0120	S	
166	Colleton	02132312	November 10, 2002 0840	0	0	Interstate	95	0	Secondary	0068	0	0015	N	
167	Colleton	02157294	December 28, 2002 1305	0	0	Interstate	95	0	SC Primary	0063	0	0080	S	
168	Hampton	03030952	March 17, 2003 0010	0	0	Interstate	95	0	Secondary	0013	0	0007	N	
169	Colleton	03047094	May 2, 2003 0842	0	2	Interstate	95	0	US Primary	0021	0	0320	N	
170	Colleton	02114182	September 20, 2002 1310	0	0	Interstate	95	0	Secondary	0068	0	0010	N	
171	Colleton	03068498	June 14, 2003 1700	0	0	Interstate	95	0	Secondary	0068	0	0000	N	

Obs	LIGHTING CONDITIONS	WEATHER CONDITIONS	ROAD CONDITIONS	PROBABLE CAUSE	FIRST HARMFUL EVENT	MILEPOST
153	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Tires/Wheels	Equipment Failure	4 82
154	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Tree	4 82
155	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (Stopped)	4 82
156	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Other(Post,Pole,Support,Etc	4 82
157	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (In Transport)	4 82
158	Daylight	Rain	WET	Too Fast for Conditions	Tree	4 82
159	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Fatigued/Asleep	Overturn/Rollover	4 82
160	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (In Transport)	4 88
161	Daylight	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Motor Vehicle (In Transport)	4 88
162	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Other	4 90
163	Daylight	Clear, No Adverse Conditions	DRY	Over-Correcting/Over Steering	Jackknife	4 90
164	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (In Transport)	4 92
165	Dark (No Lights)	Rain	WET	Too Fast for Conditions	Other	4 93
166	Daylight	Rain	WET	Too Fast for Conditions	Tree	4 94
167	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (In Transport)	5 00
168	Dark (No Lights)	Fog,Smog,Smoke	WET	Animal In Road	Animal (Deer Only)	5 00
169	Daylight	Clear, No Adverse Conditions	DRY	Fatigued/Asleep	Overturn/Rollover	5 02
170	Daylight	Clear, No Adverse Conditions	DRY	Rdn Off Road	Overturn/Rollover	5 09
171	Daylight	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Motor Vehicle (In Transport)	5 09

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TRAFFIC COLLISIONS ON I 95 BETWEEN WALL JRN 8C 64 EXIT & US 17 EXIT TOWARDS BEAUFORT
HAMPTON, COLLETON SPER COUNTIES
2002, 2003 & UP TO THE PRESENT 2 (2004 FIGURES ARE PRELIMINARY)

Obs	CTY	CRASH NUMBER	DAT TIME	PERSONS KILLED	PERSONS INJURED	ROUTE CATEGORY	ROUTE NUMBER	ROUTE AUXILIARY	BASE ROUTE CATEGORY	BASE ROUTE NUMBER	BASE ROUTE AUXILIARY	BASE DISTANCE OFFSET	OFFSET DIRECTION	ALSB
172	Hampton	03042201	April 11, 2003 0140	2	4	Interstate	95	0	Secondary	0013	0	0025	S	
173	Colleton	03001504	January 11, 2003 1020	0	0	Interstate	95	0	Secondary	0068	0	0020	N	
174	Hampton	04098930	August 18, 2004 1600	0	0	Interstate	95	0	SC Primary	0088	0	0100	S	
175	Colleton	03058948	May 25, 2003 1500	0	0	Interstate	95	0	Secondary	0068	0	0700	S	
176	Colleton	03139518	November 22, 2003 1655	0	0	Interstate	95	0	Secondary	0068	0	0030	N	
177	Colleton	04089333	June 18, 2004 1425	0	2	Interstate	95	0	Secondary	0068	0	0110	S	
178	Hampton	03080204	May 29, 2003 1845	0	0	Interstate	95	0	SC Primary	0068	0	0100	N	
179	Hampton	03031586	March 29, 2003 1300	0	0	Interstate	95	0	SC Primary	0068	0	0110	N	
180	Colleton	03109876	September 21, 2003 0820	0	0	Interstate	95	0	Secondary	0028	0	0140	S	
181	Hampton	03053517	May 7, 2003 1420	0	0	Interstate	95	0	SC Primary	0068	0	0120	N	
182	Colleton	03077009	April 7, 2003 1557	0	0	Interstate	95	0	Secondary	0028	0	0120	S	
183	Colleton	02018431	February 16, 2002 0130	0	0	Interstate	95	0	US Primary	0021	0	0400	N	
184	Colleton	02048357	April 29, 2002 1838	0	0	Interstate	95	0	US Primary	0021	0	0004	N	
185	Colleton	03030365	March 26, 2003 1333	0	2	Interstate	95	0	US Primary	0021	0	0040	N	
186	Colleton	03071738	June 28, 2003 1528	0	1	Interstate	95	0	US Primary	0021	0	0400	N	
187	Colleton	02154603	December 24, 2002 1155	0	0	Interstate	95	0	Secondary	0028	0	0111	S	
188	Colleton	04095580	August 21, 2004 1740	0	0	Interstate	95	0	Secondary	0028	0	0110	S	
189	Hampton	03027207	March 7, 2003 1053	0	0	Interstate	95	0	SC Primary	0068	0	0150	N	
190	Hampton	03079814	July 11, 2003 1415	0	1	Interstate	95	0	SC Primary	0068	0	0003	N	

Obs	LIGHTING CONDITIONS	WEATHER CONDITIONS	ROAD CONDITIONS	PROBABLE CAUSE	FIRST HARMFUL EVENT	MILEPOST
172	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Tree	5 10
173	Daylight	Clear, No Adverse Conditions	DRY	Other Vehicle Defect	Equipment Failure	5 19
174	Daylight	Clear, No Adverse Conditions	DRY	Fatigued/Asleep	Fence	5 20
175	Daylight	Clear, No Adverse Conditions	WET	Too Fast for Conditions	Tree	5 28
176	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Under Influence	Motor Vehicle (In Transport)	5 28
177	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Tree	5 34
178	Daylight	Clear, No Adverse Conditions	DRY	Animal In Road	Animal (All Others)	5 38
179	Daylight	Clear, No Adverse Conditions	DRY	Improper Lane Usage/Change	Motor Vehicle (In Transport)	5 40
180	Dark (No Lights)	Fog, Smog, Smoke	DRY	Too Fast for Conditions	Tree	5 57
181	Daylight	Clear, No Adverse Conditions	DRY	Shoulders(Non, Low, Soft, High)	Overturn/Rollover	5 58
182	Daylight	Rain	WET	Too Fast for Conditions	Overturn/Rollover	5 77
183	Dark (No Lights)	Fog, Smog, Smoke	DRY	Improper Lane Usage/Change	Motor Vehicle (In Transport)	5 82
184	Daylight	Clear, No Adverse Conditions	DRY	Fatigued/Asleep	Motor Vehicle (In Transport)	5 82
185	Daylight	Clear, No Adverse Conditions	DRY	Tires/Wheels	Overturn/Rollover	5 82
186	Daylight	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Tree	5 82
187	Daylight	Rain	WET	Run Off Road	Tree	5 88
188	Daylight	Rain	WET	Over Correcting/Over Steering	Motor Vehicle (Parked)	5 87
189	Daylight	Rain	WET	Improper Lane Usage/Change	Motor Vehicle (In Transport)	5 88
190	Daylight	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Tree	5 88

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TRAFFIC COLLISIONS ON I 95 BETWEEN WALL OPO SC 64 EXIT & US 17 EXIT TOWARDS BEAUFORT
HAMPTON, COLLETON SPER COUNTIES
2002, 2003 & UP TO THE PRESENT 2. (2004 FIGURES ARE PRELIMINARY)

Obs	CTY	CRASH NUMBER	DAT TIME	PERSONS KILLED	PERSONS INJURED	ROUTE CATEGORY	ROUTE NUMBER	ROUTE AUXILIARY	BASE ROUTE CATEGORY	BASE ROUTE NUMBER	BASE ROUTE AUXILIARY	BASE DISTANCE OFFSET	OFFSET DIRECTION	ALSB
191	Hampton	04036776	April 4, 2004 1330	0	0	Interstate	95	0	SC Primary	0066	0	0001	N	
192	Colleton	03084364	July 26, 2003 0830	0	0	Interstate	95	0	US Primary	0021	0	0004	N	
193	Colleton	02078457	July 8, 2002 2345	0	0	Interstate	95	0	Secondary	0028	0	0010	S	
194	Colleton	04040035	April 13, 2004 0910	0	0	Interstate	95	0	Secondary	0028	0	0001	S	
195	Colleton	04090858	August 9, 2004 1700	0	0	Interstate	95	0	Secondary	0028	0	0100	S	
196	Colleton	03025535	March 14, 2003 1635	0	0	Interstate	95	0	Secondary	0066	0	0100	S	
197	Colleton	03028208	March 15, 2003 0320	1	2	Interstate	95	0	SC Primary	0063	0	0007	S	SNIDERS HWY
198	Hampton	03039558	April 11, 2003 0702	0	0	Interstate	95	0	Interstate	0095	0	0000	S	
199	Colleton	04102303	September 6, 2004 1842	0	0	Interstate	95	0	Secondary	0028	0	0001	S	
200	Hampton	02059836	August 5, 2002 1105	0	0	Interstate	95	0	SC Primary	0066	0	0180	N	SC
201	Colleton	03128475	October 31, 2003 1900	0	0	Interstate	95	0	Secondary	0066	0	0125	N	
202	Colleton	03139754	November 22, 2003 1415	1	4	Interstate	95	0	Secondary	0028	0	0070	S	
203	Colleton	03018113	February 19, 2003 2157	0	1	Interstate	95	0	Secondary	0066	0	0001	N	
204	Colleton	04088223	June 14, 2004 1548	0	2	Interstate	95	0	US Primary	0021	0	0450	N	
205	Colleton	04098238	August 22, 2004 1800	0	0	Interstate	95	0	US Primary	0021	0	0450	N	
206	Colleton	03077641	July 10, 2003 1730	0	0	Interstate	95	0	US Primary	0078	0	0008	S	
207	Colleton	04107141	September 11, 2004 1420	0	0	Interstate	95	0	Secondary	0028	0	0060	S	
208	Hampton	02030225	March 23, 2002 1012	0	0	Interstate	95	0	SC Primary	0066	0	0002	N	
209	Hampton	03019781	February 26, 2003 1328	0	0	Interstate	95	0	SC Primary	0066	0	0200	S	

Obs	LIGHTING CONDITIONS	WEATHER CONDITIONS	ROAD CONDITIONS	PROBABLE CAUSE	FIRST HARMFUL EVENT	MILEPOST
191	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (In Transport)	5 88
192	Daylight	Rain	WET	Too Fast for Conditions	Tree	5 92
193	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Motor Vehicle (Stopped)	5 97
194	Daylight	Rain	WET	Too Fast for Conditions	Tree	5 97
195	Daylight	Clear, No Adverse Conditions	DRY	Improper Lane Usage/Change	Motor Vehicle (In Transport)	5 97
196	Daylight	Cloudy	DRY	Too Fast for Conditions	Overturn/Rollover	5 99
197	Dark (No Lights)	Cloudy	WET	Distracted/Inattention	Motor Vehicle (In Transport)	6 00
198	Dawn	Clear, No Adverse Conditions	WET	Too Fast for Conditions	Motor Vehicle (In Transport)	6 07
199	Daylight	Rain	WET	Too Fast for Conditions	Overturn/Rollover	6 17
200	Daylight	Clear, No Adverse Conditions	DRY	Steering	Equipment Failure	6 18
201	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Other Vehicle Defect	Motor Vehicle (In Transport)	6 24
202	Daylight	Clear, No Adverse Conditions	DRY	Run Off Road	Tree	6 27
203	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Cargo	Motor Vehicle (In Transport)	6 29
204	Daylight	Rain	WET	Too Fast for Conditions	Tree	6 32
205	Daylight	Rain	WET	Weather Condition	Unknown Non Collision	6 32
206	Daylight	Cloudy	WET	Improper Lane Usage/Change	Embankment	6 35
207	Daylight	Rain	WET	Too Fast for Conditions	Tree	6 37
208	Daylight	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Motor Vehicle (In Transport)	6 38
209	Daylight	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Overturn/Rollover	6 38

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TRAFFIC COLLISIONS ON I 95 BETWEEN WAJ JPA SC 64 EXIT & US 17 EXIT TOWARDS BEAUFORT
 HAMPTON, COLLETON SPER COUNTIES
 2002, 2003 & UP TO THE PRESENT 2 2004 FIGURES ARE PRELIMINARY)

Obs	CTY	CRASH NUMBER	DATE TIME	PERSONS KILLED	PERSONS INJURED	ROUTE CATEGORY	ROUTE NUMBER	ROUTE AUXILIARY	BASE ROUTE CATEGORY	BASE ROUTE NUMBER	BASE AUXILIARY	BASE DISTANCE OFFSET	BASE OFFSET DIRECTION	ALSB
210	Hampton	03077635	July 7, 2003 0350	0	0	Interstate	95	0	SC Primary	0088	0	0002	N	
211	Hampton	04091828	July 18, 2004 1150	0	0	Interstate	95	0	Secondary	0088	0	0020	N	
212	Colleton	02078726	July 7, 2002 1445	0	0	Interstate	95	0	Secondary	0028	0	0050	S	
213	Colleton	04071445	June 28, 2004 1020	0	0	Interstate	95	0	Secondary	0028	0	0005	S	
214	Hampton	03056831	May 25, 2003 2053	0	0	Interstate	95	0	SC Primary	0088	0	0004	N	
215	Colleton	03053188	May 16, 2003 2000	0	0	Interstate	95	0	Secondary	0028	0	0040	S	
216	Colleton	04030474	March 22, 2004 0930	0	0	Interstate	95	0	Secondary	0028	0	0000	S	
217	Colleton	02132832	November 4, 2002 1528	0	0	Interstate	95	0	Other	HAMP	9	0050	S	HAMPTON CO LINE
218	Hampton	03073316	June 28, 2003 1445	0	0	Interstate	95	0	Other	HAMP	9	0005	S	HAMPTON COUNTY LINE
219	Colleton	04101716	August 31, 2004 1218	0	0	Interstate	95	0	Secondary	0028	0	0003	S	
220	Colleton	02074290	June 29, 2002 1108	0	0	Interstate	95	0	Secondary	0028	0	0025	S	
221	Colleton	02034440	March 29, 2002 1715	0	0	Interstate	95	0	Secondary	0028	0	0020	S	
222	Colleton	04047809	April 29, 2004 1430	0	0	Interstate	95	0	Secondary	0028	0	0000	S	
223	Colleton	03116383	October 8, 2003 1808	0	1	Interstate	95	0	SC Primary	0084	0	0010	S	
224	Colleton	04050486	May 8, 2004 0753	0	1	Interstate	95	0	Secondary	0028	0	0001	S	
225	Colleton	04079071	July 8, 2004 1822	0	0	Interstate	95	0	Secondary	0028	0	0001	S	
226	Colleton	02119378	October 11, 2002 0740	0	0	Interstate	95	0	Secondary	0028	0	0001	S	
227	Colleton	03053185	May 17, 2003 1448	0	0	Interstate	95	0	Secondary	0028	0	0001	S	
228	Colleton	03027226	March 17, 2003 1830	0	0	Interstate	95	0	Secondary	0047	0	0005	N	

Obs	LIGHTING CONDITIONS	WEATHER CONDITIONS	ROAD CONDITIONS	PROBABLE CAUSE	FIRST HARMFUL EVENT	MILEPOST
210	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Improper Lane Usage/Change	Bridge Rail	6 38
211	Daylight	Rain	WET	Too Fast for Conditions	Motor Vehicle (In Transport)	6 38
212	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (In Transport)	6 47
213	Daylight	Clear, No Adverse Conditions	DRY	Wrong Side/Wrong Way	Motor Vehicle (In Transport)	6 47
214	Dark (No Lights)	Cloudy	DRY	Animal In Road	Animal (Deer Only)	6 48
215	Daylight	Rain	WET	Too Fast for Conditions	Overturn/Rollover	6 57
216	Daylight	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Motor Vehicle (In Transport)	6 57
217	Daylight	Rain	WET	Too Fast for Conditions	Guardrail Face	6 61
218	Daylight	Rain	WET	Distracted/Inattention	Motor Vehicle (In Transport)	6 61
219	Daylight	Clear, No Adverse Conditions	DRY	Improper Lane Usage/Change	Motor Vehicle (In Transport)	6 67
220	Daylight	Clear, No Adverse Conditions	DRY	Other Improper Action (Driver)	Motor Vehicle (In Transport)	6 72
221	Daylight	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Motor Vehicle (In Transport)	6 77
222	Daylight	Clear, No Adverse Conditions	DRY	Other Improper Action (Driver)	Motor Vehicle (In Transport)	6 82
223	Daylight	Clear, No Adverse Conditions	DRY	Fatigued/Asleep	Tree	6 85
224	Daylight	Clear, No Adverse Conditions	DRY	Improper Lane Usage/Change	Motor Vehicle (In Transport)	6 87
225	Daylight	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Motor Vehicle (In Transport)	6 87
226	Dawn	Rain	WET	Too Fast for Conditions	Ditch	6 88
227	Daylight	Cloudy	DRY	Failed To Yield Row	Motor Vehicle (In Transport)	6 88
228	Daylight	Rain	WET	Run Off Road	HWY Traffic Sign Post	6 97

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TRAFFIC COLLISIONS ON I 95 BETWEEN WALL JON SC 64 EXIT & US 17 EXIT TOWARDS BEAUFORT
HAMPTON, COLLETON SPER COUNTIES
2002, 2003 & UP TO THE PRESENT 2, 2004 FIGURES ARE PRELIMINARY)

Obs	CTY	CRASH NUMBER	DAT	TIME	PERSONS KILLED	PERSONS INJURED	ROUTE CATEGORY	ROUTE NUMBER	ROUTE AUXILIARY	BASE ROUTE CATEGORY	BASE ROUTE NUMBER	BASE ROUTE AUXILIARY	BASE DISTANCE OFFSET	OFFSET DIRECTION	ALSB
229	Colleton	02139601	November 19, 2002	1835	0	0	Interstate	95	0	Secondary	0028	0	0004	N	
230	Colleton	02080339	July 15, 2002	2042	0	1	Interstate	95	0	Secondary	0028	0	0006	N	
231	Colleton	03070548	June 22, 2003	0820	0	0	Interstate	95	0	Secondary	0028	0	0001	S	
232	Colleton	02019413	February 18, 2002	0116	0	1	Interstate	95	0	Secondary	0028	0	0040	N	
233	Colleton	02041894	April 18, 2002	0740	0	0	Interstate	95	0	SC Primary	0083	0	0550	W	
234	Colleton	03080382	August 9, 2003	0955	0	1	Interstate	95	0	SC Primary	0083	0	0550	S	
235	Colleton	03053182	May 19, 2003	0005	0	0	Interstate	95	0	SC Primary	0083	0	0520	S	
236	Colleton	04053223	May 6, 2004	1300	0	0	Interstate	95	0	SC Primary	0083	0	0520	S	
237	Colleton	03118059	October 12, 2003	0515	0	0	Interstate	95	0	US Primary	0021	0	0060	N	
238	Colleton	03097312	August 22, 2003	1620	0	0	Interstate	95	0	SC Primary	0083	0	0510	S	
239	Colleton	04053218	May 15, 2004	1310	0	0	Interstate	95	0	SC Primary	0083	0	0510	S	
240	Colleton	03082777	June 8, 2003	1900	0	0	Interstate	95	0	Secondary	0028	0	0100	N	
241	Colleton	03072519	June 13, 2003	1415	0	0	Interstate	95	0	Secondary	0028	0	0100	S	
242	Colleton	03073314	June 29, 2003	2025	0	2	Interstate	95	0	Secondary	0028	0	0001	N	
243	Colleton	02086779	June 11, 2002	0744	0	0	Interstate	95	0	SC Primary	0083	0	0800	S	
244	Colleton	02150854	December 23, 2002	1100	0	0	Interstate	95	0	SC Primary	0083	0	0050	S	
245	Colleton	03042709	April 22, 2003	2225	0	1	Interstate	95	0	US Primary	0021	0	0200	N	
246	Colleton	03019748	March 2, 2003	1825	0	1	Interstate	95	0	SC Primary	0083	0	0500	S	
247	Colleton	03091287	August 10, 2003	1922	0	0	Interstate	95	0	Secondary	0028	0	0120	N	

Obs	LIGHTING CONDITIONS	WEATHER CONDITIONS	ROAD CONDITIONS	PROBABLE CAUSE	FIRST HARMFUL EVENT	MILEPOST
229	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Failed To Yield Row	Motor Vehicle (In Transport)	7 01
230	Dusk	Clear, No Adverse Conditions	DRY	Debris	Other	7 03
231	Dark (Street Lamp Lit)	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Motor Vehicle (Stopped)	7 09
232	Dark (No Lights)	Fog, Smog, Smoke	DRY	Too Fast for Conditions	Motor Vehicle (In Transport)	7 37
233	Dawn	Clear, No Adverse Conditions	DRY	Fatigued/Asleep	Motor Vehicle (Stopped)	7 50
234	Daylight	Clear, No Adverse Conditions	DRY	Cargo	Cargo/Equip Loss Or Shift	7 50
235	Dark (No Lights)	Rain	WET	Weather Condition	Tree	7 80
236	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (In Transport)	7 80
237	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Ditch	7 82
238	Daylight	Rain	WET	Too Fast for Conditions	Tree	7 90
239	Daylight	Rain	WET	Too Fast for Conditions	Tree	7 90
240	Daylight	Rain	WET	Too Fast for Conditions	Tree	7 97
241	Daylight	Cloudy	WET	Too Fast for Conditions	Motor Vehicle (Parked)	7 97
242	Dark (No Lights)	Rain	WET	Too Fast for Conditions	Overturn/Rollover	7 97
243	Daylight	Clear, No Adverse Conditions	DRY	Improper Lane Usage/Change	Motor Vehicle (In Transport)	8 00
244	Daylight	Clear, No Adverse Conditions	DRY	Improper Lane Usage/Change	Culvert	8 00
245	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Tires/Wheels	Tree	8 02
246	Daylight	Clear, No Adverse Conditions	DRY	Over Correcting/Over Steering	Overturn/Rollover	8 08
247	Dusk	Rain	WET	Distracted/Inattention	Tree	8 13

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TRAFFIC COLLISIONS ON I 95 BETWEEN WAJ, ORG SC 84 EXIT & US 17 EXIT TOWARDS BEAUFORT
HAMPTON, COLLETON, WSPER COUNTIES
2002, 2003 & UP TO THE PRESENT 2 (2004 FIGURES ARE PRELIMINARY)

Obs	CTY	CRASH NUMBER	DATE	TIME	PERSONS KILLED	PERSONS INJURED	ROUTE CATEGORY	ROUTE NUMBER	ROUTE AUXILIARY	BASE ROUTE CATEGORY
248	Colleton	03082878	July 22, 2003	1556	0	0	Interstate	95	0	Secondary
249	Colleton	04024210	March 8, 2004	0247	0	1	Interstate	95	0	Secondary
250	Colleton	02071355	June 25, 2002	0200	0	1	Interstate	95	0	Secondary
251	Colleton	02106288	September 15, 2002	1445	0	1	Interstate	95	0	US Primary
252	Colleton	02153541	November 10, 2002	0815	1	1	Interstate	95	0	Secondary
253	Colleton	03015437	February 16, 2003	1325	0	1	Interstate	95	0	Secondary
254	Colleton	04089328	June 22, 2004	0700	0	0	Interstate	95	0	Secondary
255	Colleton	02099897	August 29, 2002	1200	0	0	Interstate	95	0	Secondary
256	Colleton	03027228	March 17, 2003	1030	0	0	Interstate	95	0	Secondary
257	Colleton	03042711	April 21, 2003	0545	0	0	Interstate	95	0	Secondary
258	Colleton	02089825	June 22, 2002	1830	0	1	Interstate	95	0	SC Primary

Obs	BASE ROUTE NUMBER	BASE ROUTE AUXILIARY	BASE DISTANCE OFFSET	OFFSET DIRECTION	ALSB	LIGHTING CONDITIONS	WEATHER CONDITIONS
248	0522	0	0175	S		Daylight	Rain
249	0028	0	0001	N		Dark (No Lights)	Clear, No Adverse Conditions
250	0028	0	0150	N		Dark (No Lights)	Clear, No Adverse Conditions
251	0021	0	0007	N		Daylight	Rain
252	0522	0	0100	S		Daylight	Rain
253	0522	0	0001	S		Daylight	Rain
254	0522	0	0150	S		Daylight	Clear, No Adverse Conditions
255	0028	0	0002	N		Daylight	Rain
256	0028	0	0200	N		Daylight	Rain
257	0028	0	0450	S		Dark (No Lights)	Clear, No Adverse Conditions
258	0083	0	0400	S		Daylight	Rain

Obs	ROAD CONDITIONS	PROBABLE CAUSE	FIRST HARMFUL EVENT	MILEPOST
248	WET	Too Fast for Conditions	Tree	8 14
249	DRY	Too Fast for Conditions	Overturn/Rollover	8 37
250	DRY	Fatigued/Asleep	Ditch	8 47
251	WET	Too Fast for Conditions	Tree	8 82
252	WET	Too Fast for Conditions	Run Off Road Right	8 89
253	WET	Too Fast for Conditions	Tree	8 89
254	DRY	Animal In Road	Median Barrier	8 89
255	WET	Too Fast for Conditions	Tree	8 87
256	WET	Run Off Road	Overturn/Rollover	8 87
257	DRY	Too Fast for Conditions	Overturn/Rollover	8 87
258	WET	Too Fast for Conditions	Tree	8 00

TRAFFIC COLLISIONS ON I 95 BETWEEN WA
HAMPTON, COLLETON
2002, 2003 & UP TO THE PRESENT
90 64 EXIT & US 17 EXIT TOWARDS BEAUFORT
SPER COUNTIES
(2004 FIGURES ARE PRELIMINARY)

Obs	CTY	CRASH NUMBER		DAT	TIME	PERSONS KILLED	PERSONS INJURED	ROUTE CATEGORY	ROUTE NUMBER	ROUTE AUXILIARY	BASE ROUTE CATEGORY
259	Colleton	02071382		June 23, 2002	1335	0	0	Interstate	95	0	SC Primary
260	Colleton	02112298		September 28, 2002	0128	0	1	Interstate	95	0	SC Primary
261	Colleton	02125931		October 24, 2002	0524	0	2	Interstate	95	0	SC Primary
262	Colleton	04082931		June 1, 2004	0400	0	0	Interstate	95	0	SC Primary
263	Colleton	04007740		January 24, 2004	2122	0	0	Interstate	95	0	SC Primary
264	Colleton	04088312		August 2, 2004	1459	0	0	Interstate	95	0	US Primary
265	Colleton	03102791		September 5, 2003	1840	0	0	Interstate	95	0	Secondary
266	Colleton	04012307		January 29, 2004	2030	1	0	Interstate	95	0	Secondary
267	Colleton	04088310		August 3, 2004	1800	0	0	Interstate	95	0	SC Primary
268	Colleton	02034437		March 30, 2002	0855	0	0	Interstate	95	0	Secondary
269	Colleton	03137076		November 17, 2003	0810	0	1	Interstate	95	0	Secondary
Obs	BASE ROUTE NUMBER	BASE ROUTE AUXILIARY	BASE DISTANCE OFFSET	OFFSET DIRECTION	ALSB	LIGHTING CONDITIONS	WEATHER CONDITIONS				
259	0063	0	0400	S		Daylight	Rain				
260	0063	0	0004	S		Dark (No Lights)	Rain				
261	0063	0	0000	S		Dark (No Lights)	Rain				
262	0063	0	0004	S		Dark (Street Lamps Not Lit)	Clear, No Adverse Conditions				
263	0021	0	0720	N		Dark (No Lights)	Clear, No Adverse Conditions				
264	0028	0	0210	N		Daylight	Rain				
265	0028	0	0220	N		Daylight	Rain				
266	0063	0	0004	S		Dark (No Lights)	Clear, No Adverse Conditions				
267	0522	0	0005	S		Daylight	Clear, No Adverse Conditions				
268	0522	0	0020	S		Daylight	Clear, No Adverse Conditions				
269	0522	0	0001	S		Dark (No Lights)	Fog, Smog, Smoke				
Obs	ROAD CONDITIONS	PROBABLE CAUSE	FIRST HARMFUL EVENT	MILEPOST							
259	WET	Improper Lane Usage/Change	Motor Vehicle (In Transport)	9 00							
260	WET	Too Fast for Conditions	Tree	9 00							
261	WET	Improper Lane Usage/Change	Motor Vehicle (In Transport)	9 00							
262	DRY	Over Correcting/Over Steering	Animal (All Others)	9 00							
263	DRY	Aggressive Driving	Tree	9 02							
264	WET	Too Fast for Conditions	Tree	9 07							
265	WET	Too Fast for Conditions	Tree	9 17							
266	DRY	Under Influence	Motor Vehicle (In Transport)	9 28							
267	DRY	Rut, Hole, Bump	Other	9 39							
268	DRY	Run Off Road	Tree	9 69							
269	DRY	Other Improper Action (Driver)	Overturn/Rollover	9 79							

TRAFFIC COLLISIONS ON I 95 BETWEEN WALT HAMPTON, COLLETON SC 84 EXIT & US 17 EXIT TOWARDS BEAUFORT
 2002, 2003 & UP TO THE PRESENT 21 (2004 FIGURES ARE PRELIMINARY)

Obs	CTY	CRASH NUMBER	DATE	TIME	PERSONS KILLED	PERSONS INJURED	ROUTE CATEGORY	ROUTE NUMBER	ROUTE AUXILIARY	BASE ROUTE CATEGORY	BASE ROUTE NUMBER	BASE ROUTE AUXILIARY	BASE DISTANCE OFFSET	OFFSET DIRECTION
270	Colleton	04062928	June 5, 2004	0934	0	0	Interstate	95	0	Secondary	0522	0	0000	S
271	Colleton	03066487	June 5, 2003	1046	0	0	Interstate	95	0	SC Primary	0083	0	0003	S
272	Colleton	02078721	July 12, 2002	1813	0	1	Interstate	95	0	Secondary	0522	0	0003	N
273	Colleton	02082254	July 12, 2002	1828	0	0	Interstate	95	0	Secondary	0522	0	0003	N
274	Colleton	03063188	May 18, 2003	2030	0	0	Interstate	95	0	SC Primary	0083	0	0031	S
276	Colleton	02130954	November 4, 2002	1600	0	2	Interstate	95	0	SC Primary	0083	0	0300	S
278	Colleton	03124558	October 20, 2003	2115	0	0	Interstate	95	0	SC Primary	0083	0	0300	S
277	Colleton	03138641	November 23, 2003	0944	0	1	Interstate	95	0	SC Primary	0083	0	0003	S
278	Colleton	04000070	January 2, 2004	1157	0	0	Interstate	95	0	SC Primary	0083	0	0003	S
279	Colleton	04103732	September 7, 2004	1955	0	4	Interstate	95	0	Secondary	0522	0	0004	S
280	Colleton	04050484	May 5, 2004	1010	0	1	Interstate	95	0	Secondary	0522	0	0004	N
281	Colleton	04043455	April 24, 2004	0544	2	3	Interstate	95	0	Other	COLL	8	0190	N
282	Colleton	02055458	May 8, 2002	1245	0	0	Interstate	95	0	Secondary	0522	0	0050	N
283	Colleton	02098524	August 27, 2002	0220	0	0	Interstate	95	0	SC Primary	0083	0	0250	S
284	Colleton	02099786	August 30, 2002	0115	0	0	Interstate	95	0	SC Primary	0083	0	0250	S
285	Colleton	03138517	November 24, 2003	1820	0	1	Interstate	95	0	Other	DORC	8	0066	S
286	Colleton	04102785	September 8, 2004	1800	0	0	Interstate	95	0	SC Primary	0084	0	0008	S
287	Colleton	03007152	January 27, 2003	0700	0	2	Interstate	95	0	Secondary	0522	0	0010	N
288	Colleton	04012319	February 7, 2004	2058	0	2	Interstate	95	0	Secondary	0522	0	0001	N

Obs	ALSB	LIGHTING CONDITIONS	WEATHER CONDITIONS	ROAD CONDITIONS	PROBABLE CAUSE	FIRST HARMFUL EVENT	MILEPOST
270		Daylight	Cloudy	DRY	Distracted/Inattention	Median Barrier	9 79
271		Daylight	Clear, No Adverse Conditions	DRY	Brakes	Motor Vehicle (In Transport)	9 90
272		Daylight	Rain	WET	Too Fast for Conditions	Tree	9 92
273		Daylight	Rain	WET	Other Improper Action (Driver)	Motor Vehicle (In Transport)	9 92
274		Dark (No Lights)	Rain	WET	Weather Condition	Tree	9 98
275		Daylight	Rain	WET	Improper Turn	Motor Vehicle (In Transport)	10 00
276		Dark (No Lights)	Clear, No Adverse Conditions	DRY	Debris	Other Movable Object	10 00
277		Daylight	Clear, No Adverse Conditions	DRY	Fatigued/Asleep	Tree	10 00
278		Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (In Transport)	10 00
279		Dark (No Lights)	Cloudy	WET	Improper Lane Usage/Change	Overturn/Rollover	10 04
280		Daylight	Clear, No Adverse Conditions	DRY	Fatigued/Asleep	Motor Vehicle (In Transport)	10 29
281	COLLETON COUNTY LINE	Dawn	Clear, No Adverse Conditions	DRY	Fatigued/Asleep	Tree	10 36
282		Daylight	Clear, No Adverse Conditions	DRY	Improper Lane Usage/Change	Motor Vehicle (In Transport)	10 39
283		Dark (No Lights)	Rain	WET	Too Fast for Conditions	Run Off Road Left	10 50
284		Dark (No Lights)	Rain	DRY	Too Fast for Conditions	Overturn/Rollover	10 50
285	DORCHESTER COUNTY LINE	Daylight	Clear, No Adverse Conditions	DRY	Tires/Wheels	Overturn/Rollover	10 80
286		Daylight	Rain	WET	Too Fast for Conditions	Other	10 85
287		Dawn	Clear, No Adverse Conditions	DRY	Fatigued/Asleep	Tree	10 89
288		Dark (No Lights)	Cloudy	DRY	Too Fast for Conditions	Motor Vehicle (In Transport)	10 89

000382

TRAFFIC COLLISIONS ON I 95 BETWEEN WAJ JOHN SC 64 EXIT & US 17 EXIT TOWARDS BEAUFORT
HAMPTON, COLLETON SPER COUNTIES
2002, 2003 & UP TO THE PRESENT & (2004 FIGURES ARE PRELIMINARY)

Obs	CTY	CRASH NUMBER	DAT TIME	PERSONS KILLED	PERSONS INJURED	ROUTE CATEGORY	ROUTE NUMBER	ROUTE AUXILIARY	BASE ROUTE CATEGORY	BASE ROUTE NUMBER	BASE ROUTE AUXILIARY	BASE DISTANCE OFFSET	OFFSET DIRECTION	AL88
289	Colleton	02125921	October 27, 2002 1017	1	1	Interstate	95	0	SC Primary	0063	0	0210	S	
290	Colleton	03014032	February 12, 2003 1155	0	1	Interstate	95	0	SC Primary	0063	0	0210	S	
291	Colleton	04107898	September 18, 2004 0145	0	0	Interstate	95	0	SC Primary	0063	0	0210	S	
292	Colleton	02028837	March 18, 2002 1840	0	2	Interstate	95	0	SC Primary	0063	0	0200	S	SC
293	Colleton	02095103	August 17, 2002 1700	0	1	Interstate	95	0	SC Primary	0063	0	0002	S	
294	Colleton	02108277	September 13, 2002 0910	0	2	Interstate	95	0	SC Primary	0063	0	0002	S	
295	Colleton	02119382	October 11, 2002 0755	0	0	Interstate	95	0	SC Primary	0063	0	0002	S	
296	Colleton	03145013	December 4, 2003 1425	0	0	Interstate	95	0	SC Primary	0063	0	0020	S	
297	Colleton	02111594	September 28, 2002 1103	0	1	Interstate	95	0	SC Primary	0063	0	0150	S	
298	Colleton	02154800	December 25, 2002 0955	0	0	Interstate	95	0	SC Primary	0064	0	0005	S	
299	Colleton	03015377	January 30, 2003 1605	0	0	Interstate	95	0	SC Primary	0064	0	0500	S	
300	Colleton	04084838	June 13, 2004 1800	0	0	Interstate	95	0	SC Primary	0063	0	0010	S	
301	Colleton	04102787	September 5, 2004 1725	0	0	Interstate	95	0	SC Primary	0063	0	0001	S	
302	Colleton	02004811	January 13, 2002 0335	0	0	Interstate	95	0	SC Primary	0063	0	0100	S	
303	Colleton	02008399	January 28, 2002 1505	0	0	Interstate	95	0	SC Primary	0063	0	0100	S	
304	Colleton	02009460	February 2, 2002 1338	0	0	Interstate	95	0	SC Primary	0063	0	0100	S	
305	Colleton	02130959	November 4, 2002 1150	0	1	Interstate	95	0	SC Primary	0063	0	0100	S	
306	Colleton	02143559	December 1, 2002 1700	0	0	Interstate	95	0	SC Primary	0063	0	0010	S	
307	Colleton	02150344	December 21, 2002 1310	0	1	Interstate	95	0	SC Primary	0063	0	0100	S	

Obs	LIGHTING CONDITIONS	WEATHER CONDITIONS	ROAD CONDITIONS	PROBABLE CAUSE	FIRST HARMFUL EVENT	MILEPOST
289	Daylight	Clear, No Adverse Conditions	DRY	Tires/Wheels	Equipment Failure	10 90
290	Daylight	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Tree	10 90
291	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Under Influence	Motor Vehicle (In Transport)	10 90
292	Daylight	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Overturn/Rollover	11 00
293	Daylight	Rain	WET	Too Fast for Conditions	Tree	11 00
294	Daylight	Clear, No Adverse Conditions	DRY	Improper Lane Usage/Change	Tree	11 00
295	Daylight	Rain	WET	Too Fast for Conditions	Motor Vehicle (In Transport)	11 00
296	Daylight	Rain	WET	Improper Lane Usage/Change	Motor Vehicle (In Transport)	11 00
297	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Embankment	11 50
298	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Tree	11 85
299	Daylight	Clear, No Adverse Conditions	DRY	Other Improper Action (Driver)	Other(Post,Pole,Support,Etc	11 85
300	Daylight	Rain	WET	Weather Condition	Motor Vehicle (In Transport)	11 90
301	Daylight	Rain	WET	Too Fast for Conditions	Tree	11 90
302	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Run Off Road	Other(Post Pole,Support,Etc	12 00
303	Daylight	Clear, No Adverse Conditions	DRY	Improper Lane Usage/Change	Motor Vehicle (In Transport)	12 00
304	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (In Transport)	12 00
305	Daylight	Rain	WET	Run Off Road	Motor Vehicle (In Transport)	12 00
306	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (Stopped)	12 00
307	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (In Transport)	12 00

TRAFFIC COLLISIONS ON I 95 BETWEEN WA HAMPTON, COLLETO SC 84 EXIT & US 17 EXIT TOWARDS BEAUFORT
 2002, 2003 & UP TO THE PRESENT & (2004 FIGURES ARE PRELIMINARY)

Obs	CTY	CRASH NUMBER	DATE TIME	PERSONS KILLED	PERSONS INJURED	ROUTE CATEGORY	ROUTE NUMBER	ROUTE AUXILIARY	BASE ROUTE CATEGORY	BASE ROUTE NUMBER	BASE ROUTE AUXILIARY	BASE DISTANCE OFFSET	BASE OFFSET DIRECTION	ALSB
308	Colleton	02154209	December 29, 2002 1040	0	0	Interstate	95	0	SC Primary	0063	0	0100	S	
309	Colleton	02157292	December 29, 2002 1115	0	0	Interstate	95	0	SC Primary	0063	0	0010	S	
310	Colleton	03089811	August 1, 2003 2100	0	0	Interstate	95	0	SC Primary	0063	0	0002	S	
311	Colleton	03102808	September 3, 2003 0801	0	1	Interstate	95	0	SC Primary	0063	0	0100	S	
312	Colleton	03102808	September 3, 2003 1300	0	0	Interstate	95	0	SC Primary	0063	0	0100	S	
313	Colleton	04056325	April 15, 2004 1135	0	0	Interstate	95	0	SC Primary	0063	0	0100	S	
314	Colleton	02024481	March 7, 2002 1530	0	0	Interstate	95	0	SC Primary	0063	0	0080	S	
315	Colleton	02004809	January 14, 2002 1334	0	0	Interstate	95	0	SC Primary	0063	0	0076	S	
316	Colleton	02104924	August 29, 2002 0853	0	1	Interstate	95	0	SC Primary	0063	0	0076	S	
317	Colleton	02057450	May 24, 2002 1230	0	0	Interstate	95	0	US Primary	0021	0	0001	S	
318	Colleton	02078727	July 6, 2002 0520	0	1	Interstate	95	0	Other	HAMP	9	0050	N	HAMPTON CO LINE
319	Colleton	04050488	May 5, 2004 0655	0	3	Interstate	95	0	SC Primary	0063	0	0006	S	
320	Colleton	03139520	November 21, 2003 0225	0	3	Interstate	95	0	Secondary	0028	0	0550	N	
321	Colleton	04017088	February 19, 2004 1830	0	0	Interstate	95	0	SC Primary	0063	0	0050	S	
322	Colleton	04074374	July 3, 2004 1340	0	0	Interstate	95	0	SC Primary	0063	0	0050	S	
323	Colleton	03013014	February 6, 2003 0445	0	1	Interstate	95	0	SC Primary	0063	0	0420	S	
324	Colleton	02097338	August 24, 2002 0001	0	0	Interstate	95	0	SC Primary	0063	0	0040	S	
325	Colleton	02154211	December 28, 2002 1800	0	0	Interstate	95	0	Secondary	0051	0	0150	S	
326	Colleton	04083553	July 25, 2004 1850	0	0	Interstate	95	0	SC Primary	0063	0	0003	S	

Obs	LIGHTING CONDITIONS	WEATHER CONDITIONS	ROAD CONDITIONS	PROBABLE CAUSE	FIRST HARMFUL EVENT	MILEPOST
308	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (Stopped)	12 00
309	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (Stopped)	12 00
310	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Obstruction	Tree	12 00
311	Daylight	Cloudy	DRY	Tires/Wheels	Tree	12 00
312	Daylight	Cloudy	WET	Too Fast for Conditions	Tree	12 00
313	Daylight	Clear, No Adverse Conditions	DRY	Run Off Road	Motor Vehicle (In Transport)	12 00
314	Daylight	Clear, No Adverse Conditions	DRY	Unknown	Other Movable Object	12 20
315	Daylight	Rain	WET	Tires/Wheels	Overturn/Rollover	12 25
316	Daylight	Rain	WET	Too Fast for Conditions	Jackknife	12 25
317	Daylight	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Motor Vehicle (In Transport)	12 35
318	Dawn	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Tree	12 36
319	Daylight	Clear, No Adverse Conditions	DRY	Fatigued/Asleep	Motor Vehicle (In Transport)	12 40
320	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Fatigued/Asleep	Overturn/Rollover	12 47
321	Daylight	Clear, No Adverse Conditions	DRY	Over Correcting/Over Steering	Ditch	12 50
322	Daylight	Clear, No Adverse Conditions	DRY	Run Off Road	Ditch	12 50
323	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Fatigued/Asleep	Run Off Road Right	12 58
324	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Tree	12 60
325	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Improper Lane Usage/Change	Motor Vehicle (In Transport)	12 70
326	Daylight	Clear, No Adverse Conditions	DRY	Tires/Wheels	Tree	12 70

TRAFFIC COLLISIONS ON I 95 BETWEEN WALL 0000 SC 84 EXIT & US 17 EXIT TOWARDS BEAUFORT
HAMPTON, COLLETON & SPER COUNTIES
2002, 2003 & UP TO THE PRESENT (2004 FIGURES ARE PRELIMINARY)

Obs	CTY	CRASH NUMBER	DAT	TIME	PERSONS KILLED	PERSONS INJURED	ROUTE CATEGORY	ROUTE NUMBER	ROUTE AUXILIARY	BASE ROUTE CATEGORY	BASE ROUTE NUMBER	BASE ROUTE AUXILIARY	BASE DISTANCE OFFSET	OFFSET DIRECTION	AL68
327	Colleton	03001488	January 12, 2003	1130	0	0	Interstate	95	0	SC Primary	0063	0	0016	S	
328	Colleton	04071201	June 20, 2004	0310	0	0	Interstate	95	0	Secondary	0522	0	0040	S	
329	Colleton	02123511	October 10, 2002	2220	0	0	Interstate	95	0	SC Primary	0063	0	0020	N	
330	Colleton	04056315	May 12, 2004	1300	0	0	Interstate	95	0	SC Primary	0063	0	0010	S	
331	Colleton	04111520	September 27, 2004	0530	0	0	Interstate	95	0	SC Primary	0063	0	0000	S	
332	Colleton	02132313	November 10, 2002	1400	0	0	Interstate	95	0	SC Primary	0063	0	0010	N	
333	Colleton	03102804	September 8, 2003	2330	0	1	Interstate	95	0	SC Primary	0063	0	0050	S	
334	Colleton	02111596	September 27, 2002	1620	0	1	Interstate	95	0	SC Primary	0063	0	0004	S	
335	Colleton	04048181	May 2, 2004	1915	0	0	Interstate	95	0	SC Primary	0063	0	0001	S	
336	Colleton	03089651	June 18, 2003	1115	0	0	Interstate	95	0	SC Primary	0063	0	0200	S	
337	Colleton	04063576	June 8, 2004	0841	0	2	Interstate	95	0	SC Primary	0063	0	0400	S	
338	Colleton	04089334	June 19, 2004	1540	0	0	Interstate	95	0	SC Primary	0063	0	0000	N	
339	Colleton	04074377	July 3, 2004	2240	0	0	Interstate	95	0	SC Primary	0063	0	0000	S	
340	Colleton	02062881	June 3, 2002	1815	0	0	Interstate	95	0	SC Primary	0063	0	0002	N	
341	Colleton	03044379	April 17, 2003	1703	0	1	Interstate	95	0	US Primary	0021	0	1200	N	
342	Colleton	03044380	April 17, 2003	1703	0	0	Interstate	95	0	US Primary	0021	0	1200	N	
343	Colleton	03077018	July 2, 2003	0942	0	0	Interstate	95	0	SC Primary	0063	0	0003	N	
344	Colleton	02154206	December 29, 2002	1113	0	0	Interstate	95	0	SC Primary	0063	0	0050	N	
345	Colleton	03081815	July 17, 2003	1824	0	0	Interstate	95	0	SC Primary	0063	0	0004	S	

Obs	LIGHTING CONDITIONS	WEATHER CONDITIONS	ROAD CONDITIONS	PROBABLE CAUSE	FIRST HARMFUL EVENT	MILEPOST
327	Daylight	Cloudy	DRY	Animal In Road	Animal (Deer Only)	12 85
328	Dark (Street Lamp Lit)	Clear, No Adverse Conditions	DRY	Other Improper Action (Driver)	Motor Vehicle (In Transport)	12 89
329	Dark (No Lights)	Rain	WET	Too Fast for Conditions	Tree	12 90
330	Daylight	Clear, No Adverse Conditions	DRY	Over Correcting/Over Steering	Motor Vehicle (In Transport)	12 90
331	Dark (No Lights)	Rain	WATER(STANDING)	Too Fast for Conditions	Overturn/Rollover	12 90
332	Daylight	Cloudy	DRY	Animal In Road	Animal (Deer Only)	12 95
333	Dark (No Lights)	Cloudy	WET	Under Influences	Motor Vehicle (In Transport)	12 96
334	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Run Off Road Left	12 98
335	Daylight	Rain	WET	Too Fast for Conditions	Other(Post,Pole,Support,Etc	12 99
336	Daylight	Rain	WET	Too Fast for Conditions	Tree	13 00
337	Daylight	Clear, No Adverse Conditions	DRY	Improper Lane Usage/Change	Motor Vehicle (In Transport)	13 00
338	Daylight	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Motor Vehicle (In Transport)	13 00
339	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Failed To Yield Row	Motor Vehicle (In Transport)	13 00
340	Daylight	Rain	WET	Too Fast for Conditions	Run Off Road Left	13 02
341	Daylight	Clear, No Adverse Conditions	DRY	Debris	Other Movable Object	13 02
342	Daylight	Clear, No Adverse Conditions	DRY	Debris	Other Movable Object	13 02
343	Daylight	Rain	WET	Too Fast for Conditions	Tree	13 03
344	Daylight	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Motor Vehicle (In Transport)	13 05
345	Daylight	Rain	WET	Too Fast for Conditions	Overturn/Rollover	13 09

000300

TRAFFIC COLLISIONS ON I 95 BETWEEN WALL JOPPA SC 84 EXIT & US-17 EXIT TOWARDS BEAUFORT
HAMPTON, COLLETON SPER COUNTIES
2002, 2003 & UP TO THE PRESENT 2 (2004 FIGURES ARE PRELIMINARY)

Obs	CTY	CRASH NUMBER	DATE	TIME	PERSONS KILLED	PERSONS INJURED	ROUTE CATEGORY	ROUTE NUMBER	ROUTE AUXILIARY	BASE ROUTE CATEGORY	BASE ROUTE NUMBER	BASE ROUTE AUXILIARY	BASE DISTANCE OFFSET	OFFSET DIRECTION	ALSB
346	Colleton	02064094	June 7, 2002	1222	0	2	Interstate	95	0	SC Primary	0063	0	0010	N	
347	Colleton	02143934	December 1, 2002	1810	0	0	Interstate	95	0	SC Primary	0063	0	0010	N	
348	Colleton	03056607	May 22, 2003	1840	0	3	Interstate	95	0	SC Primary	0063	0	0005	S	
349	Colleton	04085548	July 26, 2004	1246	0	0	Interstate	95	0	SC Primary	0063	0	0001	N	
350	Colleton	04110241	September 20, 2004	1400	0	0	Interstate	95	0	SC Primary	0063	0	0010	N	
351	Colleton	04098927	August 23, 2004	1407	0	0	Interstate	95	0	SC Primary	0063	0	1100	S	
352	Colleton	03081395	June 3, 2003	1700	0	3	Interstate	95	0	SC Primary	0063	0	0008	S	
353	Colleton	03082774	June 7, 2003	1955	0	0	Interstate	95	0	SC Primary	0063	0	0100	S	
354	Colleton	04027767	March 12, 2004	1415	0	1	Interstate	95	0	SC Primary	0063	0	0020	N	
355	Colleton	04030560	March 21, 2004	1815	0	0	Interstate	95	0	Secondary	0011	0	0020	S	
356	Colleton	03123603	October 18, 2003	2230	0	0	Interstate	95	0	SC Primary	0063	0	0030	N	
357	Colleton	03055306	May 18, 2003	2200	0	3	Interstate	95	0	SC Primary	0063	0	0820	S	
358	Colleton	04092830	August 12, 2004	1526	0	1	Interstate	95	0	SC Primary	0063	0	0100	S	
359	Colleton	03123500	October 17, 2003	2130	0	0	Interstate	95	0	SC Primary	0063	0	0050	N	
360	Colleton	03097316	August 18, 2003	1826	0	0	Interstate	95	0	SC Primary	0063	0	0060	N	
361	Colleton	02143935	December 1, 2002	1155	0	0	Interstate	95	0	SC Primary	0063	0	0003	N	
362	Colleton	04090858	August 8, 2004	0346	0	0	Interstate	95	0	SC Primary	0063	0	0075	N	
363	Colleton	02021358	March 3, 2002	0620	0	1	Interstate	95	0	Secondary	0051	0	0004	S	
364	Colleton	04005388	January 28, 2004	1400	0	0	Interstate	95	0	SC Primary	0063	0	0090	N	

Obs	LIGHTING CONDITIONS	WEATHER CONDITIONS	ROAD CONDITIONS	PROBABLE CAUSE	FIRST HARMFUL EVENT	MILEPOST
346	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Overturn/Rollover	13 10
347	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (Stopped)	13 10
348	Daylight	Rain	WET	Too Fast for Conditions	Tree	13 10
349	Daylight	Clear, No Adverse Conditions	DRY	Tires/Wheels	Motor Vehicle (In Transport)	13 10
350	Daylight	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Motor Vehicle (In Transport)	13 10
351	Daylight	Rain	WET	Run Off Road	HWY Traffic Sign Post	13 15
352	Daylight	Rain	WET	Run Off Road	Tree	13 20
353	Dusk	Rain	WET	Too Fast for Conditions	Ditch	13 20
354	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (In Transport)	13 20
355	Dusk	Clear, No Adverse Conditions	DRY	Over Correcting/Over Steering	Median Barrier	13 22
356	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Tires/Wheels	Other Non Collision	13 30
357	Dark (No Lights)	Rain	WET	Too Fast for Conditions	Tree	13 40
358	Daylight	Rain	WET	Too Fast for Conditions	Tree	13 40
359	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Motor Vehicle (In Transport)	13 50
360	Daylight	Rain	WET	Too Fast for Conditions	Tree	13 80
361	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (Stopped)	13 83
362	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Fatigued/Asleep	Motor Vehicle (In Transport)	13 75
363	Dark (No Lights)	Rain	WET	Too Fast for Conditions	Run Off Road Left	13 80
364	Daylight	Rain	WET	Too Fast for Conditions	Tree	13 90

000386

TRAFFIC COLLISIONS ON I 95 BETWEEN WALL HAMPTON, COLLETON SC 64 EXIT & US-17 EXIT TOWARDS BEAUFORT
SOPER COUNTIES
2002, 2003 & UP TO THE PRESENT (2004 FIGURES ARE PRELIMINARY)

Obs	CTY	CRASH NUMBER	DATE	TIME	PERSONS KILLED	PERSONS INJURED	ROUTE CATEGORY	ROUTE NUMBER	ROUTE AUXILIARY	BASE ROUTE CATEGORY	BASE ROUTE NUMBER	BASE ROUTE AUXILIARY	BASE DISTANCE OFFSET	OFFSET DIRECTION	ALSB
366	Colleton	02099892	August 29, 2002	1310	0	0	Interstate	95	0	SC Primary	0063	0	0001	N	
366	Colleton	03030369	March 17, 2003	1150	0	2	Interstate	95	0	SC Primary	0063	0	0010	N	
367	Colleton	04104257	September 3, 2004	0250	0	0	Interstate	95	0	SC Primary	0063	0	0002	N	
368	Colleton	02078499	July 7, 2002	1938	2	3	Interstate	95	0	SC Primary	0063	0	0012	N	
368	Colleton	03102790	September 8, 2003	1900	0	0	Interstate	95	0	Secondary	0051	0	0050	N	
370	Colleton	03080380	August 6, 2003	1805	0	0	Interstate	95	0	Secondary	0051	0	0060	N	
371	Colleton	02125923	October 27, 2002	1915	0	0	Interstate	95	0	SC Primary	0063	0	0150	N	
372	Colleton	03054995	May 14, 2003	1915	0	0	Interstate	95	0	SC Primary	0063	0	0005	S	
373	Colleton	04000072	January 1, 2004	1255	0	0	Interstate	95	0	SC Primary	0063	0	0150	N	
374	Colleton	02050234	May 4, 2002	1346	0	1	Interstate	95	0	SC Primary	0064	0	0023	S	
375	Colleton	03038748	April 8, 2003	1750	0	0	Interstate	95	0	Secondary	0051	0	0004	N	
376	Colleton	02105248	September 9, 2002	1710	0	1	Interstate	95	0	Secondary	0051	0	0005	N	
377	Colleton	03042227	April 12, 2003	1210	0	0	Interstate	95	0	Secondary	0051	0	0005	N	
378	Colleton	03137074	November 17, 2003	0520	0	0	Interstate	95	0	Secondary	0051	0	0005	N	
379	Colleton	04083558	July 23, 2004	1545	0	1	Interstate	95	0	Secondary	0051	0	0005	N	
380	Colleton	02030378	March 23, 2002	0040	0	0	Interstate	95	0	SC Primary	0064	0	0210	S	
381	Colleton	02091408	August 10, 2002	1335	0	1	Interstate	95	0	Secondary	0051	0	0080	N	
382	Colleton	02077021	July 6, 2002	1230	0	1	Interstate	95	0	SC Primary	0064	0	0020	S	
383	Colleton	04009940	February 3, 2004	0848	0	0	Interstate	95	0	SC Primary	0064	0	0000	S	

Obs	LIGHTING CONDITIONS	WEATHER CONDITIONS	ROAD CONDITIONS	PROBABLE CAUSE	FIRST HARMFUL EVENT	MILEPOST
366	Daylight	Rain	WET	Run Off Road	Ditch	14 00
366	Daylight	Rain	WET	Too Fast for Conditions	Tree	14 00
367	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Animal In Road	Tree	14 00
368	Daylight	Clear, No Adverse Conditions	DRY	Tires/Wheels	Equipment Failure	14 20
369	Dusk	Rain	WET	Run Off Road	Tree	14 25
370	Daylight	Rain	WET	Too Fast for Conditions	Tree	14 26
371	Dark (Street Lamp Lit)	Cloudy	DRY	Animal In Road	Animal (Deer Only)	14 50
372	Daylight	Clear, No Adverse Conditions	DRY	Failed To Yield Row	Motor Vehicle (In Transport)	14 50
373	Daylight	Clear, No Adverse Conditions	DRY	Animal In Road	Animal (Deer Only)	14 50
374	Daylight	Clear, No Adverse Conditions	DRY	Other Improper Action (Driver)	Motor Vehicle (Parked)	14 55
375	Daylight	Rain	WATER(STANDING)	Weather Condition	Tree	14 60
376	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (In Transport)	14 70
377	Daylight	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Motor Vehicle (In Transport)	14 70
378	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Other Improper Action (Driver)	Guardrail Face	14 70
379	Daylight	Rain	WET	Too Fast for Conditions	Tree	14 70
380	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Motor Vehicle (In Transport)	14 75
381	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Overturn/Rollover	14 80
382	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Tree	14 85
383	Daylight	Cloudy	DRY	Over Correcting/Over Steering	Tree	14 95

TRAFFIC COLLISIONS ON I 95 BETWEEN WALL
HAMPTON, COLLETO
2002 2003 & UP TO THE PRESENT

LC 64 EXIT & US 17 EXIT TOWARDS BEAUFORT
3PER COUNTIES
(2004 FIGURES ARE PRELIMINARY)

Obs	CTY	CRASH NUMBER	DATE TIME	PERSONS KILLED	PERSONS INJURED	ROUTE CATEGORY	ROUTE NUMBER	ROUTE AUXILIARY	BASE ROUTE CATEGORY	BASE ROUTE NUMBER	BASE ROUTE AUXILIARY	BASE DISTANCE OFFSET	BASE OFFSET DIRECTION	ALSB
384	Colleton	02081454	May 28, 2002 2200	0	0	Interstate	95	0	SC Primary	0083	0	0200	N	
385	Colleton	02087740	July 26, 2002 1142	0	1	Interstate	95	0	SC Primary	0083	0	0002	N	
386	Colleton	03108332	September 18, 2003 1500	0	0	Interstate	95	0	SC Primary	0083	0	0200	N	
387	Colleton	04074881	June 18, 2004 1415	0	0	Interstate	95	0	SC Primary	0083	0	0520	S	
388	Colleton	04104538	September 11, 2004 1415	0	1	Interstate	95	0	SC Primary	0083	0	0200	N	
389	Colleton	03146072	November 30, 2003 1130	0	0	Interstate	95	0	SC Primary	0083	0	0009	S	
390	Colleton	02089802	August 25, 2002 1615	0	0	Interstate	95	0	SC Primary	0084	0	0032	S	
391	Colleton	02150342	December 21, 2002 1850	0	1	Interstate	95	0	Secondary	0051	0	0100	N	
392	Colleton	04081148	July 17, 2004 1815	0	0	Interstate	95	0	Secondary	0051	0	0001	N	
393	Colleton	03077017	July 2, 2003 0855	0	0	Interstate	95	0	Secondary	0051	0	0110	N	
394	Colleton	02050235	May 4, 2002 1140	0	2	Interstate	95	0	SC Primary	0084	0	0150	S	
395	Colleton	04007270	January 21, 2004 1204	0	0	Interstate	95	0	SC Primary	0088	0	0150	N	
396	Colleton	04089870	August 7, 2004 1350	0	0	Interstate	95	0	SC Primary	0084	0	0000	S	
397	Colleton	02127072	October 27, 2002 1220	0	0	Interstate	95	0	SC Primary	0084	0	0130	S	
398	Colleton	02085817	August 21, 2002 1415	0	0	Interstate	95	0	SC Primary	0084	0	0120	S	
399	Colleton	02110587	September 19, 2002 1520	0	1	Interstate	95	0	SC Primary	0084	0	0120	S	
400	Colleton	04082830	April 4, 2004 1700	0	0	Interstate	95	0	Secondary	0051	0	0001	N	
401	Colleton	02003474	January 2, 2002 1200	0	0	Interstate	95	0	SC Primary	0084	0	0010	S	
402	Colleton	02089898	August 29, 2002 1250	0	0	Interstate	95	0	SC Primary	0084	0	0001	S	

Obs	LIGHTING CONDITIONS	WEATHER CONDITIONS	ROAD CONDITIONS	PROBABLE CAUSE	FIRST HARMFUL EVENT	MILEPOST
384	Daylight	Clear, No Adverse Conditions	DRY	Animal In Road	Animal (Deer Only)	15 00
385	Daylight	Clear, No Adverse Conditions	DRY	Followed Too Closely	Motor Vehicle (In Transport)	15 00
386	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Guardrail End	15 00
387	Daylight	Rain	WET	Improper Lane Usage/Change	Tree	15 00
388	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Overturn/Rollover	15 00
389	Daylight	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Motor Vehicle (In Transport)	15 04
390	Daylight	Rain	WET	Too Fast for Conditions	Guardrail Face	15 15
391	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (In Transport)	15 20
392	Daylight	Rain	WET	Too Fast for Conditions	Tree	15 20
393	Daylight	Rain	WET	Too Fast for Conditions	Ditch	15 30
394	Daylight	Cloudy	DRY	Run Off Road	Run Off Road Left	15 35
395	Daylight	Clear, No Adverse Conditions	DRY	Debris	Other Movable Object	15 35
396	Daylight	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Tree	15 35
397	Daylight	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Motor Vehicle (In Transport)	15 55
398	Daylight	Clear, No Adverse Conditions	DRY	Tires/Wheels	Equipment Failure	16 55
399	Daylight	Rain	WET	Too Fast for Conditions	Tree	16 55
400	Daylight	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Median Barrier	16 70
401	Daylight	Rain	WET	Too Fast for Conditions	Motor Vehicle (Stopped)	16 55
402	Daylight	Rain	WET	Too Fast for Conditions	Tree	16 55

TRAFFIC COLLISIONS ON I 95 BETWEEN WALL
HAMPTON, COLLETC
2002, 2003 & UP TO THE PRESENT

SC 84 EXIT & US 17 EXIT TOWARDS BEAUFORT
SOUTH CAROLINA
(2004 FIGURES ARE PRELIMINARY)

Obs	CTY	CRASH NUMBER	DAT TIME	PERSONS KILLED	PERSONS INJURED	ROUTE CATEGORY	ROUTE NUMBER	ROUTE AUXILIARY	BASE ROUTE CATEGORY	BASE ROUTE NUMBER	BASE ROUTE AUXILIARY	BASE DISTANCE OFFSET	BASE OFFSET DIRECTION	ALSB
403	Colleton	03118058	October 12, 2003 1830	0	0	Interstate	95	0	SC Primary	0084	0	0010	S	
404	Colleton	04064841	June 12, 2004 1130	0	1	Interstate	95	0	SC Primary	0084	0	0010	S	
405	Colleton	03032918	March 24, 2003 1700	0	2	Interstate	95	0	SC Primary	0083	0	0300	N	
406	Colleton	03086082	August 2, 2003 1818	0	1	Interstate	95	0	SC Primary	0083	0	0000	N	
407	Colleton	04058491	May 29, 2004 1250	0	0	Interstate	95	0	SC Primary	0083	0	0080	S	
408	Colleton	04058501	May 28, 2004 1845	0	4	Interstate	95	0	SC Primary	0083	0	0150	N	
409	Colleton	04087538	June 18, 2004 1415	0	1	Interstate	95	0	SC Primary	0083	0	0510	S	
410	Colleton	02157401	December 24, 2002 1308	0	1	Interstate	95	0	SC Primary	0084	0	0075	S	BELLS HWY
411	Colleton	03086488	June 11, 2003 1415	0	0	Interstate	95	0	SC Primary	0084	0	0000	S	
412	Colleton	04102311	August 29, 2004 1050	0	0	Interstate	95	0	SC Primary	0084	0	0001	S	
413	Colleton	03023665	March 4, 2003 0048	0	0	Interstate	95	0	Secondary	0051	0	0002	N	
414	Colleton	03047829	April 28, 2003 1818	0	0	Interstate	95	0	SC Primary	0083	0	0008	S	
415	Colleton	03154251	December 31, 2003 1930	1	2	Interstate	95	0	SC Primary	0084	0	0080	S	
416	Colleton	04011557	February 7, 2004 1038	1	0	Interstate	95	0	SC Primary	0084	0	0060	S	
417	Colleton	02099898	August 28, 2002 1110	0	0	Interstate	95	0	SC Primary	0084	0	0050	S	
418	Colleton	02112294	September 27, 2002 0325	0	0	Interstate	95	0	SC Primary	0084	0	0050	S	
419	Colleton	03114910	October 4, 2003 1510	0	0	Interstate	95	0	SC Primary	0084	0	0005	S	
420	Colleton	04048095	April 28, 2004 2330	0	0	Interstate	95	0	SC Primary	0084	0	0000	S	
421	Colleton	04104607	September 8, 2004 1315	0	2	Interstate	95	0	SC Primary	0084	0	0050	S	

Obs	LIGHTING CONDITIONS	WEATHER CONDITIONS	ROAD CONDITIONS	PROBABLE CAUSE	FIRST HARMFUL EVENT	MILEPOST
403	Daylight	Clear, No Adverse Conditions	DRY	Run Off Road	Ditch	15 85
404	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Overturn/Rollover	15 85
405	Daylight	Clear, No Adverse Conditions	DRY	Improper Lane Usage/Change	Motor Vehicle (In Transport)	16 00
406	Daylight	Rain	WET	Run Off Road	Overturn/Rollover	16 00
407	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (In Transport)	16 00
408	Daylight	Clear, No Adverse Conditions	DRY	Tires/Wheels	Tree	16 00
409	Daylight	Rain	WET	Weather Condition	Motor Vehicle (Stopped)	16 00
410	Daylight	Rain	WET	Too Fast for Conditions	Tree	16 10
411	Daylight	Clear, No Adverse Conditions	DRY	Tires/Wheels	Other Non Collision	16 15
412	Daylight	Rain	WET	Too Fast for Conditions	Other	16 15
413	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Motor Vehicle (In Transport)	16 20
414	Daylight	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Motor Vehicle (In Transport)	16 20
415	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Exceeded Speed Limit	Motor Vehicle (In Transport)	16 26
416	Daylight	Clear, No Adverse Conditions	DRY	Fatigued/Asleep	Overturn/Rollover	16 25
417	Daylight	Rain	WET	Too Fast for Conditions	Overturn/Rollover	16 35
418	Dark (No Lights)	Rain	WET	Too Fast for Conditions	Motor Vehicle (In Transport)	16 35
419	Daylight	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Motor Vehicle (Stopped)	16 35
420	Dark (No Lights)	Rain	WET	Road Surface Condition (ie Wet)	Median Barrier	16 35
421	Daylight	Rain	WET	Too Fast for Conditions	Tree	16 36

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TRAFFIC COLLISIONS ON I 95 BETWEEN WAL
HAMPTON, COLLETO
2002, 2003 & UP TO THE PRESENT

CG 64 EXIT & US 17 EXIT TOWARDS BEAUFORT
HOPER COUNTIES
(2004 FIGURES ARE PRELIMINARY)

Obs	CTY	CRASH NUMBER	DATE	TIME	PERSONS KILLED	PERSONS INJURED	ROUTE CATEGORY	ROUTE NUMBER	ROUTE AUXILIARY	BASE ROUTE CATEGORY	BASE ROUTE NUMBER	BASE ROUTE AUXILIARY	BASE DISTANCE OFFSET	BASE OFFSET DIRECTION	ALSB
422	Colleton	02164482	December 28, 2002	1510	0	0	Interstate	95	0	SC Primary	0064	0	0040	S	
423	Colleton	04066226	June 9, 2004	1807	0	0	Interstate	95	0	SC Primary	0064	0	0040	S	
424	Colleton	02017445	February 19, 2002	0515	0	3	Interstate	95	0	SC Primary	0064	0	0030	S	
425	Colleton	03043846	April 28, 2003	1155	0	0	Interstate	95	0	SC Primary	0063	0	0160	N	
426	Colleton	03043846	April 25, 2003	1100	0	0	Interstate	95	0	SC Primary	0063	0	0016	N	
427	Colleton	02099781	August 31, 2002	1700	0	1	Interstate	95	0	SC Primary	0064	0	0020	S	
428	Colleton	04032423	March 27, 2004	1220	0	4	Interstate	95	0	SC Primary	0064	0	0020	S	
429	Colleton	02106270	September 15, 2002	1355	0	1	Interstate	95	0	SC Primary	0064	0	0001	S	
430	Colleton	02123509	October 12, 2002	1344	0	0	Interstate	95	0	SC Primary	0064	0	0210	S	
431	Colleton	02123512	October 10, 2002	1720	0	0	Interstate	95	0	SC Primary	0064	0	0085	N	
432	Colleton	03064366	July 28, 2003	0945	0	0	Interstate	95	0	SC Primary	0064	0	0000	S	
433	Colleton	04106103	September 9, 2004	0150	0	0	Interstate	95	0	SC Primary	0064	0	0001	S	
434	Colleton	02004801	January 20, 2002	0650	0	0	Interstate	95	0	SC Primary	0064	0	0002	S	
435	Colleton	02009120	January 19, 2002	1204	0	0	Interstate	95	0	SC Primary	0064	0	0000	E	BELLSHWY
436	Colleton	02023239	February 24, 2002	2135	0	1	Interstate	95	0	SC Primary	0064	0	0000	N	
437	Colleton	02042923	March 28, 2002	1242	0	0	Interstate	95	0	SC Primary	0064	0	0000	N	BELL HWY
438	Colleton	03040850	April 20, 2003	1610	0	1	Interstate	95	0	SC Primary	0064	0	0300	N	
439	Colleton	03066827	July 22, 2003	2059	0	0	Interstate	95	0	Secondary	0064	0	0000	E	
440	Colleton	03148567	December 2, 2003	1414	0	2	Interstate	95	0	SC Primary	0064	0	0000	E	BELL HWY

Obs	LIGHTING CONDITIONS	WEATHER CONDITIONS	ROAD CONDITIONS	PROBABLE CAUSE	FIRST HARMFUL EVENT	MILEPOST
422	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (Stopped)	16 45
423	Daylight	Rain	DRY	Run Off Road	Median Barrier	16 45
424	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Fatigued/Asleep	Run Off Road Left	16 55
425	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (In Transport)	16 62
426	Daylight	Rain	WET	Weather Condition	Ditch	16 62
427	Daylight	Rain	WET	Too Fast for Conditions	Tree	16 65
428	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Ditch	16 65
429	Daylight	Rain	WET	Improper Lane Usage/Change	Motor Vehicle (In Transport)	16 75
430	Daylight	Clear, No Adverse Conditions	DRY	Fatigued/Asleep	Bridge Rail	16 75
431	Daylight	Rain	WET	Not Visible (Dark Clothing)	Run Off Road Left	16 75
432	Daylight	Rain	WET	Too Fast for Conditions	Guardrail Face	16 75
433	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Unknown Non Collision	16 75
434	Dawn	Clear, No Adverse Conditions	WET	Too Fast for Conditions	Bridge Rail	16 83
435	Daylight	Clear, No Adverse Conditions	DRY	Failed To Yield Row	Motor Vehicle (In Transport)	16 85
436	Dark (Street Lamp Lit)	Clear, No Adverse Conditions	DRY	Failed To Yield Row	Motor Vehicle (In Transport)	16 85
437	Daylight	Clear, No Adverse Conditions	DRY	Failed To Yield Row	Motor Vehicle (In Transport)	16 85
438	Daylight	Clear, No Adverse Conditions	DRY	Improper Lane Usage/Change	Motor Vehicle (In Transport)	16 85
439	Dark (Street Lamp Lit)	Clear, No Adverse Conditions	DRY	Failed To Yield Row	Motor Vehicle (In Transport)	16 85
440	Daylight	Clear, No Adverse Conditions	DRY	Under Influence	Motor Vehicle (In Transport)	16 85

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TRAFFIC COLLISIONS ON I 95 BETWEEN WALL
HAMPTON, COLLETO
2002, 2003 & UP TO THE PRESENT

9C 84 EXIT & US 17 EXIT TOWARDS BEAUFORT
3PER COUNTIES
(2004 FIGURES ARE PRELIMINARY)

Obs	CTY	CRASH NUMBER	DAT TIME	PERSONS KILLED	PERSONS INJURED	ROUTE CATEGORY	ROUTE NUMBER	ROUTE AUXILIARY	BASE ROUTE CATEGORY	BASE ROUTE NUMBER	BASE ROUTE AUXILIARY	BASE DISTANCE OFFSET	OFFSET DIRECTION	ALSB
441	Colleton	04015025	February 12, 2004 1730	0	0	Interstate	95	0	SC Primary	0064	0	0125	N	
442	Colleton	04021014	February 28, 2004 1800	0	0	Interstate	95	0	Secondary	0084	0	0030	N	
443	Colleton	04038440	February 28, 2004 1852	0	1	Interstate	95	0	SC Primary	0084	0	0000	W	BELLS
444	Colleton	04083368	June 3, 2004 1027	0	0	Interstate	95	0	SC Primary	0084	0	0000	W	BELLS HIGHWAY
445	Colleton	04067637	June 17, 2004 1305	0	1	Interstate	95	0	SC Primary	0084	0	0003	N	
446	Colleton	04089887	June 15, 2004 1510	0	3	Interstate	95	0	SC Primary	0084	0	0000	W	BELLS
447	Jasper	03059312	May 14, 2003 1148	0	2	Interstate	95	0	US Primary	0017	0	0000	S	
448	Jasper	03122882	August 22, 2003 1488	0	0	Interstate	95	0	US Primary	0017	0	0000	N	
449	Jasper	04053498	May 14, 2004 0341	0	0	Interstate	95	0	US Primary	0017	0	0002	S	
450	Jasper	04060852	May 22, 2004 1947	0	2	Interstate	95	0	SC Primary	0336	0	0000	N	
451	Jasper	04099884	August 22, 2004 1248	0	1	Interstate	95	0	Other	PURR	0	0001	N	PURRYBURGH RD
452	Jasper	02108038	September 14, 2002 1105	0	0	Interstate	95	0	SC Primary	0482	0	0016	S	
453	Jasper	02000478	January 8, 2002 1258	0	2	Interstate	95	0	SC Primary	0482	0	0260	S	
454	Jasper	02140525	November 18, 2002 1300	0	0	Interstate	95	0	SC Primary	0336	0	0001	N	
455	Jasper	02087885	May 16, 2002 0200	0	1	Interstate	95	0	SC Primary	0336	0	0002	N	
456	Jasper	02127874	October 28, 2002 2000	0	0	Interstate	95	0	Secondary	0013	0	0130	S	
457	Jasper	02142307	November 5, 2002 2125	0	1	Interstate	95	0	US Primary	0021	0	0007	N	
458	Jasper	04084708	February 9, 2004 0140	0	1	Interstate	95	0	Interstate	0095	0	0010	E	
459	Jasper	04074478	July 1, 2004 1805	0	0	Interstate	95	0	Secondary	0172	0	0050	S	

Obs	LIGHTING CONDITIONS	WEATHER CONDITIONS	ROAD CONDITIONS	PROBABLE CAUSE	FIRST HARMFUL EVENT	MILEPOST
441	Daylight	Cloudy	WET	Run Off Road	Median Barrier	18 85
442	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Motor Vehicle (In Transport)	18 85
443	Dark (Street Lamp Lit)	Rain	WATER(STANDING)	Road Surface Condition (ie Wet)	Motor Vehicle (In Transport)	18 85
444	Daylight	Clear, No Adverse Conditions	DRY	Improper Lane Usage/Change	Motor Vehicle (In Transport)	18 85
445	Daylight	Clear, No Adverse Conditions	DRY	Fatigued/Asleep	Tree	18 85
446	Daylight	Clear, No Adverse Conditions	DRY	Failed To Yield Row	Motor Vehicle (In Transport)	18 85
447	Dark (Lighting Unspecified)	Clear, No Adverse Conditions	DRY	Distracted/Inattention	Motor Vehicle (In Transport)	33 08
448	Daylight	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Jackknife	33 08
449	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Wrong Side/Wrong Way	Motor Vehicle (In Transport)	33 08
450	Daylight	Clear, No Adverse Conditions	DRY	Improper Lane Usage/Change	Motor Vehicle (In Transport)	33 08
451	Daylight	Clear, No Adverse Conditions	DRY	Failed To Yield Row	Unknown Non Collision	33 08
452	Daylight	Rain	WET	Too Fast for Conditions	Ditch	33 21
453	Daylight	Clear, No Adverse Conditions	DRY	Run Off Road	Run Off Road Left	33 22
454	Daylight	Rain	WET	Too Fast for Conditions	Other Movable Object	33 23
455	Dark (No Lights)	Clear, No Adverse Conditions	DRY	Wrong Side/Wrong Way	Motor Vehicle (In Transport)	33 27
456	Dark (No Lights)	Rain	WET	Distracted/Inattention	Motor Vehicle (In Transport)	33 27
457	Dark (Lighting Unspecified)	Rain	WATER(STANDING)	Swerving To Avoid Object	Other Non Collision	33 28
458	Dark (Street Lamp Lit)	Clear, No Adverse Conditions	DRY	Too Fast for Conditions	Cargo/Equip Loss Or Shift	33 32
459	Daylight	Rain	WET	Weather Condition	Guardrail Face	33 83

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TRAFFIC COLLISIONS ON I 95 BETWEEN WALTER
HAMPTON, COLLETO
2002, 2003 & UP TO THE PRESENT 4

CG 64 EXIT & US 7 EXIT TOWARDS BEAUFORT
PER COUNTIES
(2004 FIGURES ARE PRELIMINARY)

Obs	CTY	CRASH NUMBER	DATE TIME	PERSONS KILLED	PERSONS INJURED	ROUTE CATEGORY	ROUTE NUMBER	ROUTE AUXILIARY	BASE ROUTE CATEGORY	BASE ROUTE NUMBER	BASE ROUTE AUXILIARY	BASE DISTANCE OFFSET	BASE OFFSET DIRECTION	ALSB
460	Jasper	02028850	March 18, 2002 0450	0	2	Interstate	95	0	Secondary	0037	0	0000	N	

LIGHTING
Obs CONDITIONS

WEATHER
CONDITIONS

ROAD
CONDITIONS

PROBABLE
CAUSE

FIRST
HARMFUL
EVENT

WILEPOST

460 Dark (No Lights)

Clear, No Adverse Conditions

DRY

Fatigued/Asleep

Embankment

33 89

000392

DEFINITIONS FOR COLUMN HEADINGS

OBS	Observation Number
ANO	Accident case number
DAT	Date of collision
TIM	Time collision occurred
TYPE	Type of collision
FAT	Number of fatalities
INI	Number of injuries
PRC	Probable cause
FHE	First damage or injury producing event
MOC	Manner of collision
ALC	Light condition
WCC	Weather condition
TCT	Traffic Control

- 1 - Stop Sign
- 2 - Stop and go signal
- 3 - Yield sign
- 4 - Officer or flagman
- 5 - RR crossing gates/lights
- 6 - RR flashing lights
- 7 - None
- 8 - Other regulatory signs
- 9 - Unknown

RSC
RSD
RCT

Road surface condition
Road defects
Route Category (on route)

- 1 Interstate
- 2 US Primary
- 3 SC Primary
- 4 Secondary
- 5 County

RTN
AUX

Route Number
Route Auxiliary

- 0 - Main Line
- 2 - Alternate
- 5 - Spur
- 6 - Connection
- 7 - Business
- 8 - Bypass

BIR

Base intersecting route category

- 1 - Interstate
- 2 - US Primary
- 3 - SC primary
- 4 - Secondary
- 5 County

BRN
BRA
MPT
ALS
ALSB
BDO
ODR
DLR
UNT

Base intersecting route number
Route Auxiliary for Base Intersecting Route
Milepost or grid number
Street name for on route
Street name for base route
Base distance offset
Distance offset direction
Lane Direction of Travel
Number of units involved

000393

KEY

Example

OBS	ANO	DAT	RCT	RTN	RAI	BIR	BRN	BRA	BDO	ODR	FAT
1	9300001	010193	4	0030	0	4	0100	0	0001	W	1

This collision occurred on Secondary 80 (mainline) 01 mile West of Secondary 100 (mainline)

Collisions are indicated on an O\ route with a DISTANCE OFFSET and DIRECTION measured from a
BASE INTERSECTION ROUTE

000394

McNAIR LAW FIRM, P.A.
ATTORNEYS AND COUNSELORS AT LAW

ML ELIZABETH CRUM
lcrum@mcnairst.net

www.mcnairst.net

BANK OF AMERICA TOWER
1301 GERVAIS STREET 11TH FLOOR
COLUMBIA, SOUTH CAROLINA 29201

POST OFFICE BOX 11390
COLUMBIA, SOUTH CAROLINA 29211
TELEPHONE (803)799-0800
FACSIMILE (803)376-2219

November 17, 2004

HAND DELIVERY

Mr. Joel C. Grice, Director
Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
South Carolina Department of Health and Environmental Control
1777 St. Julian Place
Columbia, South Carolina 29204

Re Coastal Carolina Medical Center Certificate of Need Application for New Construction
and the Addition of One (1) Fixed MRI

Dear Mr. Grice

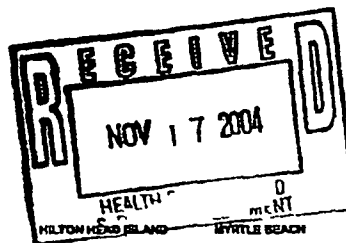
On behalf of MRI at Belfair, LLC (Belfair), please place the attached calculations into the above referenced DHEC CON application file and consider it as part of Belfair's opposition to the Coastal Carolina Medical Center ("CCMC") CON application. The attached involves strict calculations based upon the Joint Annual Reports (JARs) for 2002 and 2003 filed by the hospitals listed in the enclosed attachment, which is Exhibit 3 to the letter submitted by Mr. Levkoff on behalf of Belfair.

In its application, CCMC projects that it will perform outpatient MRI scans of 26.6/bed in year one, 29.3/bed in year two and 31.2/bed in year three. For inpatient MRI scans, CCMC projects that it will perform 8.9/bed in year one, 9.8/bed in year two and 10.7/bed in year three. These numbers are significantly higher than any of the South Carolina hospitals' experiences reported in the 2002 and 2003 JARs contained on Exhibit 3. Thank you for your consideration of this matter.

Yours very truly,

M. Elizabeth Crum 000395
M. Elizabeth Crum

Cc A. Joseph Borelli, M.D.
Stephen Levkoff, Ph.D.
Rodney Bowman



ANDERSON CHARLESTON CHARLOTTE COLUMBIA GEORGETOWN GREENVILLE HILTON HEAD ISLAND MYRTLE BEACH RALEIGH

COLUMBIA 809369v1

HOSPITAL	NO BEDS 2002	NO BEDS 2003	MRI UTILIZATION							
			2002 Inpatient MRIs	Bed to MRI Ratio	2002 Outpatient MRIs	Bed to MRI Ratio	2003 Inpatient MRIs	Bed to MRI Ratio	2003 Outpatient MRIs	Bed to MRI Ratio
Beaufort (Fixed)	182	182	731	4 02	3599	19 77	751	4 13	2787	15 31
Bamberg (No MRI)										
Barnwell (No MRI)										
Allendale (No MRI)										
Carolina Pines	116	116		0 00		0 00	386	3 33	1757	15 15
Chester (Mobile)	54	82	0	0 00	344	6 37	0	0 00	359	4 38
Clarendon (Mobile)	56	56	106	1 89	882	15 75	80	1 43	817	14 59
Colleton	116	131	409	3 53	1546	13 33	482	3 68	1698	12 96
Conway (Fixed)	150	160	438	2 92	2752	18 35	612	3 83	3627	22 67
Edgefield (No MRI)	40	40		0 00		0 00		0 00		0 00
Hilton Head Island (Fixed)	93	93	363	3 90	0	0 00	485	5 22	37	0 40
Georgetown (Fixed)	142	142	754	5 31	2576	18 14	666	4 69	1652	11 63
Kershaw (Fixed)	100	121	153	1 53	1146	11 46	188	1 55	1303	10 77
Loris (Mobile and Fixed)	105	105	148	1 41	1942	18 50	165	1 57	2352	22 40
Marion (Fixed)	124	124	466	3 76	1021	8 23	557	4 49	1018	8 21
Oconee (Mobile)	122	160	468	3 84	2199	18 02	486	3 04	2329	14 56
Springs Memorial	182	194	421	2 31	1567	8 61	543	2 80	1352	6 97
St Eugene's (Mobile 3/10/03 and Fixed 3/11/03)	79	79	100	1 27	681	8 62	197	2 49	926	11 72
Summerville Med Ctr (Fixed)	80	80	392	4 90	1453	18 16	424	5 30	936	11 70
Toumey (Fixed x 2)	202	248	1030	5 10	3552	17 58	1186	4 78	2391	9 64
Upstate (Gaffney)(Mobile)	125	125	422	3 38	873	6 98	221	1 77	1101	8 81
Wallace Thompson (Fixed)	107	143	195	1 82	1033	9 65	205	1 43	1001	7 00
Williamsburg (Mobile)	35	78	9	0 26	129	3 69	5	0 06	160	2 05
Average Bed to MRI Ratio				2 56		11 06		2 78		10 55

000396

Kalmy

PARKER POE

PARKER POE ADAMS & BERNSTEIN LLP

Attorneys and Counselors at Law

David B. Summer Jr.
Partner
Telephone: 803.253.8910
Direct Fax: 803.255.8017
davidsummer@parkerpoe.com

1201 Main Street
Suite 1450
P.O. Box 1509
Columbia, SC 29202-1509
Telephone: 803.255.8000
Fax: 803.255.8017
www.parkerpoe.com

November 18, 2004

Via Facsimile to (803) 545-4579
Mr. Joel C. Grice
Director, Certification of Need Program
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

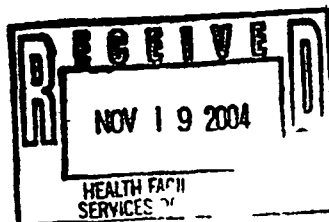
**Re Coastal Carolina Medical Center - PHC Jasper Inc.'s Certificate of Need
Application for New Construction and the Addition of One Fixed MRI**

Dear Mr. Grice:

Our client Coastal Carolina Medical Center has asked that we relay to you CCMC's response to the November 9, 2004 letter of J. Stephen Levkoff in which Mr. Levkoff asserts various grounds in opposition to CCMC's Certificate of Need application to add one fixed MRI to the hospital. CCMC understands that Mr. Levkoff has filed his comments on behalf of MRI at Belfair, LLC.

In his letter, Mr. Levkoff makes numerous unfounded, untrue, and misleading allegations concerning CCMC and its parent company, Province Healthcare. Response to most of these allegations is appropriate in a forum other than Certificate of Need proceedings. CCMC does note, however, that Mr. Levkoff's attack on the Department's decision to grant CCMC's original Certificate of Need to relocate and establish its hospital is in no way timely or relevant to this matter. Likewise, Mr. Levkoff's unsubstantiated claims regarding Province Healthcare's operation of its facilities in other states is in no way relevant to this matter as facilities in other states exist in different markets with different payor classes and different case mixes.

Although Mr. Levkoff's letter purports to address need, unnecessary duplication of services, cost containment and other CON issues which are relevant to this matter, he in fact offers no valid or persuasive information to support MRI at Belfair's contention that the Department should deny CCMC's application. To the contrary, CCMC has demonstrated that it meets all criteria under the State Health Plan and under the applicable law and regulations for the establishment of MRI services at its hospital.



000397

CHARLESTON, SC
CHARLOTTE, NC
RALEIGH, NC
SPARTANBURG, SC

COL 48797v1

Mr Joel C Grice
November 18, 2004
Page 2

As to need, there are currently no MRI's located in Jasper County, the planning service area. CCMC has provided the Department with an extensive need analysis, which is attached hereto, which conclusively demonstrates that there is significant community need for hospital-based MRI services in Jasper County CCMC is the only hospital in Jasper County

As to unnecessary duplication of services, the State Health Plan instructs the Department that "Each hospital should have at least one MRI unit available for diagnosis of emergency patients, inpatients, and outpatients" As the only hospital in Jasper County, CCMC's establishment of MRI services will fulfill the State Health Plan's directive and will not result in unnecessary duplication of services

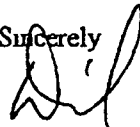
The Department fully understands that the goal of the State Health Plan's directive concerning hospital-based MRI services is to ensure that the hospital's patients have access to the full continuum of care particularly in emergency situations where time is of the essence At project review, CCMC's Chief of Staff, Dr Etheridge, informed the Department of this vital need and of the CCMC's medical staff's wholehearted concurrence in CCMC's attempt to meet this need.

As to cost containment, CCMC's average gross charges are consistent with other similar providers in the state As CCMC has advised the Department, its projected net charges less bad debt is only \$1,100 per encounter Furthermore, as Department staff noted at project review, CCMC's proposed charges for its hospital-based MRI services compare favorably to the costs of freestanding MRI services when the cost of transporting patients and the costs associated with providing caregivers to accompany seriously ill patients is considered.

In conclusion, CCMC has demonstrated its total compliance with all of the criteria set forth in the State Health Plan and all other applicable laws and regulations and urges the Department to approve its proposed provision of MRI services without delay

With best regards, I am

Sincerely



David B Summer, Jr

DBS faf

cc Mr Eric Deaton - Via Email to eric.deaton@prhc.net

000398



Certified Mail

November 19, 2004

Re Construction for the addition of a 1.5T Magnetic Resonance Imaging (MRI) unit
Coastal Carolina Medical Center
Hardeeville, South Carolina

Mr. Eric Deaton
Chief Executive Officer
Coastal Carolina Medical Center
1000 Medical Center Drive
Hardeeville, SC 29927

Dear Mr. Deaton:

Pursuant to Sections 304, and 305.5 of Regulation No. 61-15, Certification of Need for Health Facilities and Services, this is to advise you that the department has determined that the relative importance of the project review criteria to be used in reviewing the application for the above referenced project has changed from that as previously provided to you in our letter of June 21, 2004. The change is based on information this office has become aware of as a result of our review of additional information concerning this application.

The following project review criteria are considered more important in the review of this application. These criteria are ranked according to their relative importance with the most important being listed first. All other relevant criteria will be given equal importance.

- 1 Need (Compliance with the State health Plan) - 1
- 2 Community Need Documentation-2c
Distribution (Accessibility)-3d, 3e, 3f, 3g
- 3 Acceptability-4a
Cost Containment-16c

000399

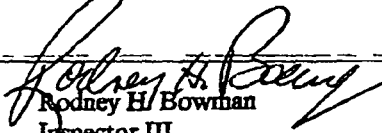
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

November 19 2004
Mr Eric Deaton
Page 2

If you wish to provide any information regarding the relative importance of the project review criteria, you must provide written comments within thirty (30) days of your receipt of this letter. However, any supplementary information relative to your application will be accepted until a proposed decision is made regarding this project by department staff.

Should you require further information, please contact me at (803) 545-4200

Sincerely



Rodney H. Bowman
Inspector III
Division of Planning and Certification of Need

RHB rhh

cc David B. Summer, Esquire
M. Elizabeth Crum, Esquire
Joseph R. Borelli, M.D.

000400

U.S. Postal Service
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Mr Eric Deaton CEO USE

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 or PO Box No. 1000 Medical Center Drive
 City, State, ZIP+4
Hardeeville, South Carolina 29927

PS Form 3811, January 2001 (PSN 7530-02-000-9000) See Reverse for Instructions

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Mr. Eric Deaton, CEO
Coastal Carolina Medical Center
1000 Medical Center Drive
Hardeeville, South Carolina
29927

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

☒ Agent

☐ Addressee

B. Received by (Printed Name)

D. Sumner

C. Date of Delivery

11-22-01

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below ☐ No

3. Service Type

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☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

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☐ G.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

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PS Form 3811, August 2001

Domestic Return Receipt

102505-02-000-1540

000401



FACSIMILE

To: Joel Grice From: Cindy Holland For Eric Deaton
Fax: 803 545 4579 Phone: 784-8000 8181
Phone: _____ Pages: 2
Re: _____ Date: 11/22/04

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply

• Comments

000402

P O Box 1758
Hardesville, SC 29927
Telephone: 843-784-8000 * Facsimile: 843-784-8001
www.coastalcarolinamedicalcenter.com

Coastal Carolina
Medical Center

Via Facsimile to (803) 545-4579

Mr Joel C Grice
Director, Certification of Need Program
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

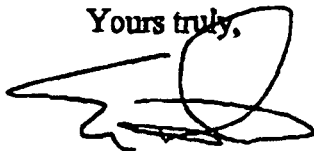
**Re: ~~Coastal Carolina Medical Center~~ ~~PHC Jasper Inc.'s~~
Certificate of Need Application for New Construction and
the Addition of One Fixed MRI**

Dear Mr Grice

I am in receipt of the Department's letter of November 19, 2004, changing the criteria for the review of the above referenced application for the addition of an MRI at Coastal Carolina Medical Center. As you are well aware, Coastal Carolina has provided the Department with substantial information on all of the criteria set forth in Mr Bowman's letter of today. Therefore, Coastal Carolina will not be submitting additional information as a result of the change of the relative importance of the review criteria.

On behalf of Coastal Carolina I would ask that the Department issue a decision in this case as soon as possible. Thank you for your time in considering this matter.

Yours truly,



Eric Deaton
Chief Executive Officer

000403

Certificate of Need Summary Sheet

I. Project Description

Facility Name Coastal Carolina Medical Center

Location of Facility Hardeeville, South Carolina

Project Description Coastal Carolina Medical Center proposes to provide on-site MRI services by construction of an addition to the hospital to house one (1) fixed MRI system, a 1.5T, GE Signa. PHC-Jasper, Inc., d/b/a Coastal Carolina Medical Center, is a new inpatient bed hospital currently under construction, located in Jasper County, South Carolina, along the extension of Highway 278 (CON No SC-02-29), in the vicinity of the intersection of Highway 278 extension and I-95. The project will be developed under the "Certificate of Need Standards for Magnetic Resonance Imaging (MRI)" in the 2003 South Carolina Health Plan.

Ownership The proposed project will be owned by PHC-Jasper, Inc., d/b/a Coastal Carolina Medical Center

Profit or Non-profit status The facility is for-profit.

II. Staff findings

A. The estimated total project cost is \$3,201,000 and is itemized as follows

Real Estate	\$ 0	
Construction	\$ 1 000,000	
Equipment	\$ 1 800,000	
Architect's Fee	\$ 100,000	
Other costs	\$ 301 000	
Total project cost	\$ 3,201,000	000404
Total square footage	1 470	

*Construction (\$1,000 000) Equipment Cost (\$1,800,000) \$2,800,000
per square foot. \$1,905

*Note See Additional Information. Part A-11,B & D

Certificate of Need Summary Sheet
Coastal Carolina Medical Center
Page 2

B The applicant has provided a letter dated April 27, 2004, from Mr Wayne Gower, Province Healthcare Company, stating that Province Healthcare Company, the owner of Coastal Carolina Medical Center, has adequate cash available for funding the proposed project

C The applicant has provided justification of need for the project, which is summarized as follows

~~The applicant submits, that as per the 2003 State Health Plan, the purpose of the State's~~
 CON program is to "promote cost containment, prevent unnecessary duplication of facilities and services, guide the establishment of health facilities and services that will best serve public needs, and ensure that high quality services are provided in health facilities in this State " Applicant states that the proposed project for the construction of an addition to its facility to add an in-house fixed MRI will improve patient safety, provide a high standard of patient care, enhance operational efficiencies, will foster cost containment, and will not unnecessarily duplicate the existing services provided by freestanding MRI providers

Service Area Population The proposed primary service area for the MRI project is Jasper County and the Bluffton portion of Beaufort County Coastal Carolina is targeted to serve a full-time resident population that was approximately 40 000 persons during 2000, growing to over 48,000 persons by 2006 (ORS data for Jasper County, ERSI for ZIP data) In addition to this full-time resident population, the primary service area also includes a significant partial year population and an extremely large vacation population, all of which will drive increased demand for the proposed MRI service The applicant states that the population growth forecast for this primary service area is significant, with local area forecasted population growth more than four times the growth rate observed statewide.

COASTAL CAROLINA'S SERVICE AREA POPULATION GROWTH 2000-2006 (ALL AGES) TABLE 1(Source SC office of Research and Statistics)

000405

Primary service area	2000	2006	2000-2006 change	2000-2006 growth	2000-2006 CAGR %
Jasper County	20,678	22,537	1,859	+ 9 0%	1 45% per yr
Bluffton Zip 29910	19,271	26,093	6 822	+ 35 4%	5 18% per yr
Total Primary Service Area	39,949	48,630	8,681	+ 21 7%	3 33% per yr
State of South Carolina	4,012,012	4,200,466	188,454	+ 4 7 %	0 77% per yr

**Certificate of Need Summary Sheet
Coastal Carolina Medical Center
Page 3**

As shown in the above table, strong population growth over the next several years is projected in Coastal Carolina's primary service area. The applicant asserts that this increase in population will result in an overall increase in patient volumes at Coastal Carolina for all services, and strong growth in demand for MRI services.

As additional MRI applications become clinically accepted and as the utilization of MRI scans becomes the community standard of care for many imaging requirements, the utilization of MRI technology has increased significantly. Specific to South Carolina, overall MRI scans increased by approximately 89% from 1997 to 2001 (overall MRI scans increasing from 120,793 scans during 1997 to 228,858 scans during 2001, data from the 1999 and 2003 State Health Plan). Reviewed on a use rate basis, assessing MRI scans per 1,000 population also shows dramatic MRI growth. From a 1997 South Carolina baseline of 31.4 MRI scans per 1,000 population, the MRI use rate has grown dramatically to 56.6 scans per 1,000 population for 2001 (use rates established by comparing MRI scan data from the 2003 State Health Plan to South Carolina population data from ORS). As additional MRI clinical imaging applications become more widespread, this volume growth and use rate growth can be expected to continue.

SOUTH CAROLINA MRI VOLUME TRENDS - 1997-2001

	1997	1998	2000	2001
SC MRI Scans	120,793	141,740	200,134	228,858
Population (US census / ORS)	3,846,609	3,900,971	4,012,012	4,040,191
MRI Use Rate- Scans/1,000 Pop	31.4	36.3	49.9	56.6

Source: MRI Scans from 1999 and 2003 State Health Plans; Population data from SC ORS

Review of Beaufort County MRI volume, the applicant asserts, shows even stronger growth, with Beaufort County MRI provider volumes more than doubling from 1997 to 2001. The applicant notes that due to the lack of any MRI capacity in Jasper County, assessment of the Beaufort MRI market is the most appropriate surrogate for use in this CON application. Based on data presented in the 1999 and 2003 State Health Plans, MRI providers in Beaufort County saw their scan volume more than double, increasing from 5,097 scans during 1997 to 11,793 scans during 2001, a 130% volume increase. Review of local MRI use rates show a similar growth, with the 2001 Beaufort County use rate well above the state-wide use rate of 56.6 scans per 1,000 population (Beaufort County MRI provider scans divided by Beaufort County residents).

000400

**Certificate of Need Summary Sheet
Coastal Carolina Medical Center
Page 4**

The applicant states that based upon the service area population and population growth discussed above, the strong growth in MRI volumes observed in South Carolina and in the local area, and the current lack of MRI services in Jasper County, this proposed project forecasts that the new service would perform 1,100 scans during its first year of operation, with a ten percent (10%) growth per year projected for the next two years, or 1,210 scans in the second year and 1,331 scans in the third year.

As shown at table on page two, the population within Coastal Carolina's primary service area is forecast to be 48,630 by 2006. This population is forecast to experience significant growth, with the three percent plus per year growth for years 2000 through 2006, and expected to continue through the rest of the decade.

The applicant submits that using the 2006 population as a baseline and the 2001 South Carolina use rate (56.6 scans per 1,000 population) to forecast total MRI scans for the primary service area results in a conservative forecast of 2,752 MRI scans for the primary service area for 2006. The applicant emphasizes that the conservative nature of this projection is shown by comparing the state-wide use rate of 56.6 scans per 1,000 population to the local area Beaufort County MRI use rate of 95.7 scans per 1,000 population. The applicant states that the use of the local area use rate would result in a 2006 primary service area MRI forecast of 4,654 MRI scans.

Based upon Coastal Carolina's market situation, where it will be the only hospital located within the Jasper County / Bluffton service area and the only MRI service in Jasper County, the applicant anticipates that the new MRI service will capture a significant portion of the local MRI market. With the vast majority of inpatient MRIs performed at the hospital-based MRI and the majority of outpatient MRI scans originating from the local area expected to be treated at the proposed MRI service, rapid acceptance of the proposed service is anticipated with strong initial volume expected.

Assuming that the proposed new MRI service would capture only forty percent (40%) of the local area MRI market (based upon state-wide use rates), the projected usage would result in 1,100 MRI scans performed at the hospital-based service on primary service area residents (40% times the 2,752 local area market potential = 1,100). The applicant concludes that utilizing the local Beaufort County usage rate in setting the local area market potential versus the lower state-wide use rate results in the conclusion that only a twenty-four percent (24%) market share level would be necessary to reach the local area 1,100 scans forecast or that a forty percent (40%) market capture would generate over 1,800 scans per year.

000407

According to the applicant, in addition to treating patients from within the primary service area, the proposed MRI service is expected to serve patients from outside of the Jasper County / Bluffton area, utilizing the assumption that eighty percent (80%) of total

Certificate of Need Summary Sheet
Coastal Carolina Medical Center
Page 5

MRI volume would originate from the primary service area and that twenty percent (20%) would originate from beyond this geographic area, results in a MRI forecast of 1,375 scans (utilizing the low state-wide use rate and a 40% primary service area market share, 1,100 scans from the primary service area /80% of total volume from the primary service area = 1,375 total scans). The applicant further submits that if the local Beaufort County MRI use rate was used instead of the statewide use rate, total forecast MRI scans would increase to over 2,300 scans (1,861 scans from the primary service area /80% of total volume from the primary service area = 2,326 scans).

The applicant states that comparing the volume for the proposed project included in the financial forecasts (1,100 scans in year one, 1,210 in year two, 1,331 in year three) to the need assessment discussed above (1,375 to 2,326 scans per year) demonstrates that the volume levels included in the financial forecasts are reasonable and achievable, and that the need for the proposed MRI service is justified.

Without the proposed MRI, Coastal Carolina will not be able to adequately serve the service area patients in need of MRI scans. With no available MRI capacity currently located within Jasper County, access to MRI services within Coastal Carolina's service area is severely limited, patients who need this mainstream imaging technology must travel beyond the local area to access these diagnostic procedures. Additionally, according to the applicant, with many retirees and tourists in Coastal Carolina's service area, traffic congestion is a concern. The applicant suggests that the area's traffic can put emergent and acute care patients being transported to outside providers to obtain MRI scans at risk, as well as, create long travel times for outpatients in need of MRI scans. The applicant concludes that as a result of the lack of available local MRI services and the anticipated growth in MRI usage in the service area and statewide, the benefits to patients associated with establishing access to MRI technology far outweigh any potential impact this project would have on existing providers.

STATE HEALTH PLAN CON STANDARDS FOR MRI

Coastal Carolina's proposed project meets the standards for MRI as identified in the 2003 State Health Plan.

(1) Each hospital should have at least one MRI unit available for diagnosis of emergency patient, inpatients, and outpatients

Coastal Carolina will be a 41-bed hospital when it opens its doors in 2005. In its current CON application (SC-02-29), there are no provisions for an MRI. This proposed project would equip the hospital with one fixed MRI. In the absence of this project emergency patients, inpatients, and outpatients treated at Coastal Carolina will endure significant inconvenience and potential adverse medical impact as delays in diagnosis, decision-making, and medical treatment will be incurred by traveling or being transported to MRI

000406

Certificate of Need Summary Sheet
Coastal Carolina Medical Center
Page 6

providers located beyond the local area. In addition, Coastal Carolina's medically unstable patients, the acutely ill inpatients, and the emergency room patients will incur additional costs associated with transportation to outside providers. Coastal Carolina strongly agrees with the State Health Plan standard and submits that the proposed MRI project is consistent with this standard.

(2) In order to promote cost effectiveness, the use of shared MRI units should be considered.

As stated above and throughout this application, an in-house fixed MRI is the most cost-effective and safest manner to meet the need for MRI services at Coastal Carolina. While mobile MRI units may have been cost effective at one point in time with MRI diagnostic imaging now the gold standard for a large and growing pool of imaging modalities and with the cost of acquiring MRI technology now much more reasonable, the potential benefits of a shared mobile MRI unit are far outweighed by the benefits of having an on-site MRI unit providing immediate access to this important diagnostic technology on twenty-four hours per day and seven days per week basis.

In the absence of an onsite MRI at Coastal Carolina, the situation will require acutely ill and emergent patients to be transported by ambulance to outside providers for their MRI scans, whenever the mobile unit is serving another provider site. This lack of access and associated transport will result in additional expenses for patients, as well as third party providers.

Further, the applicant submits that in the absence of an onsite MRI at Coastal Carolina, situations may occur where more invasive tests might be performed to achieve a diagnosis when time is a critical factor. These substitute techniques would likely increase the cost of patients' care and could potentially adversely impact patient care.

Patient privacy is another consideration. Mobile MRI units do not offer dressing rooms for patients, making it necessary for patients to change in one location, then be transported to the MRI unit location, or alternatively, patients must be transported to the MRI unit in hospital clothing.

- D The application was accepted for filing on May 7, 2004. The 2003 S. C. Health Plan was approved by the S. C. Board of Health and Environmental Control on June 12, 2003, and became effective June 13, 2003. Therefore, this project is to be reviewed under the 2003 S. C. Health Plan.

000409

Certificate of Need Summary Sheet
Coastal Carolina Medical Center
Page 7

- E The 2003 S. C. Health Plan does not project needs for MRIs in South Carolina, but does present three (3) standards on pages II-66 of the plan that must be satisfied, prior to the approval of an MRI. The proposal is consistent with the aforementioned standards of the plan.
- F The applicant has provided a three year projected budget for the project. The budget indicates the following net income, for each year of the project: Year one- \$391,690, Year two- \$330,177, Year three- \$438,842.

The average charge per patient for each year is shown as follows.

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Projected no of procedures			
Inpatient	275	303	333
Outpatient	825	908	998
Total	1,100	1,210	1,331
Avg. charge per procedure	\$2,200	\$2,310	\$2,426

- G The proposed staffing for this project will include 3.1 additional FTEs.
- H Indigent care projected to be provided for Year 1 is \$24,200, for Year 2 is \$27,951, and for Year 3 is \$32,283.
- I The applicant asserts that the proposed project will foster cost containment by being able to provide MRI scans in-house at Coastal Carolina and will improve quality of care by eliminating delays in diagnosis, decision-making, and treatment for patients. It will reduce the risks associated with transporting acutely ill and emergent patients by ambulance to an MRI site, as well as avoid the additional costs associated with ambulance transport to an outside provider. Additionally, it may reduce the need for more costly and invasive procedures.

000410

Certificate of Need Summary Sheet
Coastal Carolina Medical Center
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- J. The applicant states that its parent company, Province Healthcare, currently owns or leases 20 general acute care hospitals in 13 states with a total of 2,262 licensed beds. The company also provides management services to 36 primary non-urban hospitals in 14 states with a total of 2,985 licensed beds.
- K. The facility will be accessible to the service area population of Jasper County and the Bluffton area of Beaufort County.
- L. Currently, there are no MRI units located in Jasper County.
- M. The proposed project has been found to be consistent with the applicable criteria, as outlined in the department's "Criteria for Project Review." The project's consistency with the most important criteria is discussed as follows:

1. **Need (Compliance with the State Health Plan)**- The State Health Plan states that each hospital should have at least one MRI unit available for diagnosis of emergency patients, inpatients, and outpatients. The applicant will provide this service.
2. **Community Need Documentation (2c)** - The applicant has documented that the proposed project will meet an identified need for the target population and the population's projected growth in the service area. The expected utilization should be sufficient to justify the project.

Distribution (Accessibility) (3d, 3e, 3f, 3g)-The application is consistent with this criterion in that the facility would satisfy the stipulations of patient accessibility and the patient's ability to pay for services.

3. **Acceptability (4a)**-The applicant has support of local providers, and there is opposition from one provider in Beaufort County.

Cost Containment (16c) - The applicant's patient charges appear to be reasonable.

N. On September 28, 2004, a Project Review meeting was conducted by the

000411

**Certificate of Need Summary Sheet
Coastal Carolina Medical Center
Page 9**

department during which information relevant to the project was presented.

- O The project application contains community and physician support.
- P There is documented opposition for this project.

Departmental decision must be forwarded on or before January 21, 2004

000412

Project Decision

Project Description: Construction for the addition of a 1.5T Magnetic Resonance Imaging (MRI)
Coastal Carolina Medical Center
Hardeeville, South Carolina

I☒ Approval☐ Disapproval**II. Reasons**

- 1 The proposal is consistent with the standards for MRI services as outlined in the 2003 S.C. Health Plan.
2. The proposed project will fulfill the need for MRI services by strengthening the healthcare delivery system to be provided by Coastal Carolina Medical Center to the citizens of Jasper County, in addition to increasing the accessibility of such services to the residents of Jasper County; and
- 3 The project has community and physician support.

11/22/04

Date

Joel C. Grice
Joel C. Grice, Director
Bureau of Health Facilities and Services
Development

000413



2600 Bull Street
Columbia, SC 29201 1708

CERTIFIED MAIL

November 22 2004

Re Coastal Carolina Medical Center
Hardeeville, South Carolina

Mr Eric Deaton
Chief Executive Officer
1000 Medical Center Drive
Hardeeville, SC 29927

Dear Mr Deaton

It is the decision of this department that a Certificate of Need be issued to Coastal Carolina Medical Center, Hardeeville, South Carolina, for the construction for the addition of a 1.5T Magnetic Resonance Imaging (MRI) unit

This decision is based on the following

- 1 The proposal is consistent with the standards for MRI services as outlined in the 2003 S C Health Plan,
- 2 The proposed project will fulfill the need for MRI services by strengthening the healthcare delivery system to be provided by Coastal Carolina Medical Center to the citizens of Jasper County in addition to increasing the accessibility of such services to the residents of Jasper County; and
- 3 The project has community and physician support.

The department makes the following findings pursuant to Section 501, Regulation No 61-15, Certification of Need for Health Facilities and Services

- 1 The capital and operating costs of the proposal and their potential impact on patient charges are reasonable;

000414

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Mr Eric Deaton
November 22, 2004
Page 2

- 2 Superior alternatives to such services in terms of cost, efficiency, or appropriateness do not exist and that the development of such alternatives is not practicable, and
- 3 In the case of new construction, alternatives to new construction (e.g., modernization or sharing arrangements) have been considered, and
- 4 Patients will experience serious problems in terms of costs, availability or accessibility, or such other problems as may be identified by the department in obtaining care of the type proposed in the absence of this project.

~~The additional finding required by Section 501 5 of Regulation No. 61-15, Certification of Need for Health Facilities and Services is not applicable to this project.~~

This proposed decision becomes the final agency decision ten (10) days after the receipt of this notice, unless one of the following occurs.

- 1 Pursuant to Section 44-7-210(D)(1) of the amended Code of Laws of South Carolina, 1976, any persons showing "good cause", as defined in Regulation No 61-15, may request reconsideration of this department's decision. Such request must be made in writing to this office within ten (10) days from the date of receipt of this notice by an agent for the applicant, and must state the specific reasons for such request.
- 2 Pursuant to Section 44-7-210(D)(2) of the amended Code of Laws of South Carolina, 1976, an appeal may be submitted by any affected person or the applicant, within a ten (10) day period from the date of receipt of this notice by an agent for the applicant, which gives notice in writing that the person is desirous of a hearing before the S C Board of Health and Environmental Control. Should this be the case, the affected person/applicant should submit the request to the following

The Board of Health and Environmental Control
Attn. Clerk of the Board
Office of the Commissioner
2600 Bull Street
Columbia, SC 29201

000415

In addition, the Administrative Law Court requires that a person requesting a contested case hearing must file a copy of the request and a filing fee of \$250.00 with the

Mr Eric Deaton
November 22, 2004
Page 3

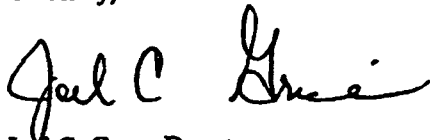
Administrative Law Court at the following address

Clerk, Administrative Law Court
1205 Pendleton Street, Suite 224
P O Box 11667
Columbia, SC 29211-1667

A copy of the correspondence must also be forwarded to the Director of the Bureau of Health Facilities and Services Development. Should there be no response within the ten (10) day period, this decision will be final.

If you have any questions, please feel free to contact us at (803) 545-4200

Sincerely,



Joel C Grice, Director
Bureau of Health Facilities and Services Development

JCG rhb

cc M. Elizabeth Crum, Esquire
Joseph R. Borelli, M.D
David B Summer, Esquire

000416

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Mr. Eric Deaton, CEO USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To

Street, Apt. No.,
or PO Box No. 1000 Medical Center Drive

City, State, ZIP+4 Hardeeville, South Carolina 29927

PS Form 3811 January 2001 See Reverse for Instructions

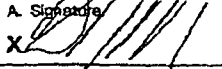
SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece or on the front if space permits.

1. Article Addressed to:

Mr. Eric Deaton
 Chief Executive Officer
 1000 Medical Center Drive
 Hardeeville, South Carolina
 29927

COMPLETE THIS SECTION ON DELIVERY

A. Signature  ☒ Agent ☐ Addressee

B. Received by (Printed Name) D. Summer C. Date of Delivery 11-22-04

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7001 2510 0008 8156 8761

PS Form 3811 August 2001

Domestic Return Receipt

102595-02-M-1540

000417

M. ELIZABETH CUMM
lcum@mcnair.net

MCNAIR LAW FIRM, P.A.
ATTORNEYS AND COUNSELORS AT LAW

www.mcnair.net

BANK OF AMERICA TOWER
1301 GERVAIS STREET 11th FLOOR
COLUMBIA, SOUTH CAROLINA 29201

POST OFFICE BOX 11360
COLUMBIA, SOUTH CAROLINA 29211
TELEPHONE (803)766-6800
FACSIMILE (803)766-2210

November 24, 2004

Hand Delivered

Ms. Lisa M. Lucas, Clerk
Board of Health and Environmental Control
2600 Bull Street
Columbia, South Carolina 29201

Re Request for Contested Case Hearing Regarding DHEC's Decision to Issue a
Certificate of Need to Coastal Carolina Medical Center for the Addition of a fixed
MRI unit and Construction

Dear Ms. Lucas

MRI at Belfair, LLC (Belfair) requests a contested case hearing pursuant to S.C. Code Ann. § 44-7-210(D)(2) of the November 22, 2004 decision (CON Decision) of the South Carolina Department of Health and Environmental Control to issue a certificate of need (CON) to Coastal Carolina Medical Center. Belfair appeals on the grounds that the CON Decision was made in violation of the State Certificate of Need and Health Facility Licensure Act, S.C. Code Ann. §§ 44-7-110, et seq. (2002) and 24A S.C. Code Ann. § 61-15 (Supp. 2003). The grounds for appeal include, but are not limited to: (1) the CON Decision does not comply with the 2003 South Carolina Health Plan, (2) the CON Decision is in violation of the Project Review Criteria, 24A S.C. Code Ann. Reg. 61-15 §§ 801, et seq. Belfair requests that the CON Decision be reversed. Attached hereto is a copy of the CON Decision.

I would appreciate your docking in one copy of this request for contested case hearing and returning it by our courier. Belfair respectfully requests that the matter be forwarded to the Administrative Law Court for a hearing on all issues. Please do not hesitate to contact me should you have any questions with respect to this request for contested case review.

Sincerely,


M. Elizabeth Cum

Enclosure

cc: The Honorable Jana E. Shealy
David B. Summer, Jr., Esquire

RECEIVED

NOV 24 2004

000418

Clark of DHEC Board

ANDERSON CHARLESTON CHARLOTTE COLUMBIA GEORGETOWN GREENVILLE HILTON HEAD ISLAND MYRTLE BEACH RALEIGH
COLUMBIA 810041v1

MCNAIR LAW FIRM, P.A.

ATTORNEYS AND COUNSELORS AT LAW

M. Elizabeth Crum
mcrum@mcnair.net
Direct Facsimile: (803) 933-1484

www.mcnair.net

BANK OF AMERICA TOWER
1301 GERVAS STREET 11th FLOOR
COLUMBIA, SOUTH CAROLINA 29201

POST OFFICE BOX 11386
COLUMBIA, SOUTH CAROLINA 29211
TELEPHONE (803) 799-8800
FACSIMILE (803) 576-2219

November 24, 2004

HAND DELIVERY

The Honorable Jana E. Shealy
Clerk, Administrative Law Court
1205 Pendleton Street
Columbia, South Carolina 29201

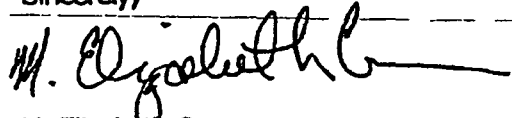
Dear Ms Shealy:

~~Enclosed herewith for filing with the Court, please find a copy of a request for~~
contested case hearing filed with the Clerk of the Board of Health and Environmental
Control with respect to the decision of the South Carolina Department of Health and
Environmental Control ("DHEC") to issue a certificate of need to Coastal Carolina
Medical Center for a fixed MRI and construction to house the same on the campus of
the hospital in Jasper County

Also enclosed is our check for \$250 to satisfy the filing fee requirement for this
appeal. I would appreciate your docking in a copy of this letter and returning it to our
courier.

Should you have any questions with respect to this filing, please do not hesitate to
contact me.

Sincerely,



M. Elizabeth Crum

Enclosure

cc Ms Lisa M. Lucas, DHEC
David B. Summer, Jr., Esquire

000419

ANDERSON CHARLESTON CHARLOTTE COLUMBIA GEORGETOWN GREENVILLE MILTON HEAD ISLAND MYRTLE BEACH RALPH

COLUMBIA 810093v1



CERTIFIED MAIL

November 22, 2004

Re Coastal Carolina Medical Center
Hardeeville, South Carolina

Mr Eric Deaton
Chief Executive Officer
1000 Medical Center Drive
Hardeeville, SC 29927

Dear Mr Deaton.

It is the decision of this department that a Certificate of Need be issued to Coastal Carolina Medical Center, Hardeeville, South Carolina, for the construction for the addition of a 1.5T Magnetic Resonance Imaging (MRI) unit.

This decision is based on the following:

- 1 The proposal is consistent with the standards for MRI services as outlined in the 2003 S C Health Plan.
- 2 The proposed project will fulfill the need for MRI services by strengthening the healthcare delivery system to be provided by Coastal Carolina Medical Center to the citizens of Jasper County, in addition to increasing the accessibility of such services to the residents of Jasper County, and
- 3 The project has community and physician support.

The department makes the following findings pursuant to Section 501, Regulation No. 61-15, Certification of Need for Health Facilities and Services.

- 1 The capital and operating costs of the proposal and their potential impact on patient charges are reasonable,

000420

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Mr Eric Deaton
November 22, 2004
Page 2

- 2 Superior alternatives to such services in terms of cost, efficiency, or appropriateness do not exist and that the development of such alternatives is not practicable, and
- 3 In the case of new construction, alternatives to new construction (e.g., modernization or sharing arrangements) have been considered, and
- 4 Patients will experience serious problems in terms of costs, availability or accessibility, or such other problems as may be identified by the department in obtaining care of the type proposed in the absence of this project.

The additional finding required by Section 501 5 of Regulation No. 61-15, Certification of Need for Health Facilities and Services is not applicable to this project.

This proposed decision becomes the final agency decision ten (10) days after the receipt of this notice, unless one of the following occurs.

- 1 Pursuant to Section 44-7-210(D)(1) of the amended Code of Laws of South Carolina, 1976, any persons showing "good cause", as defined in Regulation No 61-15, may request reconsideration of this department's decision. Such request must be made in writing to this office within ten (10) days from the date of receipt of this notice by an agent for the applicant, and must state the specific reasons for such request.
- 2 Pursuant to Section 44-7-210(D)(2) of the amended Code of Laws of South Carolina, 1976, an appeal may be submitted by any affected person or the applicant, within a ten (10) day period from the date of receipt of this notice by an agent for the applicant, which gives notice in writing that the person is desirous of a hearing before the S C Board of Health and Environmental Control. Should this be the case, the affected person/applicant should submit the request to the following

The Board of Health and Environmental Control
Attn. Clerk of the Board
Office of the Commissioner
2600 Bull Street
Columbia, SC 29201

In addition, the Administrative Law Court requires that a person requesting a contested case hearing must file a copy of the request and a filing fee of \$250 00 with the

000421

Mr Eric Deaton
November 22, 2004
Page 3

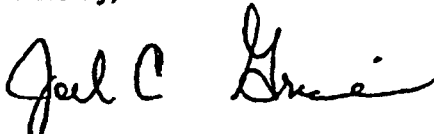
Administrative Law Court at the following address

Clerk, Administrative Law Court
1205 Pendleton Street, Suite 224
P O Box 11667
Columbia, SC 29211-1667

A copy of the correspondence must also be forwarded to the Director of the Bureau of Health Facilities and Services Development. Should there be no response within the ten (10) day period, this decision will be final.

If you have any questions, please feel free to contact us at (803) 545-4200

Sincerely,



Joel C Grice, Director
Bureau of Health Facilities and Services Development

JCG:rhb

cc M. Elizabeth Crum, Esquire
Joseph R. Borelli, M.D.
David B Summer, Esquire

RECEIVED

NOV 24 2004

Clerk of DHEC Board

000422

**STATE OF SOUTH CAROLINA
ADMINISTRATIVE LAW COURT**

MRI at Belfair, LLC

Petitioner

vs.

South Carolina Department of Health
and Environmental Control and Coastal
Carolina Medical Center

Respondents.

Docket No 04-ALJ-07-0399-CC

**SC DHEC's
PREHEARING STATEMENT**

In response to the December 21 2004 Order for Prehearing Statements issued by the Honorable Ralph King Anderson III, Administrative Law Judge, Respondent South Carolina Department of Health and Environmental Control ("DHEC" or "the Department") hereby submits the following:

I. THE NATURE OF THIS PROCEEDING,

This will be a contested case hearing. Petitioner MRI at Belfair, LLC contests the Department's decision to approve a Certificate of Need for Coastal Carolina Medical Center for the addition of a fixed MRI unit and construction.

II. THE STATUTORY PROVISION(S) CONFERRING SUBJECT MATTER

**JURISDICTION TO THE AGENCY AND OTHER APPLICABLE
STATUTES AND REGULATIONS,**

The statutory provisions conferring subject matter jurisdiction to the division include the Administrative Procedures Act, S.C. Code Ann. §§ 1-23-310 to -390 (Supp. 2002) and the Rules of the Procedure for the Administrative Law Court.

The statutory provisions giving rise to the controversy include S.C. Code Ann. § 44-7-110 *et seq.* (2002) State Certification of Need and Health Facility Licensure Act.

The regulatory provisions giving rise to the controversy include 24A S.C. Code Ann. Regs. 61-15 (Supp. 2004), Certification of Need for Health Facilities and Services.

III. THE ISSUES PRESENTED FOR DETERMINATION.

The issue to be determined in this contested case hearing is whether the Department's decision to approve a Certificate of Need for Coastal Carolina Medical Center is consistent with S.C. Code Ann. §44-7-110 *et seq.* (2002) and 24A S.C. Code Ann. Regs. 61-15 (Supp. 2003).

IV. THE ACTION REQUESTED OF THE COURT, IF ANY.

The Department respectfully requests that this Court deny and dismiss Petitioner's appeal and uphold the Department's decision in this matter.

V. A BRIEF SUMMARY OF THE FACTS TO BE PRESENTED AT THE HEARING.

On November 22, 2004 the Department approved a Certificate of Need for the construction of an addition for a 1.5T Magnetic Resonance Imaging (MRI) unit for Coastal Carolina Medical Center located in Hardeeville, South Carolina. The Department based its decision on the 2003 South Carolina Health Plan and findings pursuant to Regulation No. 61-15, Certification of Need for Health Facilities and Services, Section 501.

In response to the Department's decision in the above matter MRI at Belfair LLC requested a contested case hearing pursuant to S.C. Code Ann. § 44-7-210(D)(2) (2002) on November 24, 2004.

VI. A LIST OF PROPOSED WITNESSES AND EXHIBITS.

WITNESSES.

Joel C. Grace, Director
Bureau of Health Facilities and Services Development
S C Department of Health and Environmental Control
2600 Bull Street
Columbia, SC 29201

Rodney H. Bowman, Inspector III
Division of Planning and Certification of Need
S C Department of Health and Environmental Control
2600 Bull Street
Columbia, S C. 29201

EXHIBITS.

The exhibits will include the entire Department file in this matter

**VII. A STATEMENT REGARDING THE NECESSITY FOR DISCOVERY,
IF ANY,**

The Department reserves the right to request standard discovery as may prove necessary pursuant to the Administrative Law Court Rules.

VIII. THE ESTIMATED LENGTH OF HEARING

The Department estimates that this hearing will last approximately three (3) days and respectfully requests that a conference call be held prior to the court establishing a date for the hearing

[Signature Page to Follow]

000425

Respectfully submitted,

Nancy S. Layman, Esquire
Chief Attorney for Health Regulation
South Carolina Department of Health
and Environmental Control
2600 Bull Street
Columbia, South Carolina 29201
(803) 898-3351

Columbia, South Carolina
January 20, 2005

000426

MCNAIR LAW FIRM, P.A.
ATTORNEYS AND COUNSELORS AT LAW

www.mcnairlaw.com

0501147

BANK OF AMERICA TOWER
1301 GERVAS STREET 11TH FLOOR
COLUMBIA, SOUTH CAROLINA 29201

POST OFFICE BOX 11330
COLUMBIA, SOUTH CAROLINA 29211
TELEPHONE (803) 738-8800
FACSIMILE (803) 778-2219

January 18, 2005

Via Fax

2/1/05
427 pages
LRS

Mr Jody Hamm
Freedom of Information Officer
South Carolina Department of Health
and Environmental Control

2600 Bull Street
Columbia, South Carolina 29201

Re: Request for Information Pursuant to the South Carolina Freedom of
Information Act

Dear Mr. Hamm.

Pursuant to the South Carolina Freedom of Information Act, S.C. Code Ann. §§ 30-4-10, *et seq* (1976), I am writing to request a copy of the bates numbered Certificate of Need file for Coastal Carolina Medical Center. I will be pleased to reimburse the Department for the costs of copying the file.

Please do not hesitate to contact me should you have any questions regarding this request.

Sincerely,

RECEIVED

JAN 18 2005

Freedom of
Information Act

Elizabeth A. Blitch
Elizabeth A. Blitch, Paralegal to
M. Elizabeth Crum

cc: Mr Joel Gnce

CON 000427

ANDERSON CHARLESTON CHARLOTTE COLUMBIA - GREENVILLE GREENVILLE HILTON HEAD ISLAND MYRTLE BEACH RALEIGH

TOTAL P 82

MCNAIR LAW FIRM, P.A.
ATTORNEYS AND COUNSELORS AT LAW

www.mcnairlaw.net

BANK OF AMERICA TOWER
1301 GERVAIS STREET
COLUMBIA, SOUTH CAROLINA 29201

MAILING ADDRESS
POST OFFICE BOX 11390
COLUMBIA, SOUTH CAROLINA 29211
TELEPHONE (803)799-9800
FAX (803) 753-3219

FAX COVER LETTER

CONFIDENTIAL & PRIVILEGED
INFORMATION

Date & Time April 8, 2005

Transmitted By STC

ALTERNATE FAX
NUMBERS(optional)

803-753-3219
803-753-3277
803-753-3278
803-799-9804

PLEASE DELIVER AS SOON AS POSSIBLE TO:

Recipient	Company	Fax No.	Phone No
1 David B Sumner, Jr	Parker Poe, Adams & Bernstein L.L.P	255-8017	
2 Nancy Layman	SC DHEC	898-3367	

Total number of pages including cover 18

From M. Elizabeth Crum

Client-Matter 30766 00003

Comments. MRI at Belfair, LLC v South Carolina Department of Environmental Control and Coastal Carolina Medical Center, 04-ALC-07-0399-CC

The information contained in this facsimile message is confidential, protected by the attorney client privilege and intended for the use of only the individual or entity named above. If the reader of the message or information is not the intended recipient of the message or information transmitted herewith, you are hereby notified that any dissemination, distribution or copying of the message or information is strictly prohibited. If you have received this communication in error please immediately notify the sender by telephone and return the original message to us at the above address via the U.S. Postal Service. Thank you.

000428

COLUMBIA 822890v1

MCNAIR LAW FIRM, P.A.
ATTORNEYS AND COUNSELORS AT LAW

www.mcnairst.net

M. ELIZABETH CRUM
ecrum@mcnairst.netBANK OF AMERICA TOWER
1301 GERVAIS STREET 11th FLOOR
COLUMBIA, SOUTH CAROLINA 29201POST OFFICE BOX 11380
COLUMBIA, SOUTH CAROLINA 29211
TELEPHONE (803)753-3219
FACSIMILE (803)753-2219

April 8, 2005

VIA FACSIMILE & U S MAIL

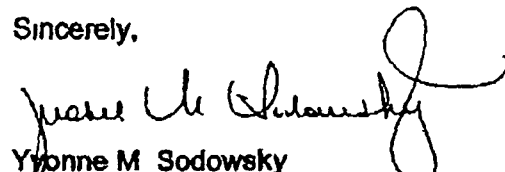
David B Summer, Jr, Esquire
Parker, Poe Adams & Bernstein L L P
1201 Main Street, Suite 1450
Post Office Box 1509
Columbia, South Carolina 29202-1509Nancy S Layman, Esquire
SC DHEC
Office of General Counsel
2600 Bull Street, 3rd Floor
Columbia, SC 29201Re MRI at Belfair, LLC v South Carolina Department of Environmental Control and
Coastal Carolina Medical Center, 04-ALC-07-0399-CC

Dear Mr Summer & Ms Layman

Pursuant to the telephone call between M Elizabeth Crum and Anall B Kirk,
enclosed herewith please find the Notices of Deposition and Subpoena Duces Tecums
for Dr Patricia Etheridge, Dr Kenneth Rice, Dr David T Estle, Mr Mark Richardson
and Mr Rick Knapp in the above-captioned matter

Please do not hesitate to contact me should you have questions with regard to
this matter

Sincerely,


Yvonne M Sadowsky
Legal Assistant to M Elizabeth Crumyms
Enclosures

000429

ANDERSON CHARLESTON CHARLOTTE COLUMBIA GEORGETOWN GREENVILLE HILTON HEAD ISLAND MYRTLE BEACH RALEIGH

COLUMBIA 822891v1

STATE OF SOUTH CAROLINA
BEFORE THE ADMINISTRATIVE LAW COURT

MRI at Belfair, LLC,)
)
 Petitioner,)
)
 v)
)
 South Carolina Department of Health)
 And Environmental Control and)
 Coastal Carolina Medical Center,)
)
 Respondents)
 _____)

Docket No 04-ALJ-07-0399-CC_

**NOTICE OF TAKING
DEPOSITION**

To DAVID B SUMMER, JR., ESQUIRE, ATTORNEY FOR RESPONDENT COASTAL CAROLINA MEDICAL CENTER, AND NANCY S LAYMAN, ESQUIRE, ATTORNEY FOR SCDHEC

YOU WILL PLEASE TAKE NOTICE that counsel for Petitioner MRI at Belfair, LLC will take the deposition of Dr David T Estle at 12 00 p m on Monday, April 25, 2005 at the offices of McNair Law Firm, P A., 5 Belfair Village Dr, Bluffton, South Carolina 29910, before a Notary Public or some other officer authorized by law to take depositions, said deposition to continue from day to day until completed

M Elizabeth Crum
Ariail B Kirk
McNAIR LAW FIRM, P A.
Post Office Box 11390
Columbia, South Carolina 29201
(803) 799-9800

By Ariail B Kirk

April 8, 2005
Columbia, South Carolina

Attorneys for Petitioner MRI at Belfair, LLC

000430

STATE OF SOUTH CAROLINA
BEFORE THE ADMINISTRATIVE LAW COURT

MRI at Belfair, LLC,)
)
 Petitioner,)
)
 v)
)
 South Carolina Department of Health)
 And Environmental Control and)
 Coastal Carolina Medical Center,)
)
 Respondents)
 _____)

Docket No, 04-ALJ-07-0399-CC

Subpoena
Duces Tecum

To Dr David T Estle
Coastal Carolina Medical Center
1000 Medical Center Drive
Hardeeville, South Carolina 29927

YOU ARE COMMANDED TO (check all applicable)

- X Appear and testify at the taking of your deposition in the above-captioned case at the place, date and time shown below; and/or
- X Produce the following items to counsel for Petitioner MRI at Belfair, LLC by 10 00 a.m., Wednesday, April 20, 2005

- See attachment -

<u>Date and Location of Deposition</u>	<u>Party Requesting Subpoena</u>
Date Monday, April 25, 2005	M. Elizabeth Crum
Location McNair Law Firm, P A. 5 Belfair Village Drive Bluffton, SC 29910	Arail B Kirk McNair Law Firm, P.A. Post Office Box 11390 Columbia, South Carolina 29211 (803) 799-9800
Time of Appearance 12 00 p.m.	

ISSUED UNDER AUTHORITY OF

Arail B. Kirk

ADMINISTRATIVE LAW JUDGE/
CLERK/OFFICER OF THE COURT
1205 Pendleton Street, Room 224
Columbia, South Carolina 29201

April 8, 2005

000431

DEFINITIONS

The term "document" includes all written, printed, typed, recorded, transcribed, punched, taped or graphic matter of every type and description, however and by whomever prepared, produced, reproduced, disseminated or made, in the actual or constructive possession, custody or control of the witness, including but not limited to, all writings, letters, minutes, bulletins, correspondence, telegrams, telexes, memoranda, notes, instructions, literature, work assignments, notebooks, diaries, calendars, records, agreements, contracts, notations of telephone or personal conversations or conferences, messages, interoffice or intraoffice communications, microfilm, circulars, pamphlets, studies, notices, summaries, reports, books, checks, credit card vouchers, statements of account, receipts, invoices, graphs, photographs, drafts, data sheets, data compilations, computer data sheets, computer data compilations, computer disks, computer hard drives, work sheets, statistics, speeches or other writings, tape recordings, phonograph records, data compilations from which information can be obtained or can be translated through detection devices into reasonable useable form, or any other tangible thing which records information in any way. The term "document" shall include the original and any copies which differ in any manner whatsoever from the original (whether different from the original because of notes made on such copy or otherwise), and any drafts thereof. For purposes of this definition, a document is within the possession or control of the witness if it is within the possession or control of the witness, his or her attorneys, investigators for witness' attorneys, independent accountants, agents, and any business entities otherwise affiliated with the witness, or any person acting on behalf of or in concert with witness or with any of these persons, or otherwise under his or her possession or control.

DOCUMENTS FOR DEPOSITION

Any and all documents in your or your attorney's possession relating in any way to the change in the 2001 South Carolina State Health Plan adding the MRI standard that each hospital should have at least one MRI unit available for diagnosis for emergency patients, inpatients and outpatients

000432

STATE OF SOUTH CAROLINA
BEFORE THE ADMINISTRATIVE LAW COURT

MRI at Belfair, LLC,)
)
 Petitioner,)
)
 v)
)
 South Carolina Department of Health)
 And Environmental Control and)
 Coastal Carolina Medical Center,)
)
 Respondents)
 _____)

Docket No 04-ALJ-07-0399-CC

**NOTICE OF TAKING
DEPOSITION**

To DAVID B SUMMER, JR., ESQUIRE, ATTORNEY FOR RESPONDENT COASTAL CAROLINA MEDICAL CENTER, AND NANCY S LAYMAN, ESQUIRE, ATTORNEY FOR SCDHEC

YOU WILL PLEASE TAKE NOTICE that counsel for Petitioner MRI at Belfair, LLC will take the deposition of Dr Kenneth Rice at 10.30 a m on Monday, April 25, 2005 at the offices of McNair Law Firm, P.A., 5 Belfair Village Dr , Bluffton, South Carolina 29910, before a Notary Public or some other officer authorized by law to take depositions, said deposition to continue from day to day until completed

M Elizabeth Crum
Anail B Kirk
MCNAIR LAW FIRM, P.A
Post Office Box 11390
Columbia, South Carolina 29201
(803) 799-9800

By Anail B Kirk

April 8, 2005
Columbia, South Carolina

Attorneys for Petitioner MRI at Belfair, LLC

000433

STATE OF SOUTH CAROLINA
BEFORE THE ADMINISTRATIVE LAW COURT

MRI at Belfair, LLC,

Docket No, 04-ALJ-07-0399-CC

Petitioner,

v

South Carolina Department of Health
And Environmental Control and
Coastal Carolina Medical Center,

Respondents

Subpoena
Duces Tecum

To Dr Kenneth Rice
Coastal Carolina Medical Center
1000 Medical Center Drive
Hardeeville, South Carolina 29927

YOU ARE COMMANDED TO (check all applicable)

- ☒ Appear and testify at the taking of your deposition in the above-captioned case at the place,
date and time shown below and/or
- ☒ Produce the following items to counsel for Petitioner MRI at Belfair LLC by 10 00 a m.,
Wednesday, April 20, 2005

- See attachment -

<u>Date and Location of Deposition.</u>	<u>Party Requesting Subpoena.</u>
Date Monday April 25, 2005	M Elizabeth Crum
Location McNair Law Firm, P A. 5 Belfair Village Drive Bluffton, SC 29910	Ariail B Kirk McNair Law Firm, P A. Post Office Box 11390 Columbia, South Carolina 29211 (803) 799-9800
Time of Appearance 10 30 a.m	

ISSUED UNDER AUTHORITY OF

Ariail B Kirk

ADMINISTRATIVE LAW JUDGE/
CLERK/OFFICER OF THE COURT
1205 Pendleton Street, Room 224
Columbia, South Carolina 29201

April 8 2005

000434

DEFINITIONS

The term "document" includes all written printed typed recorded, transcribed, punched, taped or graphic matter of every type and description, however and by whomever prepared, produced, reproduced, disseminated or made, in the actual or constructive possession, custody or control of the witness, including but not limited to, all writings, letters, minutes, bulletins, correspondence, telegrams, telexes, memoranda, notes, instructions, literature, work assignments, notebooks, diaries, calendars, records, agreements, contracts notations of telephone or personal conversations or conferences, messages, interoffice or intraoffice communications, microfilm, circulars, pamphlets, studies notices, summaries, reports, books, checks, credit card vouchers, statements of account, receipts invoices, graphs photographs, drafts, data sheets, data compilations, computer data sheets, computer data compilations computer disks, computer hard drives, work sheets, statistics, speeches or other writings, tape recordings, phonograph records, data compilations from which information can be obtained or can be translated through detection devices into reasonable useable form, or any other tangible thing which records information in any way. The term "document" shall include the original and any copies which differ in any manner whatsoever from the original (whether different from the original because of notes made on such copy or otherwise) and any drafts thereof. For purposes of this definition, a document is within the possession or control of the witness if it is within the possession or control of the witness, his or her attorneys, investigators for witness' attorneys, independent accountants, agents, and any business entities otherwise affiliated with the witness, or any person acting on behalf of or in concert with witness or with any of these persons, or otherwise under his or her possession or control.

DOCUMENTS FOR DEPOSITION

Any and all documents in your or your attorney's possession relating in any way to the change in the 2001 South Carolina State Health Plan adding the MRI standard that each hospital should have at least one MRI unit available for diagnosis for emergency patients, inpatients and outpatients

000435

STATE OF SOUTH CAROLINA
BEFORE THE ADMINISTRATIVE LAW COURT

MRI at Belfair, LLC,)
)
 Petitioner,)
)
 v)
)
 South Carolina Department of Health)
 And Environmental Control and)
 Coastal Carolina Medical Center,)
)
 Respondents)
 _____)

Docket No 04-ALJ-07-0399-CC

**NOTICE OF TAKING
DEPOSITION**

To DAVID B SUMMER, JR, ESQUIRE, ATTORNEY FOR RESPONDENT COASTAL CAROLINA MEDICAL CENTER, AND NANCY S LAYMAN, ESQUIRE, ATTORNEY FOR SCDHEC

YOU WILL PLEASE TAKE NOTICE that counsel for Petitioner MRI at Belfair, LLC will take the deposition of Dr Patricia Etheridge at 9 00 a m on Monday, April 25, 2005 at the offices of McNair Law Firm, P A., 5 Belfair Village Dr, Bluffton, South Carolina 29910, before a Notary Public or some other officer authorized by law to take depositions, said deposition to continue from day to day until completed

M Elizabeth Crum
Arlail B Kirk
McNAIR LAW FIRM, P.A.
Post Office Box 11390
Columbia, South Carolina 29201
(803) 799-9800

By Arlail B. Kirk

April 8, 2005
Columbia, South Carolina

Attorneys for Petitioner MRI at Belfair, LLC

000436

STATE OF SOUTH CAROLINA
BEFORE THE ADMINISTRATIVE LAW COURT

MRI at Belfair, LLC,)
)
Petitioner,)
)
v)
)
South Carolina Department of Health)
And Environmental Control and)
Coastal Carolina Medical Center,)
)
Respondents.)
_____)

Docket No, 04-ALJ-07-0399-CC

Subpoena
Duces Tecum

To Dr Patricia Ethendge
Coastal Carolina Medical Center
1000 Medical Center Drive
Hardeeville, South Carolina 29927

YOU ARE COMMANDED TO (check all applicable)

- X Appear and testify at the taking of your deposition in the above-captioned case at the place, date and time shown below, and/or
- X Produce the following items to counsel for Petitioner MRI at Belfair, LLC by 10 00 a.m., Wednesday, April 20, 2005

-- See attachment --

<u>Date and Location of Deposition</u>	<u>Party Requesting Subpoena</u>
Date Monday, April 25, 2005	M. Elizabeth Crum
Location. McNair Law Firm, P.A. 5 Belfair Village Drive Bluffton, SC 29910	Ariail B Kirk McNair Law Firm, P.A. Post Office Box 11390 Columbia, South Carolina 29211 (803) 799-9800
Time of Appearance 9 00 a.m.	

ISSUED UNDER AUTHORITY OF

Ariail B. Kirk
ADMINISTRATIVE LAW JUDGE/
CLERK/OFFICER OF THE COURT
1205 Pendleton Street, Room 224
Columbia, South Carolina 29201

April 8, 2005

000437

DEFINITIONS

The term "document" includes all written, printed, typed, recorded, transcribed, punched, taped or graphic matter of every type and description, however and by whomever prepared, produced, reproduced, disseminated or made, in the actual or constructive possession, custody or control of the witness, including but not limited to all writings letters, minutes, bulletins, correspondence, telegrams, telexes, memoranda, notes, instructions, literature, work assignments, notebooks diaries, calendars, records, agreements, contracts, notations of telephone or personal conversations or conferences, messages, interoffice or intraoffice communications microfilm, circulars, pamphlets, studies, notices summaries, reports, books, checks, credit card vouchers statements of account, receipts, invoices graphs, photographs, drafts, data sheets, data compilations, computer data sheets, computer data compilations, computer disks, computer hard drives work sheets, statistics, speeches or other writings, tape recordings, phonograph records, data compilations from which information can be obtained or can be translated through detection devices into reasonable useable form, or any other tangible thing which records information in any way The term "document" shall include the original and any copies which differ in any manner whatsoever from the original (whether different from the original because of notes made on such copy or otherwise), and any drafts thereof. For purposes of this definition a document is within the possession or control of the witness if it is within the possession or control of the witness, his or her attorneys, investigators for witness' attorneys independent accountants, agents, and any business entities otherwise affiliated with the witness, or any person acting on behalf of or in concert with witness or with any of these persons, or otherwise under his or her possession or control.

DOCUMENTS FOR DEPOSITION

Any and all documents in your or your attorney's possession relating in any way to the change in the 2001 South Carolina State Health Plan adding the MRI standard that each hospital should have at least one MRI unit available for diagnosis for emergency patients, inpatients and outpatients

000438

STATE OF SOUTH CAROLINA
BEFORE THE ADMINISTRATIVE LAW COURT

MRI at Belfair, LLC,)
)
 Petitioner,)
)
 v)
)
 South Carolina Department of Health)
 And Environmental Control and)
 Coastal Carolina Medical Center,)
)
 Respondents)

Docket No 04-ALJ-07-0399-CC

**NOTICE OF TAKING
DEPOSITION**

To DAVID B SUMMER, JR., ESQUIRE, ATTORNEY FOR RESPONDENT COASTAL CAROLINA MEDICAL CENTER, AND NANCY S LAYMAN, ESQUIRE, ATTORNEY FOR SCDHEC

YOU WILL PLEASE TAKE NOTICE that counsel for Petitioner MRI at Belfair, LLC will take the deposition of Mr Rick Knapp at 1 30 p m on Tuesday, April 26, 2005 at the offices of McNair Law Firm, P A , 1301 Gervais Street, Bank of America Tower, Eleventh Floor, Columbia, South Carolina 29201, before a Notary Public or some other officer authorized by law to take depositions, said deposition to continue from day to day until completed

M Elizabeth Crum
Ariall B Kirk
MCNAIR LAW FIRM, P.A
Post Office Box 11390
Columbia, South Carolina 29201
(803) 799-9800

By Ariall B. Kirk

April 8, 2005
Columbia, South Carolina

Attorneys for Petitioner MRI at Belfair, LLC

000439

STATE OF SOUTH CAROLINA
BEFORE THE ADMINISTRATIVE LAW COURT

MRI at Belfair, LLC,

Petitioner,

v

South Carolina Department of Health
And Environmental Control and
Coastal Carolina Medical Center,

Respondents

Docket No, 04-ALJ-07-0399-CC

Subpoena
Duces Tecum

To Mr Rick Knapp
Richardson, Knapp & Associates
446 Laurel Park Road
Blowing Rock, NC 28605

YOU ARE COMMANDED TO (check all applicable)

- X Appear and testify at the taking of your deposition in the above-captioned case at the place, date and time shown below, and/or
- X Produce the following items to counsel for Petitioner MRI at Belfair LLC by 10:00 a m., Wednesday, April 20, 2005

- See attachment -

<u>Date and Location of Deposition</u>	<u>Party Requesting Subpoena</u>
Date Tuesday, April 26, 2005 Location. McNair Law Firm, P.A. 1301 Gervais Street, Bank of America Tower, 11th Floor Columbia, South Carolina 29201 Time of Appearance 1:30 p.m.	M Elizabeth Crum Anail B Kirk McNair Law Firm, P.A. Post Office Box 11390 Columbia, South Carolina 29211 (803) 799-9800

ISSUED UNDER AUTHORITY OF

Original B Kirk
ADMINISTRATIVE LAW JUDGE/
CLERK/OFFICER OF THE COURT
1205 Pendleton Street, Room 224
Columbia, South Carolina 29201

April 8, 2005

000440

DEFINITIONS

The term "document" includes all written, printed, typed, recorded, transcribed, punched, taped or graphic matter of every type and description, however and by whomever prepared produced, reproduced, disseminated or made, in the actual or constructive possession, custody or control of the witness including but not limited to, all writings, letters, minutes, bulletins, correspondence, telegrams, telexes, memoranda, notes, instructions, literature, work assignments, notebooks, diaries, calendars, records, agreements contracts, notations of telephone or personal conversations or conferences messages interoffice or intraoffice communications, microfilm, circulars, pamphlets, studies, notices, summaries reports, books, checks, credit card vouchers, statements of account, receipts invoices, graphs, photographs, drafts, data sheets, data compilations, computer data sheets, computer data compilations computer disks, computer hard drives, work sheets, statistics, speeches or other writings, tape recordings, phonograph records, data compilations from which information can be obtained or can be translated through detection devices into reasonable useable form, or any other tangible thing which records information in any way The term "document" shall include the original and any copies which differ in any manner whatsoever from the original (whether different from the original because of notes made on such copy or otherwise), and any drafts thereof. For purposes of this definition, a document is within the possession or control of the witness if it is within the possession or control of the witness his or her attorneys, investigators for witness' attorneys, independent accountants, agents, and any business entities otherwise affiliated with the witness, or any person acting on behalf of or in concert with witness or with any of these persons, or otherwise under his or her possession or control.

DOCUMENTS FOR DEPOSITION

Any and all documents in your or your attorney's possession relating in any way to the change in the 2001 South Carolina State Health Plan adding the MRI standard that each hospital should have at least one MRI unit available for diagnosis for emergency patients, inpatients and outpatients

66-441

STATE OF SOUTH CAROLINA
BEFORE THE ADMINISTRATIVE LAW COURT

MRI at Belfair, LLC,)
)
 Petitioner,)
)
 v)
)
 South Carolina Department of Health)
 And Environmental Control and)
 Coastal Carolina Medical Center,)
)
 Respondents)
 _____)

Docket No 04-ALJ-07-0399-CC

**NOTICE OF TAKING
DEPOSITION**

TO DAVID B SUMMER, JR , ESQUIRE, ATTORNEY FOR RESPONDENT COASTAL CAROLINA MEDICAL CENTER, AND NANCY S LAYMAN, ESQUIRE, ATTORNEY FOR SCDHEC

YOU WILL PLEASE TAKE NOTICE that counsel for Petitioner MRI at Belfair, LLC will take the deposition of Mr Mark Richardson at 9 30 a m on Tuesday, April 26, 2005 at the offices of McNair Law Firm, P.A , 1301 Gervais Street, Bank of America Tower, Eleventh Floor, Columbia, South Carolina 29201, before a Notary Public or some other officer authorized by law to take depositions, said deposition to continue from day to day until completed

M Elizabeth Crum
Anail B Kirk
McNAIR LAW FIRM, P.A
Post Office Box 11390
Columbia, South Carolina 29201
(803) 799-9800

By Anail B. Kirk

April 8, 2005
Columbia, South Carolina

Attorneys for Petitioner MRI at Belfair, LLC

000442

STATE OF SOUTH CAROLINA
BEFORE THE ADMINISTRATIVE LAW COURT

MRI at Belfair, LLC,

Petitioner,

v

South Carolina Department of Health
And Environmental Control and
Coastal Carolina Medical Center,

Respondents.

Docket No, 04-ALJ-07-0399-CC

Subpoena
Duces Tecum

To Mr Mark Richardson
Richardson, Knapp & Associates
446 Laurel Park Road
Blowing Rock, NC 28605

YOU ARE COMMANDED TO (check all applicable)

- ☒ Appear and testify at the taking of your deposition in the above-captioned case at the place,
date and time shown below; and/or
- ☒ Produce the following items to counsel for Petitioner MRI at Belfair, LLC by 10 00 a m.,
Wednesday, April 20, 2005

- See attachment -

<u>Date and Location of Deposition</u>	<u>Party Requesting Subpoena</u>
Date Tuesday April 26, 2005 Location. McNair Law Firm, P.A. 1301 Gervais Street, Bank of America Tower, 11th Floor Columbia, South Carolina 29201 Time of Appearance 9 30 a.m	M Elizabeth Crum Anai B Kirk McNair Law Firm, P.A. Post Office Box 11390 Columbia, South Carolina 29211 (803) 799-9800

ISSUED UNDER AUTHORITY OF

Anai B Kirk
ADMINISTRATIVE LAW JUDGE/
CLERK/OFFICER OF THE COURT
1205 Pendleton Street, Room 224
Columbia, South Carolina 29201

April 8 2005

000443

DEFINITIONS

The term "document" includes all written printed, typed, recorded, transcribed, punched, taped or graphic matter of every type and description, however and by whomever prepared, produced, reproduced, disseminated or made in the actual or constructive possession, custody or control of the witness, including but not limited to all writings letters, minutes, bulletins, correspondence, telegrams, telexes, memoranda, notes, instructions, literature, work assignments, notebooks, diaries, calendars, records, agreements, contracts, notations of telephone or personal conversations or conferences, messages, interoffice or intraoffice communications, microfilm, circulars pamphlets, studies, notices summaries, reports, books checks, credit card vouchers, statements of account, receipts, invoices, graphs, photographs drafts, data sheets, data compilations, computer data sheets, computer data compilations, computer disks, computer hard drives, work sheets, statistics, speeches or other writings, tape recordings, phonograph records, data compilations from which information can be obtained or can be translated through detection devices into reasonable useable form, or any other tangible thing which records information in any way The term "document" shall include the original and any copies which differ in any manner whatsoever from the original (whether different from the original because of notes made on such copy or otherwise) and any drafts thereof. For purposes of this definition a document is within the possession or control of the witness if it is within the possession or control of the witness, his or her attorneys, investigators for witness' attorneys, independent accountants, agents, and any business entities otherwise affiliated with the witness, or any person acting on behalf of or in concert with witness or with any of these persons, or otherwise under his or her possession or control

DOCUMENTS FOR DEPOSITION

Any and all documents in your or your attorney's possession relating in any way to the change in the 2001 South Carolina State Health Plan adding the MRI standard that each hospital should have at least one MRI unit available for diagnosis for emergency patients, inpatients and outpatients

000444

**STATE OF SOUTH CAROLINA
ADMINISTRATIVE LAW COURT**

MRI at Belfair, LLC,

Petitioner,

vs.

South Carolina Department of Health
And Environmental Control and
Coastal Carolina Medical Center,

Respondents

Docket No, 04-ALC-07-0399-CC

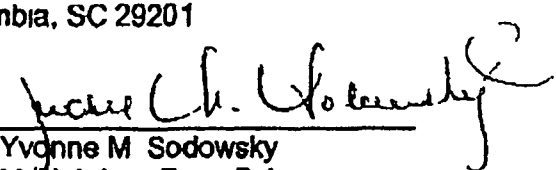
CERTIFICATE OF SERVICE

I, Yvonne M Sodowsky, do hereby certify that I have this date served one (1) copy of the Notices of Taking Deposition and Subpoena Duces Tecum for Dr Patricia Ethendge Dr Kenneth Rice, Dr David T Estle Mr Mark Richardson and Mr Rick Knapp upon the following counsel of record via facsimile and by causing said copies to be deposited with the United States Postal Service, first class postage prepaid and affixed thereto and addressed as follows

David B Summer
Parker Poe Adams & Bernstein, LLP
1201 Main St , Suite 1450
Columbia, SC 29201

Nancy S Layman, Esquire
SC DHEC
Office of General Counsel
2600 Bull Street, 3rd Floor
Columbia, SC 29201

April 8, 2005
Columbia, South Carolina


Yvonne M Sodowsky
McNair Law Firm, P.A
Post Office Box 11390
Columbia, South Carolina 29211
(803) 799-9800

000445

McNAIR LAW FIRM, P.A.
ATTORNEYS AND COUNSELORS AT LAW

M. Elizabeth Crum
lcrum@mcnair.net
Direct Facsimile: (803) 933-1484

www.mcnair.net

BANK OF AMERICA TOWER
1301 GERVAIS STREET 11th FLOOR
COLUMBIA, SOUTH CAROLINA 29201

POST OFFICE BOX 11390
COLUMBIA, SOUTH CAROLINA 29211
TELEPHONE (803) 799-8800
FACSIMILE (803) 376-2219

June 30, 2005

Hand Delivered

Nancy S. Layman, Esquire
South Carolina Department of Health
and Environmental Control
2600 Bull Street
Columbia, South Carolina 29201

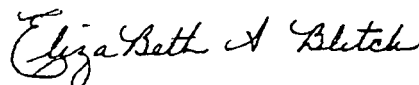
Re MRI at Belfair v. SCDHEC and Coastal Carolina Medical Center
(Docket No. 04-ALJ-07-0399-CC)

Dear Ms. Layman:

Enclosed herewith please find the Notice of Taking Deposition of Joel C. Grice on Monday, July 18, 2005. I understand from Liz Crum that you have agreed to accept service for Mr. Grice.

Should you have any questions with respect to this deposition, please do not hesitate to contact me or Ms. Crum.

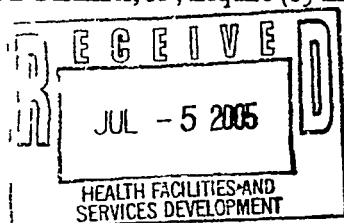
Sincerely,



ElizaBeth A. Blitch, Paralegal
to M. Elizabeth Crum

Enclosure

cc David B. Summer, Jr., Esquire (by mail)



RECEIVED

JUN 30 2005

000446

DHEC
OFFICE OF GENERAL COUNSEL

STATE OF SOUTH CAROLINA
BEFORE THE ADMINISTRATIVE LAW COURT

MRI at Belfair, LLC,)
)
Petitioner,)
)
v)
)
South Carolina Department of Health)
And Environmental Control and)
Coastal Carolina Medical Center,)
)
Respondents)
_____)

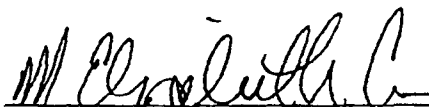
Docket No 04-ALJ-07-0399-CC

**NOTICE OF TAKING
DEPOSITION**

To DAVID B SUMMER, JR , ESQUIRE, ATTORNEY FOR RESPONDENT COASTAL CAROLINA MEDICAL CENTER, AND NANCY S LAYMAN, ESQUIRE, ATTORNEY FOR SCDHEC

YOU WILL PLEASE TAKE NOTICE that counsel for Petitioner MRI at Belfair, LLC will take the deposition of Mr Joel C Grice at 9 30 a m on Monday, July 18, 2005 at the offices of McNair Law Firm, P A., 1301 Gervais Street, The Tower at 1301 Gervais, Eleventh Floor, Columbia, South Carolina 29201, before a Notary Public or some other officer authorized by law to take depositions, said deposition to continue from day to day until completed

M Elizabeth Crum
Ariail B Kirk
McNAIR LAW FIRM, P.A
Post Office Box 11390
Columbia, South Carolina 29201
(803) 799-9800

By  000447
Attorneys for Petitioner MRI at Belfair, LLC

June 30, 2005
Columbia, South Carolina

STATE OF SOUTH CAROLINA
BEFORE THE ADMINISTRATIVE LAW COURT

MRI at Belfair, LLC,)
)
 Petitioner,)
)
 v)
)
 South Carolina Department of Health)
 And Environmental Control and)
 Coastal Carolina Medical Center,)
)
 Respondents)
 _____)

Docket No 04-ALJ-07-0399-CC

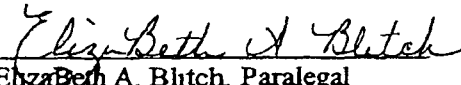
**CERTIFICATE OF
SERVICE**

I, ElizaBeth A. Blitch, do hereby certify that I have this date served one (1) copy of the Notice of Taking Deposition of Joel Grice upon the following counsel of record by causing said copy to be delivered by law firm courier to

Nancy S Layman, Esquire
Ashley C Biggers Esquire
Legal Department
SCDHEC
2600 Bull Street
Columbia, SC 29201

I further certify that I have this date served one (1) copy of the same upon the following counsel of record by causing said copy to be deposited with the United States Postal Service with first-class postage prepaid and affixed thereto and addressed as follows

David B Summer, Jr , Esquire
Parker Poe Adams & Bernstein
Post Office Box 1509
Columbia, South Carolina 29202-1509


ElizaBeth A. Blitch, Paralegal
McNAIR LAW FIRM, P A.
Post Office Box 11390
Columbia, SC 29211
(803)753-3319

June 30, 2005
Columbia, South Carolina

000448

PARKER POE

PARKER POE ADAMS & BERNSTEIN LLP

Attorneys and Counselors at Law

David B. Summer, Jr.

Partner

Telephone: 803 253 8910

Direct Fax: 803 255 8017

davidsummer@parkerpoe.com

1201 Main Street

Suite 1450

P.O. Box 1509

Columbia SC 29102 1509

Telephone 803 255 8000

Fax 803 255 8017

www.parkerpoe.com

July 20 2006

HAND DELIVERED

Mr. Joel C. Grice

Director, Certification of Need Program

South Carolina Department of Health

and Environmental Control

1777 St. Julian Place, Suite 201

Columbia, SC 29204

**Re MRI at Belfair, LLC v SC DHEC and Coastal Carolina Medical Center
Docket No. 04-ALJ-07-0399-CC**

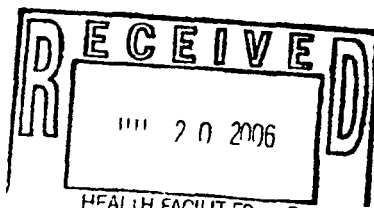
Dear Joel:

As you know, the Department of Health and Environmental Control (the "Department") made a decision to grant the Certificate of Need for Coastal Carolina Medical Center's ("CCMC") application for the addition of a fixed 1.5 Tesla MRI ("CON") by letter dated November 22, 2004. That decision was appealed to the Administrative Law Court. After a full trial on the merits, the Honorable Ralph King Anderson issued a Final Order and Decision ("Order") affirming the Department's decision to grant the CON. That Order was appealed to the S.C. Board of Health and Environmental Control ("Board"). The Board affirmed Judge Anderson's Order by its order dated May 25, 2006. MRI at Belfair, LLC gave Notice of Appeal on July 3, 2006 to the Court of Appeals under Act No. 387.

Assuming the applicability of the Act, S.C. Code Ann. § 1-23-600(G) (5), effective July 1, 2006, provides as follows:

A final decision issued by the Administrative Law Court in a contested case **may not be stayed** except by order of the Administrative Law Court, the court of appeals, or in cases when Section 1-23-610(A) applies, the appropriate board or commission (emphasis added).

Section 1-23-610(A) specifically exempts the Department from coverage by that section. Therefore, no stay can be sought, or given by, the Board in this case.



000449

CHARLESTON SC
CHARLOTTE, NC
RALEIGH NC
SPARTANBURG SC

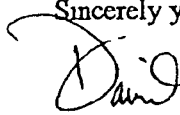
Joel C Grice
July 20, 2006
Page 2

Further, S C Code § 1-23-380 also specifically provides that there is no stay, as follows

Except as otherwise provided in this chapter, **the serving and filing of the notice of appeal does not itself stay enforcement of the agency decision**
(emphasis added)

Accordingly we respectfully request that the Department immediately issue the CON to CCMC as ordered by the Administrative Law Court and as affirmed by the Board

Sincerely yours,



David B Summer, Jr

DBS sbl

cc Nancy S Layman, Esquire (hand-delivered)
Ashley C Biggers, Esquire (hand-delivered)
M Elizabeth Crum, Esquire (hand-delivered)

000450



2600 Bull Street
Columbia, SC 29201 1708

CERTIFIED MAIL

August 3 2006

Re SC-06-46
Construction for the addition of a 1.5 Tesla Magnetic Resonance
Imaging (MRI) unit.
Coastal Carolina Medical Center
Hardeeville South Carolina

Mr Eric Deaton CEO
Coastal Carolina Medical Center
1000 Medical Center Drive
Hardeeville South Carolina 29927

Dear Mr Deaton

Enclosed is the Certificate of Need granting approval of the above named project. This Certificate is valid for a period of one (1) year

Pursuant to Regulation No 61 15 you must submit monthly progress reports from the date of issuance of this Certificate of Need documenting compliance with the timetable which you submitted in your application

The enclosed Certificate of Need does not represent approval for any proposed construction, licensing certification changes, or radiological shielding surveys or plans. You should contact the following Department Program Areas for information concerning any remaining components. Division of Health Facilities Construction, (803) 545-4663 Division of Health Licensing, (803) 545-4370 Bureau of Certification, (803) 545-4205 and/or Bureau of Radiological Health, (803) 545-4400

In addition, enclosed is an invoice for the required Certificate of Need issuance fee of \$7 500 00. The Certificate of Need issuance fee must be paid by valid check made payable to the S C Department of Health and Environmental Control. Payment must be received by the Department within 15 days from your receipt of the Certificate and invoice for the Certificate of Need to remain valid.

If this office can be of further service to you or if you have any questions concerning the above, feel free to contact us at (803) 545-4200

Sincerely,

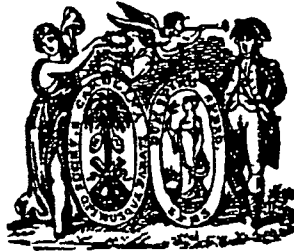
Joe C Grice Director
Bureau of Health Facilities
and Services Development

Enclosure

cc M Elizabeth Crum Esquire
A Joseph Borelli Jr MD
David B Sumner Esquire

000451

South Carolina Department of Health and Environmental Control



CERTIFICATE OF NEED

This Certificate of Need No SC-06-46 is issued to PHC - Jasper, Inc d/b/a Coastal Carolina Medical Center, Licensee Hardeeville, South Carolina, Eric Deaton, Agent, for the construction for the addition of a 1.5 Tesla Magnetic Resonance Imaging (MRI) unit. This Certificate is being issued in accordance with the Code of Laws of South Carolina.

In determining the need for this project, the South Carolina Department of Health and Environmental Control has taken into consideration the 'Criteria for Project Review' and the State Health Plan.

This Certificate of Need is valid for a period of one (1) year from the date of issuance unless the applicant receives an extension of this Certificate from the Department in accordance with regulations of the Department.

In Witness whereof we have hereunto set our hands and the seal of the Department of Health and Environmental Control this 3rd day of August 2006



Albert M. Whitehead, Jr.
Director, Division of Planning and Certification of Need

Joel C. Grice
Director, Bureau of Health Facilities and Services Development

Pamela M. Allen
Deputy Commissioner, Health Regulation

000452

97071

Invoice No

Ship To

S C DHEC
Attention Bureau of Finance
2600 Bull Street
Columbia South Carolina 29201-

[illegible]

Note Make checks payable to South Carolina Department of Health and
Environmental Control remit to above address to the
Attention of Finance

000453

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Mr. **Eric Deaton, CEO**

Postage \$
 Certified Fee
 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)
 Total Postage & Fees \$

Postmark
 Here

Sent To
Coastal Carolina Medical Center
 Street, Apt. No.
 or PO Box No **1000 Medical Center Drive**
 City, State, ZIP+4
Hardeeville, South Carolina 29927

PS Form 3800, January 2001

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to

Mr. Eric Deaton, CEO
Coastal Carolina Medical Center
1000 Medical Center Drive
Hardeeville, South Carolina
29927

2. Article Number

(Transfer from service label)

7001 2510 0008 4160 6021

PS Form 3811 February 2004

Domestic Return Receipt

102585-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Susan Lippincott ☒ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8 04 06

D. Is delivery address different from Item 1? ☐ Yes

If YES, enter delivery address below ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

G00454

PARKER POE

PARKER POE ADAMS & BERNSTEIN LLP

Attorneys and Counselors at Law

David B. Summer, Jr.

Partner

Telephone 803 253 8910

Direct Fax 803 255 8017

davidsummer@parkerpoe.com

1201 Main Street

Suite 1450

P.O. Box 1509

Columbia SC 29202 1509

Telephone 803 255 8000

Fax 803 255 8017

www.parkerpoe.com

August 4, 2006

Via Hand Delivery

Ms. Victoria R. Tibshirany

Program Coordinator II

South Carolina DHEC

1777 St. Julian Place, Suite 201

Columbia, SC 29204

Re **SC-06-46**

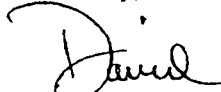
***Certificate of Need for the construction of an addition of one (1) fixed MRI
Coastal Carolina Medical Center***

Dear Ms. Tibshirany

On behalf of Coastal Carolina Medical Center, this is to request authorization to utilize a mobile MRI at Coastal Carolina Medical Center until construction and installation of its fixed MRI, granted in the above-referenced CON application, is completed. In that regard, attached please find a copy of the proposed MRI Services Proposal/Agreement between Alliance Imaging, Inc. and Coastal Carolina Medical Center for the utilization of a mobile MRI.

If you have any questions or need further information or clarification, please do not hesitate to contact me. With best regards, I am

Sincerely,



David B. Summer, Jr.

DBSjr/ccq

Enclosure

CHARLESTON SC
CHARLOTTE, NC
RALEIGH NC
SPARTANBURG SC



MRI Services Proposal/Agreement

**Coastal Carolina Medical Center
1000 Medical Drive
Hardeeville, South Carolina 29927**

***Prepared for: Eric Deaton, C.E.O.
Hollis Tessmer, Director of Imaging***

***Prepared by Kevin Smith, Area Sales Manager, Southeast Region
office number 1-800-743-4729 / mobile number 1-704-905-5131***

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PROPOSAL

Date July 20, 2006

Unit Description

1 5T Mobile MRI Unit

Service Schedule

Full time parked

Term

Thirty-six (36) months, provided, however, Client may elect to terminate this Agreement upon commencement of services with a Client solely owned in house fixed MRI system upon ninety (90) days prior written notice provided, further, that such notice may be delivered no earlier than the sixth (6th) month following Commencement of this Agreement

Personnel

Option 1) Alliance shall be responsible for staffing the MRI system with appropriately trained technologist(s) based on Client's exam volume Option 2) Client shall be responsible for staffing the MRI system with appropriately trained technologist(s) based on Client's exam volume

Medical Supplies

Client shall be responsible for all film, film processing, data storage supplies, contrast, contrast supplies, utilities, suitable pad and power, permits, state and local taxes, etc

Fees

Option A – staffed by Alliance
Flat monthly fee of \$65,000 00

Option B – staffed by Client.
Flat monthly fee of \$55,000 00

Commitment and Acceptance

*This proposal is subject to execution of a mutually acceptable agreement
This proposal is for informational purposes only and is not a binding legal obligation. This proposal is good for 30 days from receipt Terms and conditions are subject to change after this 30-day timeframe*

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- 1.2 Personnel
- 1.3 Maintenance

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- 2.4 Operation
- 2.5 Medical Director
- 2.6 Medical Supplies, Emergency Care
- 2.7 Patient Handling
- 2.8 Patient Log
- 2.9 Modifications
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- 2.11 Notification of Physician, Use of Service
- 2.12 Exclusivity
- 2.13 Document Retention
- 2.14 Licenses
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- 1 Unit Description
- 2 Fees
- 3 Scheduling
- 4 Term

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MRI SERVICES AGREEMENT

THIS MRI SERVICES AGREEMENT (the "Agreement") is made as of the first date written below between **ALLIANCE IMAGING, INC** a Delaware corporation ("Alliance") and

Coastal Carolina Medical Center
1000 Medical Drive
Hardeeville, South Carolina 29927

a South Carolina not for profit corporation (the "Client")

1 EQUIPMENT AND SERVICES

1.1 **The Unit.** Alliance shall provide a Magnetic Resonance Imaging ("MRI") system described in Schedule A of this Agreement (the "Unit")

1.2 **Personnel** If Fee Option A is selected, Alliance shall provide the services of one (1) technical personnel to operate the Unit as appropriate for Client's exam volume. Client agrees not to hire or contract with any Alliance employee during the term of this Agreement, including renewals, and for a period of one (1) year after MRI services cease (collectively, the "Non-Solicitation Period") without Alliance's prior written consent. Alliance and Client hereby agree that in the event of a breach of this provision damages shall be difficult to calculate and therefore agree Alliance shall be entitled to receive \$50,000.00. Alliance and Client agree that the aforementioned amounts are reasonable and shall constitute liquidated damages and not a penalty. Alliance shall ensure that all services provided by Alliance's technical personnel (including but not limited to any patient coordinator) shall be within the scope of his/her duties as technical personnel. Client agrees, for as long as Alliance remains a JCAHO accredited organization, that Client shall not need to independently verify and shall not require any written documentation concerning the credentialing, education, training, evaluation, and competencies related to Alliance's technical personnel (including, but not limited to any patient coordinator). In the event of a JCAHO survey of Client, Alliance shall have the personnel file of Alliance's technical personnel accessible upon request.

If Fee Option B is selected, Client shall provide the services of technical personnel to operate the Unit as appropriate for Client's procedure volume. Client's personnel shall be fully certified in the field of radiography by an institution recognized by the American Medical Association. Other conditions are as follows:

1. Client shall be responsible for any repairs of the Unit and ancillary equipment on the trailer that arise out of the actions or omissions of Client's employees or subcontractors.
2. Client shall be responsible for monitoring the Unit's cryogen level, and Client shall be responsible for any damage to the Unit arising from failure to maintain adequate cryogen levels.
3. Client shall comply with all checklists supplied to Client by Alliance personnel to operate the Unit, and Client shall be responsible for any damage to the Unit arising from failure to do so.
4. Client shall consult with Alliance's operations personnel no less than once per week concerning the operating condition of the Unit.

1.3 **Maintenance.** Alliance shall use reasonable efforts to cause the Unit to be maintained in good operating condition. Alliance may do so through the purchase of a maintenance contract from the MRI Unit manufacturer or otherwise in its discretion. Alliance shall provide cryogens.

2 SCANNING ACTIVITIES

2.1 **Unit.** Client shall prepare and maintain a safe and suitable site for the Unit which complies with the manufacturer's specifications (which shall be provided by Alliance) and all applicable laws and regulations. All site costs (for example, costs of tractor/trailer access and egress, power and telephone expenses) shall be Client's responsibility. The Unit shall be located at the address first-above listed (the "Unit Location"). Client represents and warrants to Alliance that it currently owns or has authorization to site the Unit at the Unit Location. Further, Client further warrants and agrees that, at all times during the term of this Agreement, Client shall maintain the authorization or ownership to site the Unit at the Unit Location. Client shall indemnify and hold Alliance harmless from any damages or liability arising out of breach of the representations and warranties in this Section 2.1. Client may request in writing to Alliance that the Unit Location be moved, in which case any such move shall be subject to Alliance's prior approval. All of the obligations under this Section 2.1 shall apply to the new Unit Location.

2.2 **Power.** Client shall provide electrical power including a dedicated power line with 200 amps and 480 volts of three-phase power. Client shall promptly report any problems with power (for example, sags or surges) to Alliance. Client shall provide the power line, a lockable disconnect box and receptacle within twenty-five (25) feet of the electrical receptacle on the Unit. Client is responsible for damage to the Unit due to power that does not meet specification. Client is responsible for maintaining the power plug and keeping it in good operating condition with quarterly inspection.

2 3 Phone and Connectivity Client shall provide the Unit with a voice telephone line, a dedicated fax compatible telephone line and a RJ-45 ethernet broadband line with an automatic IP address assignment using Dynamic Host Control Protocol ('DHCP ') and a proxy-less connection to the internet

2 4 Operation The Unit shall be operated only by employees or subcontractors of Alliance or Client

2 5 Medical Director Client shall appoint a qualified and licensed physician to act as Medical Director hereunder, along with another such physician to act in his absence (the "Medical Director") Client shall be solely responsible for all activities which constitute the practice of medicine (for example, providing medical advice to patients in connection with MRI scans and the injection of contrast agents) Client shall obtain any written consents from patients that are required by the USFDA, state or local law or prudent medical practice Client shall have full responsibility for all medical care and advice provided to patients All medical care shall be provided under the ultimate supervision of the Medical Director

2 6 Medical Supplies, Emergency Care Client shall provide all medical supplies which may be required (including film and film processing, gowns, medications and contrast agents) and shall ensure the immediate availability at all times of equipment and personnel to treat patients who require emergency or other medical care (including a cardiac monitor a fresh oxygen supply an aspirator and a defibrillator)

2 7 Patient Handling Client shall be responsible for the prompt and orderly pick up and delivery of patients to and from their designated areas

2 8 Patient Log If Fee Option A is selected, Alliance shall maintain a log of all scans performed on the Unit. Client shall be provided with copies of the log upon request. If Fee Option B is selected Client shall maintain a log of all scans performed on the Unit Client shall be provided with copies of the log upon request

2 9 Modifications Client shall not modify or alter the Unit without Alliance's prior written consent Client shall not allow any portion of the Unit to become permanently attached to real property Client agrees to execute any documents evidencing a first priority security interest or mortgage or assignment in favor of any party providing financing for the Unit

2 10 Scheduling Client shall use all reasonable efforts to schedule its patients consecutively from the beginning of each service day to minimize unutilized scanning time and to prescreen patients for conditions unsuitable for MRI examination.

2 11 Notification of Physicians, Use of Service Client shall notify its staff of physicians of the availability of the Unit and shall use all reasonable efforts to encourage physicians to utilize the Unit for their patients' needs

2 12 Exclusivity Client agrees to use Alliance solely for all of its MRI needs except for an emergency where the use of Alliance's service is impractical Client on behalf of itself its subsidiaries and/or corporate affiliates (including but not limited to any entity in which Client has an ownership interest) agree during the term of this Agreement, not to own, permit, lease manage or invest in any MRI system or engage any entity besides Alliance to provide Client with MRI services

2 13 Document Retention Alliance and Client agree to retain books, documents and records required under the Omnibus Reconciliation Act of 1980 and other applicable laws and regulations governing governmental reimbursement of medical care expense, in all cases for the periods specified in such laws and regulations

2 14 Licenses Client shall obtain and maintain all required licenses and regulatory approvals necessary to operate the Unit at Client's premises Alliance shall reasonably cooperate to assist Client to obtain such licenses and approvals

2 15 Taxes All taxes, if any (for example, sales use or similar taxes), on the services hereunder shall be the responsibility of Client

2 16 Professional Interpretations. Client shall engage a radiologist to provide interpretations of MRI exams for Client's patients Alliance shall not be responsible for providing any such interpretations

3 FEES AND BILLING

Client shall pay Alliance fees in accordance with Schedule A All fees for a billing period shall be due and payable within fifteen (15) days of the last day of such period Alliance shall invoice Client twice each month Client shall pay a late fee of one and one-quarter percent (1-1/4%) or the maximum legal rate, whichever is less on all balances outstanding more than fifteen (15) days beyond the due date Fees may be adjusted on each anniversary of the Commencement Date by the percentage increase for the Medical Care Services component of the Consumer Price Index for all Urban Consumers (CPI U) as recorded by the Department of Labor Index for the then most recently available twelve month period Client shall be responsible for all billings to Client Patients and/or third party payors for MRI

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exams performed on the Unit. Client's obligation to pay Alliance compensation in accordance with the provisions of Schedule A shall not be dependent upon Client's billing and collection of patient and/or third party payor accounts receivable. Alliance shall not bill and Alliance shall not cause bills to be submitted to any patient or third party payor for MRI exams performed on the Unit. Both parties agree that Alliance is providing its services set forth on this agreement "under arrangement" with Client, such that upon Client's receipt of payment from the Medicare program for MRI exams performed in the Unit, the liability of the beneficiary or any other person to pay for such services shall be fully discharged.

4 TERM

The term of this Agreement shall be as specified on Schedule A.

5 SCHEDULING

Alliance shall make the Unit available to Client according to the schedule specified in Schedule A.

6 INSURANCE, INDEMNITY

6.1 Insurance

a) **Alliance**. Alliance shall maintain insurance covering all risks of physical loss or damage to the Unit, comprehensive general liability and professional liability covering the conduct of its employees all in amounts and subject to deductibles that are customary in the industry.

b) **Client**. Client shall maintain comprehensive general and professional liability insurance covering the Client, its employees, staff and physicians and shall require the Medical Director and other physicians who interpret or report on procedures performed on the Unit to maintain professional liability insurance. All such insurance shall be in amounts and with deductibles that are customary in the industry. Client shall bear the risk of loss or damage to the Unit from Client's negligent actions or omissions.

6.2 Indemnities. Each party hereto shall indemnify and hold the other party harmless from and against any and all liability, loss, damage, cause of action, cost or expense (including reasonable attorney's fees) arising out of or in any way connected with any negligent or intentional act or failure to act or any other wrongful conduct by the respective party, its members, agents, employees or subcontractors in the performance of its duties under this Agreement.

7 GENERAL

7.1 Independence. Alliance is an independent contractor of Client, and this Agreement is a contract for services, not a lease. No agency, employment, partnership or joint venture is intended to be created by this Agreement. Neither Alliance nor Client shall take any action or position which is inconsistent with those descriptions of the relationship.

7.2 Remedies. Alliance shall not be responsible for failure to provide services as a result of conditions caused by Client. Alliance shall not be liable for consequential or special damages under any circumstances or any damages caused by conditions not within Alliance's reasonable control.

7.3 Waiver. Waiver of any breach shall not be deemed a waiver of the same provision in the future or the waiver of any other provision.

7.4 Notices. All notices and other communications shall be in writing and shall be given in person, by registered or certified mail, by overnight delivery, or by telecopy (in the case of telecopy, if written confirmation of sending is retained). The initial addresses and telecopy numbers of the parties are listed next to their signatures below. Notices to Alliance shall be sent to the attention of General Counsel. Either party may change its address or telecopy number for notice by notifying the other by a permitted method of giving notice. No objection may be made to a permitted method of giving notice. Under no circumstances shall any notice or communication be considered valid notice unless such notice or communication fully complies with the requirements of this Section 7.4.

7.5 Governing Law. This Agreement shall be governed by the law of the state where services are performed.

7.6 Entire Agreement, Amendment. This Agreement is the parties' entire understanding and supersedes all prior agreements, oral and written with respect to the subject matter of this Agreement. This Agreement may not be amended except by written agreement of the parties. No handwritten changes to this Agreement shall be enforceable unless such changes are initialed by both parties to this Agreement.

7.7 Successors and Assigns. Alliance may assign this Agreement. Client may not assign this Agreement without the prior written consent of Alliance. This Agreement shall be binding on and inure to the benefit of the parties and their respective successors and assigns. Client agrees that this Agreement may be performed, in whole or part, by a subsidiary of Alliance and further consent shall not be required. Alliance may also assign the proceeds of this Agreement. Client shall require any successor (whether direct or indirect, by purchase, merger, reorganization,

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consolidation sale of property or stock, liquidation or otherwise) to all or a substantial portion of its assets by agreement in form and substance reasonably satisfactory to Alliance, to expressly assume and agree to perform this Agreement

7 8 Third Parties This Agreement does not convey any rights to any third parties

7 9 Attorney Fees In any dispute arising out of this Agreement (whether litigation is involved or not) or in the event that either party must take action to collect fees or enforce rights, the prevailing party shall be entitled to reimbursement of its expenses, including court expenses and lawyers' fees

7 10 Certain Events Neither party shall be deemed in breach if its failure to perform under this Agreement is caused by conditions beyond its reasonable control (for example fire natural disaster labor strikes and so on)

7 11 Confidentiality Client acknowledges and agrees that this Agreement is highly confidential and proprietary to Alliance and Client agrees that neither it, nor any of its employees, physicians or representatives, shall disclose in any manner the terms, provisions, pricing or any other information contained in this Agreement (or any related proposal) to any third party

7 12 Accreditation Alliance and Client agree to set standards of care and quality that comply with the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) and the American College of Radiology (ACR) Alliance and Client mutually shall cooperate in all phases of applying, scheduling, preparing and executing surveys or inspections by the JCAHO and ACR, as needed Both parties agree to work cooperatively to implement changes correct deficiencies or establish policies required and/or recommended by the inspecting agencies

7 13 Policies and Procedures Client agrees that Client shall comply with all of Client's Policies and Procedures and Client agrees to indemnify and hold Alliance harmless from and against any and all liability, loss, damage, cause of action, cost or expense (including reasonable attorney's fees) arising out of or in any way connected with, Client's failure to fully comply with Client's Policies and Procedures

7 14 Change in Reimbursement In the event that health care reform causes a significant decline in Client's MRI reimbursement to a level that Client can demonstrate that it is impossible for Client to break even on the total MRI service utilizing the direct costs of the MRI service, Client may provide written notice to Alliance of such circumstance Client and Alliance agree to then meet to decide upon a solution that shall be fair and equitable to Client and Alliance

7 15 Severability If any provision of this Agreement is held to be illegal, invalid or unenforceable under present or future laws that provision shall be fully severable and this Agreement shall be construed and enforced as if such illegal, invalid, or unenforceable provision never comprised a part of this Agreement The remaining provisions of this Agreement shall remain in full force and effect and shall not be affected by the illegal, invalid, or unenforceable provision or by its severance Furthermore, a provision as similar in its terms to the illegal invalid, or unenforceable provision as may be possible and be legal, valid and enforceable shall be added to this Agreement automatically to replace the illegal invalid or unenforceable provision

8 TERMINATION

8 1 Termination

a) **Default** Alliance or Client may terminate this Agreement if the other materially defaults in the performance of any covenant, term or provision of this Agreement and the default is not cured within sixty (60) days following provision of notice to the defaulting party

8 2 Termination, Alliance Alliance may terminate this Agreement or suspend service if

a) **Payment Default** Client fails to make any payment to Alliance when due and such failure continues for ten (10) days following notice to Client. In the case of any payment default Alliance may without notice cease providing services hereunder after three (3) days following a payment due date should it feel insecure with respect to Client's ability or willingness to make payment

b) **Profitability** Alliance is unable to realize a profit on the services provided hereunder provided that the parties have negotiated in good faith to modify the terms of this Agreement to eliminate such condition and a period of sixty (60) days has elapsed since Alliance originally notified Client of such condition In lieu of termination Alliance may reduce the number of days of service provided

c) **Bankruptcy** Client commits or suffers (voluntarily or involuntarily) an act of bankruptcy receivership liquidation or similar event

8.3 Termination, Client Client may elect to terminate this Agreement upon commencement of services with a Client solely owned in house fixed MRI system upon ninety (90) days prior written notice provided, however, that such notice may be delivered no earlier than the sixth (6th) month following Commencement of this Agreement Client agrees to give Alliance first right of refusal to provide such fixed services

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CONFIDENTIAL

8.4 Client's Default. Upon Client's default, Alliance may (i) declare the entire balance of all fees and other amounts due including the sum of all fees and other amounts payable during the balance of the term of this Agreement, or (ii) take any action at law or in equity to collect payments then due and to become due, or to enforce performance of specific obligations. Alliance and Client hereby agree that, in the event of Client's default of this Agreement and Alliance's subsequent termination of this Agreement, damages shall be calculated by using the greater of (i) the average monthly scan volumes by Client over the twelve-month period (or such lesser period if Alliance did not provide at least 12 months of service to Client prior to termination) immediately prior to termination of this Agreement or (ii) the scan volume benchmarks set forth in Schedule A.

The foregoing remedies are in addition to any provided by law. Neither party shall have obligation to exercise any remedy and the exercise of the remedy shall not release the parties for any obligation hereunder. All remedies shall be cumulative, and action on one shall not constitute an election or waiver of any other right to which either party may be entitled. In addition, the defaulting party shall pay the other parties reasonable attorney's fees together with an amount equal to all expenses paid or incurred in the enforcement of any rights or privileges hereunder.

9 COMPLIANCE WITH LAWS

9.1 Compliance with Current Laws. The parties expressly agree that it is their understanding and intent that this Agreement, including any Exhibits or other attachments, complies as of the effective date hereof with applicable federal and state statutes and regulations, including the Stark Law, 42 U.S.C. Section 1395nn and the Anti Kickback Statute (collectively referred to as "Laws").

9.2 No Inducement. This Agreement has been negotiated in good faith through arms length negotiations. Nothing contained in this Agreement, including any compensation paid or payable, is intended or shall be construed (i) to require, influence or otherwise induce or solicit either party regarding referrals of business, or recommending the ordering of any items or services, of any kind whatsoever to the other party or any of its affiliates, or to any other person, or otherwise generate business between the parties, or (ii) to interfere with a patient's right to choose his or her own health care provider, or with a physician's medical judgment regarding the ordering of any items or services.

9.3 Change in Law. Neither party shall make or receive any payment or take any other action required or permitted hereunder if any judicial decision, legislative action, regulatory or other administrative interpretation, whether federal or state, would render unlawful the conduct of either party hereunder ("Change in Law"). In the event of such a Change in Law, the parties shall be required to act in good faith to restructure the business arrangement between the parties to conform with then existing Laws. If the parties have not reached an agreement regarding the material terms of the restructured business arrangement within thirty (30) days following the date both parties are on

9.4 No Federal Health Care Program Exclusion. Each party represents and warrants to the other party that: (i) the representing party is not currently excluded, debarred or otherwise ineligible to participate in the Federal health care programs as defined in 42 U.S.C. Section 1320a-7b(f) (the "Federal health care programs"), and (ii) the representing party is not aware of any circumstances which may result in the representing party being excluded from participation in the Federal health care programs. This shall be an ongoing representation and warranty during the term of this Agreement, and each party shall immediately notify the other party of any change in status of the representation and warranty set forth in this Section. In the event a party becomes excluded, debarred or otherwise ineligible to participate in the Federal health care programs, that party shall be considered in default of this Agreement, and the other party may immediately terminate this Agreement for cause.

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SCHEDULE A

1 UNIT DESCRIPTION

5T mobile MRI system

If the Unit described above is deemed to be unavailable in Alliance's sole discretion a reasonably comparable Unit may be substituted

2 FEES

Option A – staffed by Alliance – six (6) days per week Monday through Friday 8 00am to 5 00pm and Saturday 8 00am to 12 00pm (noon) _____ Initial

Flat monthly fee of \$65,000 00

Option B – staffed by Client. _____ Initial

Flat monthly fee of \$55 000 00

3 SCHEDULING

Alliance shall make the Unit available to the Client and Client agrees to accept the Unit the following number of day(s) of each week full time parked

4 TERM

The initial term of this Agreement shall be for thirty-six (36) months commencing on the date on which services begin (the Commencement Date") expected to be on or about September 2006, provided, however, Client may elect to terminate this Agreement upon commencement of services with a Client solely owned, in house, fixed MRI system upon ninety (90) days prior written notice, provided, further, that such notice may be delivered no earlier than the sixth (6th) month following Commencement of this Agreement. If delivery of the Unit is delayed notwithstanding Alliance using all reasonable efforts to prevent the delay the Commencement Date shall be extended coterminously with the delay. The term of the Agreement shall also be extended coterminously with any period(s) services are suspended pursuant to section 8.2. After each term this Agreement shall automatically renew for successive terms, each of which shall be equal to the initial term unless either party notifies the other to the contrary in writing at least 180 days prior to scheduled expiration. In the event this Agreement terminates and Client continues to accept services, the terms and conditions of this Agreement shall apply to the provision of services

THIS AGREEMENT IS CONTINGENT UPON ALLIANCE S BOARD OF DIRECTORS APPROVAL AND
SUBJECT TO UNIT AVAILABILITY

Alliance and Client have duly executed this Agreement as of date and year written below

ALLIANCE IMAGING, INC
a Delaware corporation

COASTAL CAROLINA MEDICAL CENTER
a South Carolina not for profit corporation

Signature _____
Printed Name Christopher J Joyce
Title Senior V P , General Counsel & Secretary
Date _____
Address
1900 South State College Boulevard Suite 600
Anaheim, California 92806
Telephone No (714) 688-7100
Facsimile No (714) 688-7111

Signature _____
Printed Name _____
Title _____
Date _____
Address
1000 Medical Drive
Hardeeville, South Carolina 29927
Telephone No _____
Facsimile No _____

Return Executed Agreement to Contracts Administration, Alliance Imaging Inc. 15 Massirio Drive, Suite 202 Berlin, Connecticut 06037

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BOARD
Elizabeth M. Hagood
Chairman
Mark B. Kent
Vice Chairman
Michael Blackmon
Secretary



C. Earl Hunter, Commissioner
Promoting and protecting the health of the public and the environment

BOARD
Edwin H. Cooper, III
Carl L. Braxel
Steven G. Kiser
Coleman F. Buckhouse, ML

August 4, 2006

Re SC-06-46
Construction for the addition of a 1.5 Tesla Magnetic Resonance Imaging (MRI)
unit
Coastal Carolina Medical Center
Hardeeville, South Carolina

David B. Summer, Jr.
Parker Poe Adams & Bernstein, LLP
1201 Main Street, Suite 1450
Columbia, SC 29202-1509

Dear Mr. Summer:

I am in receipt of your letter dated August 4, 2006 regarding the above-referenced project. According to this correspondence, Coastal Carolina Medical Center requests full-time use of a mobile MRI unit for the interim period in which the fixed MRI construction and installation will occur. This letter represents approval for temporary full-time use of a mobile MRI unit during the interim period of the fixed MRI construction and installation as outlined in your August 4, 2006 letter.

Should you have any questions, please contact me at (803) 545-4200.

Sincerely,

Victoria R. Tibshirany

Victoria R. Tibshirany
Bureau of Health Facilities and Services Development

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17 3-06

GENERAL RECEIPT REPORT
SC DHEC
BUREAU OF FINANCE
COLUMBIA, SC

PROG/FY2007

Received From COASTAL CAROLINA MEDICAL CT

Receipt No CR31528

Bank Code = 03100011

Deposit Date 08/17/06

Deposit No 0200847

Print Code = G

Invoice = 97071

Control = CONEED

Voucher No

DHEC CODES						CG CODES					Inv_Ref	Amount
Loc	Org	Fund	Acct	Actvty	Uns	Mini	Subf	Proj	Ph	Obj		
400	402011	428015	4486701	0000000	000	0530	2837			4867		\$7,500 00
												\$7,500 00

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McNAIR LAW FIRM, P.A.
ATTORNEYS AND COUNSELORS AT LAW

www.mcnairst.net

BANK OF AMERICA TOWER
1301 GERVAIS STREET 11th FLOOR
COLUMBIA SOUTH CAROLINA 29201

POST OFFICE BOX 11390
COLUMBIA SOUTH CAROLINA 29211
TELEPHONE (803)799-9800
FACSIMILE (803)376-2219

J Grice
OGC #20026

August 21 2006

Hand Delivered

RECEIVED

AUG 21 2006

The Honorable Kenneth A. Richstad
Clerk
South Carolina Court of Appeals
Post Office Box 11629
Columbia, South Carolina 29211

DHEC
OFFICE OF GENERAL COUNSEL

Re *MRI at Belfair LLC v SCDHEC and Coastal Carolina Medical Center*
(Docket No 04-ALC-0399-CC)

Dear Mr. Richstad

Enclosed herewith for filing with the Court please find the original Initial Brief of Appellant MRI at Belfair, LLC and Appellant's Designation of Matter to Be Included in the Record on Appeal

By copy of this letter and by Certificate of Service accompanying these documents, I am serving all counsel of record. Should you have any questions with respect to this filing please do not hesitate to contact me.

Very truly yours,

Arrial B Kirk

Arrial B Kirk

Enclosures

cc David B. Summer Jr Esquire (via hand delivery)
Susan B. Lipscomb Esquire (via hand delivery)
Nancy S. Layman, Esquire (via hand delivery)
Ashley C. Biggers Esquire (via hand delivery)

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THE STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS

APPEAL FROM THE SOUTH CAROLINA BOARD OF HEALTH
AND ENVIRONMENTAL CONTROL

Docket No 04-ALC-0399-CC

MRI at Belfair LLC

Appellant

v

South Carolina Department of Health and Environmental Control
and Coastal Carolina Medical Center

Respondents

CERTIFICATE OF SERVICE

I, Robert A Brown, do hereby certify that I have this date served one (1) copy of the Initial Brief of Appellant MRI at Belfair LLC and Appellant s Designation of Matter to be Included in the Record on Appeal upon the following counsel of record by hand deliveringsaid copy to the following address

David B Summer, Jr, Esquire
Susan B Lipscomb Esquire
Parker Poe Adams & Bernstein
1201 Main Street, Suite 1450
Columbia, South Carolina 29201



Robert A Brown Courier
McNair Law Firm P A
Post Office Box 11390
Columbia, South Carolina 29211
(803) 799-9800

August 21 2006

Columbia South Carolina

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THE STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS

APPEAL FROM THE SOUTH CAROLINA BOARD OF HEALTH
AND ENVIRONMENTAL CONTROL

Docket No 04-ALC-0399-CC

MRI at Belfair, LLC,

Appellant

v

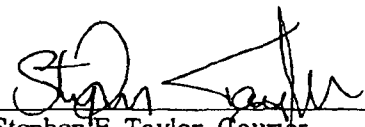
South Carolina Department of Health and Environmental Control
and Coastal Carolina Medical Center,

Respondents

CERTIFICATE OF SERVICE

I, Stephen E Taylor do hereby certify that I have this date served one (1) copy of the Initial Brief of Appellant MRI at Belfair LLC and Appellant's Designation of Matter to be Included in the Record on Appeal upon the following counsel of record by hand delivering said copy to the following address

Nancy S Layman, Esquire
Ashley C Biggers, Esquire
SCDHEC
Office of General Counsel
2600 Bull Street, 3rd Floor
Columbia, South Carolina 29201


Stephen E Taylor, Courier
McNair Law Firm P A
Post Office Box 11390
Columbia, South Carolina 29211
(803) 799-9800

August 21, 2006

Columbia, South Carolina

COLUMBIA 865863 1

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THE STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS

APPEAL FROM THE SOUTH CAROLINA BOARD OF HEALTH
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The Honorable Ralph King Anderson, III,
Administrative Law Judge

Docket No 04-ALC-0399-CC

MRI at Belfair, LLC,

Appellant,

v

South Carolina Department of Health and Environmental Control
and Coastal Carolina Medical Center,

Respondents

**APPELLANT'S DESIGNATION OF MATTER TO BE
INCLUDED IN THE RECORD ON APPEAL**

Appellant MRI at Belfair, LLC ("Belfair") proposes that the following be
included in the Record on Appeal

- 1 Letter, dated November 24, 2004, requesting contested case hearing,
- 2 Belfair's Prehearing Statement, dated January 20, 2005,
- 3 Belfair's First Amended Prehearing Statement, dated April 5, 2005,
- 4 Belfair's Third Amended Prehearing Statement, dated July 14, 2005,

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- 5 Belfair's Fourth Amended Prehearing Statement, dated July 18, 2005,
- 6 CCMC's Motion for Summary Judgment and Memorandum in Support, dated August 2, 2005,
- 7 Belfair's Notice of Motion and Motion for Summary Judgment and Memorandum in Support, dated August 3, 2005, and exhibits thereto,
- 8 Belfair's Memorandum in Opposition to CCMC's Motion for Summary Judgment, dated August 12, 2005,
- 9 CCMC's Memorandum in Opposition to Belfair's Motion for Summary Judgment, dated August 12, 2005,
- 10 Transcript of Administrative Hearing, August 23-25, 2005, Tr pp 6, 7, 8, 29, 34, 35, 63, 65, 68, 70, 72, 73-80, 82, 95-100, 104-112, 133, 136-150, 161, 169, 173-182, 185-190, 193-195, 199-200, 202-203, 206-208, 212, 238-239, 244, 259-261, 262-264, 270-273, 282, 293, 294-298, 301-302, 339, 350, 354-358, 360, 361, 410, 436, 475-477, 488-490, 578, 595, 605-606, 608-614, 616-617, 632-634, 636-638,

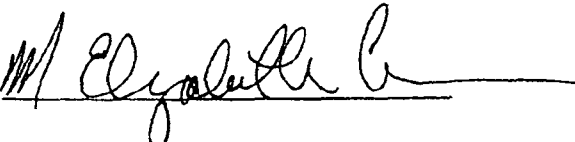
11 Administrative Hearing Exhibits

Belfair's Exhibit 3	Summary of DHEC Board, dated Jan 14, 2001
Belfair's Exhibit 5	2003 State Health Plan MRI excerpts
Belfair's Exhibit 7	Map from Dan Sullivan
Belfair's Exhibit 11	Beaufort County MRI utilization
Belfair's Exhibit 12	CCMC utilization 2006 projections
Belfair's Exhibit 13	CCMC utilization 2006-2008 projections
Belfair's Exhibit 15	Transfer Agreement St Joseph's Hospital/CCMC
Belfair's Exhibit 16	Transfer Agreement Beaufort Memorial/CCMC
Belfair's Exhibit 17	Transfer Agreement MUHA (MUSC)/CCMC
Belfair's Exhibit 18	Transfer Agreement Colleton Medical/CCMC
Belfair's Exhibit 21	Section of 2004-05 Plan re MRI data
Belfair's Exhibit 24	Grice deposition testimony
Belfair's Exhibit 25	Whiteside deposition testimony
DHEC Exhibit 1	DHEC CON File, pp 399-400, 404-416, 410, and 411

- 12 Final Order and Decision of The Honorable Ralph King Anderson, III,
dated November 10, 2005,
- 13 Belfair's Application for Board Review, dated December 9, 2005,
- 14 Transcript of Hearing before DHEC Board, May 11, 2006, Tr pp
27, 28, 31 ,32,
- 15 Order of the DHEC Board, dated May 25, 2006,
- 16 Notice of Appeal, dated July 3, 2006,
- 17 Letter from DHEC to CCMC, dated November 19, 2004,
- 18 Letter from DHEC to CCMC, dated November 22, 2004, and
- 19 DHEC's Certificate of Need Summary Sheet.

I certify that this Designation of Matter contains no matter which is irrelevant
to this appeal

M Elizabeth Crum, SC Bar No 1486
A Victor Rawl, Jr , SC Bar No 9261
Anail B Kirk, SC Bar No 71101
McNAIR LAW FIRM, P A
Post Office Box 11390
Columbia, South Carolina 29211
(803) 799-9800
lcrum@mcnair net
vrawl@mcnair net
akirk@mcnair net

By 
Attorneys for Appellant MRI at Belfair, LLC

August 21, 2006

Columbia, South Carolina

THE STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS

APPEAL FROM THE SOUTH CAROLINA BOARD OF HEALTH
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The Honorable Ralph King Anderson, III,
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Docket No 04-ALC-0399-CC

MRI at Belfair LLC

Appellant

v

South Carolina Department of Health and Environmental Control
and Coastal Carolina Medical Center

Respondents

INITIAL BRIEF OF APPELLANT
MRI AT BELFAIR, LLC

M Elizabeth Crum SC Bar No 1486
A Victor Rawl Jr , SC Bar No 9261
Anail B Kirk, SC Bar No 71101
McNAIR LAW FIRM P A
Post Office Box 11390
Columbia South Carolina 29211
(803) 799-9800
lcrum@mcnair net
vrawl@mcnair net
akirk@mcnair net

Attorneys for Appellant MRI at Belfair LLC

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STATEMENT OF ISSUES

- I WAS THE CON AWARD IN VIOLATION OF THE REQUIREMENTS OF SECTION 44-7-180(B) REGARDING PROJECTION OF NEED AND PLAN STANDARDS?
- II , DOES THE ORDER NOTE MAKE SUFFICIENT FINDINGS OF FACT REGARDING THE EFFICACY OF THE PLAN FOR THE COURT TO MAKE A MEANINGFUL REVIEW?
- III SHOULD THE ORDER BE REVERSED BECAUSE THERE IS NO STATUTORY BASIS TO TREAT HOSPITALS DIFFERENTLY THAN OTHER HEALTH CARE FACILITIES?
- IV DID THE BOARD VIOLATE THE PROVISIONS OF S C CODE ANN § 44-7-210(C) AND EXCEED ITS STATUTORY AUTHORITY WHEN IT FOUND AS A MATTER OF LAW THAT THE PROJECT BE APPROVED WITHOUT REGARD TO COMPLIANCE WITH PROJECT REVIEW CRITERIA?
- V DID THE BOARD ERR IN DETERMINING THAT, FOR ACUTE HOSPITALS LIKE CCMC, "AVAILABLE" MEANS TWENTY-FOUR HOURS, SEVEN DAYS A WEEK?
- VI ARE THE ORDER'S FINDINGS THAT CCMC'S MRI SERVICE AVAILABILITY NEEDS CAN ONLY BE MET BY A TWENTY-FOUR/SEVEN ON SITE MRI ARBITRARY AND CAPRICIOUS, CHARACTERIZED BY AN ABUSE OF DISCRETION OR AN UNWARRANTED EXERCISE OF DISCRETION AND ARE CLEARLY ERRONEOUS IN LIGHT OF THE EVIDENCE ON THE RECORD AS A WHOLE?

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STATEMENT OF THE CASE

This appeal arises from an application for a certificate of need ("CON") under the South Carolina Certificate of Need and Health Facilities Licensure Act S C Code Ann §§ 44-7-110 et seq (2002) ("CON Act") Appellant MRI at Belfair ("Belfair" or Appellant") seeks reversal of the Order of the South Carolina Board of Health and Environmental Control ("Board") dated May 25 2006 ("Board Order") (Board Order R p ____) which Order upheld the Final Order and Decision of the Administrative Law Court ("ALC"), dated November 10 2005 (ALC Order', R p ____) sustaining the Department of Health and Environmental Control (DHEC" or "Department") staff's decision to grant a CON to Coastal Carolina Medical Center ("CCMC" or "Hospital") for a fixed magnetic resonance imaging unit (MRI") and construction of a \$3 201 000 addition to the Hospital to house the MRI in Hardeeville Jasper County, South Carolina ("Project")

On November 24 2004 Belfair filed a request for contested case hearing with the Clerk of the ALC and with the Clerk of the Board seeking reversal of the Department's decision (Letter requesting contested case hearing R p ____) On December 21, 2004 the Administrative Law Judge ("ALJ") issued an Order for Prehearing Statements and each party filed their Prehearing Statements on January 20 2005 (Prehearing Statements R p ____) During the discovery process pursuant to the Order for Prehearing Statements Belfair filed Amended Prehearing Statements (Belfair's First Third and Fourth Amended Prehearing Statements R pp ____)

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On August 2, 2005 CCMC filed a Notice of Motion and Motion for Summary Judgment and Memorandum in Support at the ALC (CCMC's Notice of Motion and Motion for Summary Judgment and Memo in Support R. P. ____). On August 3, 2005 Belfair filed a Notice of Motion and Motion for Summary Judgment and Memorandum in Support at the ALC (Belfair's Notice of Motion and Motion for Summary Judgment and Memo in Support R. P. ____).

On August 12, 2005, both parties filed memoranda in opposition to the respective Motions for Summary Judgment (Belfair's and CCMC's Memoranda in Opposition R. p. ____).

On August 12, 2005 Judge Anderson heard the summary judgment motions¹ and on August 15, 2005 the Judge issued a verbal order granting partial summary judgment to CCMC and limiting the contested case hearing to whether MRI services were available to CCMC as the word "available" is used in the 2003 South Carolina Health Plan ("Plan").² Judge Anderson declined to issue a written Order granting Partial Summary Judgment prior to the merits hearing, instead issuing it as part of the ALC Order after the merits hearing.

The contested case was heard August 23-25, 2005 only on the issue of MRI service availability. Proposed Orders were filed on October 12, 2005 and the ALC Decision was filed on November 10, 2005 (ALC Order R. P. ____).

Belfair filed its appeal with the Board and the ALC on December 9, 2005, serving the Board by hand delivery and serving the parties by mail on December 9, 2005 (Application for Board Review R. p. ____). Pursuant to the Board's briefing

¹ DHEC joined in the CCMC Motion for Partial Summary Judgment during the Motions hearing.

² Based on the Judge's oral ruling, the remaining discovery conducted by the parties was only as to the "issue of availability" of MRI services to CCMC and the parties reserved the right to conduct additional discovery if needed.

schedule Belfair's Brief to the DHEC Board was filed on March 24, 2006 and briefs from CCMC and DHEC were filed on April 10, 2006. A hearing before the DHEC Board was held on May 11, 2006 and the Board Order was dated May 25, 2006 (Board Order R p ____). The Board's Order adopts and incorporates the ALC's Order (Board Order R p ____). The Order was mailed to Appellant on June 1, 2006 and received by Appellant on June 2, 2006.

Pursuant to Section 2 of Act No. 387 of 2006 (H 3285 R 390) which became effective July 1, 2006, Appellant Belfair timely filed and duly served its Notice of Appeal of the Board's Order by hand delivery on the parties on July 3, 2006 and this appeal followed³ (Notice of Appeal R p ____).

CCMC is a forty-one (41) bed general hospital with thirty-one (31) acute beds and ten (10) rehabilitation beds located in Hardeeville, Jasper County, South Carolina, very close to the Beaufort County line. CCMC is a for-profit hospital owned by LifePoint Hospitals, Inc. CCMC opened its doors to the public in November 2004. On May 7, 2004, CCMC filed the Project application under the Plan. The Project proposed service area includes Jasper County and the zip code in Beaufort County that encompasses Bluffton, where Belfair is located. More than fifty percent (50%) of the population CCMC proposes to serve is located in the Bluffton zip code.

Belfair is a South Carolina limited liability company owned by Dr. A. Joseph Borelli, Jr.⁴, which sought and received a CON to operate a 1.5 Tesla General Electric ("GE") fixed MRI on May 21, 2001. Belfair is licensed as a "free standing

³ On July 24, 2006, CCMC filed a Motion to Dismiss this appeal. Appellant and DHEC each filed Returns to the Motion contending that the appeal was properly perfected before this Court. This Motion is pending.

⁴ Dr. Borelli is board certified by the American College of Radiology ("ACR") and serves on its Committee on MRI Accreditation, including as a reviewer to determine whether MRI facilities, including hospitals, receive ACR certification.

technology" facility See S C Code Ann § 44-7-130 and 24A S C Code Ann Reg 61-15 § 103 11 (Supp 2005) Belfair is an affected person under the CON Act See S C Code Ann § 44-7-130(1) (2002) Belfair began operations on April 22 2002 Belfair is one of several GE United States national show sites and also is an international show site for GE Belfair also serves as a clinical evaluation site for GE s newly developed MRI products, providing the Beaufort/Jasper service area access to potentially life-saving diagnostic technology 12-18 months before other MRI service providers in the State Belfair and Dr Borelli have been honored with the Community Service Award from the Hilton Head Volunteers in Medicine Clinic in 2002 2003 and 2004 for providing the greatest amount of free care to the local indigent population

During the agency review process, Belfair opposed the Project contending inter alia that the purposes of the CON Act could best be carried out by CCMC providing MRI services through a shared arrangement,⁵ either mobile MRI services another ownership sharing arrangement or a transfer agreement none of which had to be with Belfair CCMC contended inter alia, that because it was a hospital it needed an MRI accessible twenty-four hours a day, seven days a week ("twenty-four/seven") On November 22 2004 DHEC issued its decision letter to grant the CON ("Staff Decision") and Belfair timely requested contested case review (DHEC letter to CCMC dated November 22 2004)

⁵ Dr Borelli stated to the Project Review Committee that if CCMC would utilize mobile or shared services as provided for in Standard 2 of the Plan Belfair would not oppose the Project

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ARGUMENTS

This appeal is taken pursuant to the provisions of the South Carolina Administrative Procedures Act as amended by Act 387 of 2006 effective July 1 2006 (APA) The standard of review is that this Court may only reverse or modify the Board's order if Belfair's substantial rights have been prejudiced by the Board action and the action is inter alia

- (a) in violation of constitutional or statutory provisions
- (b) in excess of the statutory authority of the agency
- (c) made upon unlawful procedure
- (d) affected by other error of law
- (e) clearly erroneous in view of the reliable probative, and substantial evidence on the whole record or
- (f) arbitrary or capricious or characterized by abuse of discretion or clearly unwarranted exercise of discretion

S C Code Ann § 1-23-380(6) (Section 2 Act 387) See also S C Code Ann § 1-23-600(C) (Section 4 Act 387)

This action arises under the CON Act and duly promulgated regulations 24A S C Code Ann Reg 61-15 (Supp 2005) The Department is the sole state agency designated to administer the granting of CONs and other activities necessary to carry out the CON program S C Code Ann § 44-7-140 (2002) The Department is a creature of statute and its authority is dependent upon statute in this case the CON Act As such the Department and its Board can only exercise those powers that are conferred expressly or by reasonable necessary implication, or are merely incidental to powers expressly granted Brooks v South Carolina State Bd of Funeral Services 271 S C 457 461 247 S E 2d 820 822 (1978) In this matter the

Department is possessed only with those powers that are specifically delineated in the CON Act. See City of Rock Hill v. S.C. Dept. of Health and Env'tl. Control, 302 S.C. 161, 394 S.E.2d 327 (1990); City of Columbia v. Bd. of Health and Env'tl. Control, 292 S.C. 199, 355 S.E.2d 536 (1987). Thus, the Board is bound by the provisions of the CON Act and accompanying regulations and cannot take an action contrary to the requirements of the CON Act and regulations.

The CON Act requires DHEC to establish the CON program to promote cost containment, prevent unnecessary duplication of health care facilities and services, guide the establishment of health facilities and services which will best serve public needs, and ensure that high quality services are provided in health facilities in South Carolina. S.C. Code Ann. § 44-7-120 (2002). To carry out these purposes, the Act requires, in pertinent part:

- (1) the issuance of a Certificate of Need before undertaking a project prescribed by this article;
- (2) adoption of procedures and criteria for submittal of an application and appropriate review before issuance of a Certificate of Need;
- (3) preparation and publication of a State Health Plan.

Id. The Department has duly promulgated regulations, 24A S.C. Code Ann. Reg. 61-15 (Supp. 2005), that govern the review and approval or denial of CON applications.

Section 44-7-210(C) of the Act prohibits the Department from issuing a CON unless the project "complies with the State Health Plan Project Review Criteria,"⁶ (Criteria) and other regulations, and requires the Department to identify the Criteria applicable to each application and requires the Department to deny a CON

⁶ The Project Review Criteria is set forth in 24A S.C. Code Ann. Reg. 61-15 Part 8 §§ 801 et seq. (Supp. 2005).

application that does not comply with the Criteria even if the application does comply with the Plan. In other words, to be approvable, a CON application has to comply both with the requirements of the Plan and with the identified Criteria. Importantly, the CON Act requires that the State Health Plan contain specific standards and information for each health facility, health service or equipment identified in the Plan.

The CON Act requires that at least once every two (2) years, the Department, with the advice of the State Health Planning Committee appointed by the Governor, must prepare a State Health Plan and present it for approval by the Board. S.C. Code Ann. § 44-7-180 (2002). The Plan is effective upon approval of the Board.

I THE CON AWARD IS IN VIOLATION OF THE REQUIREMENTS OF SECTION 44-7-180(B) REGARDING PROJECTION OF NEED AND PLAN STANDARDS

The MRI standards set forth in the Plan ("MRI Standards" or "Plan Standards") do not comply with the statutory requirements of S.C. Code Ann. § 44-7-180 (2002) and 24A S.C. Code Reg. 61-15 § 106 (Supp. 2005). Since the Plan does not comply with State law, the Board exceeded its authority in approving the Project under the CON Act and the decision to approve the Project is in violation of law. Accordingly, until the Standards for MRI in the Plan comply with the requirements of the CON Act, the Project must be denied and the Order reversed and the CON voided.

The cardinal rule of statutory construction is that the legislative intent must be ascertained and it must prevail. Gardner v. Biggart, 308 S.C. 331, 417 S.E.2d 858 (1992). In attempting to ascertain the legislative intent of an act, the courts look to the clear and unambiguous language of the statute. Defender Properties, Inc. v. Doby, 307 S.C. 336, 415 S.E.2d 383 (1992). It is black letter law that "[w]here a statute is clear

and unambiguous the terms of the statute must be given their literal meaning"

Medlock v. 1985 Ford F-150 Pick Up 308 S.C. 68 _____ 417 S.E.2d 85, 87 (1992)

citing Duke Power Co. v. S.C. Tax Commission 292 S.C. 64 354 S.E.2d 902 (1987)

see also Gambrell v. Travelers Ins. Cos. 280 S.C. 69 310 S.E.2d 814 (1983)

Section 44-7-180(B) of the CON Act provides

The plan at a minimum must include

(1) an inventory of existing health care facilities, beds, specified health services, and equipment

(2) **projections of need for additional health care facilities, beds, health services, and equipment**

(3) standards for distribution of health care facilities, beds, specified health services, and equipment including scope of services to be provided, **utilization and occupancy rates, travel time, regionalization, other factors relating to the proper placement of services**, and proper planning of health care facilities and

(4) a general statement as to the **project review criteria considered most important in evaluating certificate of need applications** for each type of facility, service, and equipment including a **finding as to whether the benefits of improved accessibility to each such type of facility, service, and equipment may outweigh the adverse affects caused by the duplication of any existing facility, service or equipment**

The State Health **Plan must** address and **include projections** and standards for specified health services and equipment which have a potential to substantially impact health care costs and accessibility

(Emphasis added)

The Plan sets forth three (3) Standards⁷ for MRI CON review. Those Standards are

- 1) Each hospital should have at least one MRI unit available for diagnosis of emergency patients, inpatients and outpatients
- 2) In order to promote cost-effectiveness, the use of shared mobile

⁷ The Board Order states that the Plan contains two standards. The Order did not apparently consider that Standard 3 was a standard in that it is not mentioned in the Order. (Board Order R, p. __)

MRI units should be considered

- 3) The applicant agrees in writing to provide the Department utilization data on the operation of the MRI service

(Plan p II-66 R p ____)

As even a cursory review of the Plan Standards show they contain no standards for distribution of MRI health services and equipment including scope of MRI services to be provided, MRI utilization rates travel time regionalization, and other factors relating to the proper placement of MRI services The Plan vis-a-vis MRI on its face is defective and a CON application can only be approved pursuant to standards that comply with the requirements of the CON Act and this Plan does not comply with the CON Act requirements The Board's Order is in excess of its statutory authority and made on unlawful procedure

Standard 1 of the Plan provides "[e]ach hospital should have an MRI unit available for emergency patients, inpatients and outpatients In denying Belfair's Summary Judgment Motion the ALC's Order specifically found

Here the very language of the 2003 Plan reflects that each hospital have at least one MRI unit "available for diagnosis of emergency patients, inpatients and outpatients" Furthermore the undisputed evidence established that in the 2003 Plan the DHEC Board in keeping with the State Health Planning Committee made a public policy decision that each hospital if it could afford it, should have an MRI In other words each hospital needs an MRI Moreover the Board eliminated the requirement in the 2003 Plan that a hospital applying for a MRI must address the utilization of existing resources in order to be approved for its first MRI

(Board Order p 4 R p ____)(emphasis added)(footnote omitted)

First the Board simply cannot ignore the mandatory statutory requirement of Section 44-7-180(B)(3) (the Plan must at a minimum include standards for utilization of services and equipment) that the Plan address the utilization of existing resources