

SECTION I

FACILITY ORGANIZATION AND IDENTIFICATION

- A. **Chantilly ER**
Official Name of Facility
- 3980 Corsair Court**
Address
- | | | |
|-------------------------|------------------------|---------------------|
| <u>Chantilly</u> | <u>Virginia</u> | <u>20151</u> |
| City | State | Zip |
- B. **Northern Virginia Community Hospital, LLC**
Legal Name of Applicant
- 24440 Stone Springs Boulevard**
Address
- | | | |
|----------------------|------------------------|---------------------|
| <u>Dulles</u> | <u>Virginia</u> | <u>20166</u> |
| City | State | Zip |
- C. Chief Administrative Officer
- Josh Gill**
Name
- 24440 Stone Springs Boulevard**
Address
- | | | |
|----------------------|------------------------|---------------------|
| <u>Dulles</u> | <u>Virginia</u> | <u>20166</u> |
| City | State | Zip |
- (571) 349-4010**
Telephone
- D. Person(s) to whom questions regarding application should be directed:
- Thomas J. Stallings**
Name
- McGuireWoods LLP, Gateway Plaza, 800 East Canal Street**
Address
- | | | |
|------------------------|------------------------|---------------------|
| <u>Richmond</u> | <u>Virginia</u> | <u>23219</u> |
| City | State | Zip |
- | | | |
|----------------------------|------------------------------|---|
| <u>804-775-1007</u> | <u>(804) 698-2182</u> | <u>tstallings@mcguirewoods.com</u> |
| Telephone | Fax | E-mail |

E. Type of Control and Ownership (Complete appropriate section for both owner and operator.)

Will the facility be operated by the owner? Yes X No _____

Owner of the Facility
(Choose one)

Proprietary

Operator of Facility
(Choose one)

(1) _____

(1) Individual

(1) _____

(2) _____

(2) Partnership-attach copy of
Partnership Agreement and
receipt showing that
agreement has been recorded

(2) _____

(3) _____

(3) Corporate-attach copy of
Articles of Incorporation and
Certificate of Incorporation

(3) _____

(4) X

(4) Other LLC Identify

(4) _____

See Attachment I.E.

Non-Profit

(5) _____

(5) Corporation-attach copy of
Articles of Incorporation and
Certificate of Incorporation

(5) _____

(6) _____

(6) Other _____ Identify

(6) _____

Governmental

(7) _____

(7) State

(7) _____

(8) _____

(8) County

(8) _____

(9) _____

(9) City

(9) _____

(10) _____

(10) City/County

(10) _____

(11) _____

(11) Hospital Authority or
Commission

(11) _____

(12) _____

(12) Other _____ Identify

(12) _____

F. Ownership of the Site (Check one and attach copy of document)

(1) _____

Fee simple title held by the applicant

(2) X

Option to purchase held by the applicant

(3) _____

Leasehold interest for not less than _____ years

(4) _____

Renewable lease, renewable for three 5-years terms after initial
10-year term

(5) _____

Other _____ Identify

See Attachment I.F.

- G. Attach a list of names and addresses of all owners or persons having a financial interest of five percent (5%) or more in the medical care facility.
- (a) In the case of proprietary corporation also attach:
 - (1) A list of the names and addresses of the board of directors of the corporation.
 - (2) A list of the officers of the corporation.
 - (3) The name and address of the registered agent for the corporation.
 - (b) In the case of a non-profit corporation also attach:
 - (1) A list of the names and addresses of the board of directors of the corporation
 - (2) A list of the officers of the corporation
 - (3) The name and address of the registered agent for the corporation
 - (c) In the case of a partnership also attach:
 - (1) A list of the names and addresses of all partners.
 - (2) The name and address of the general or managing partner.
 - (d) In the case of other types of ownership, also attach such documents as will clearly identify the owner.

HTI Hospital Holdings, Inc. is currently the sole member of Northern Virginia Community Hospital, LLC.

See Attachment I.G.

The officers of Northern Virginia Community Hospital, LLC are as follows:

**Nathan Vooy, Chief Executive Officer
Josh Gill, Vice President, Operations
Amy Paratore, Chief Nursing Officer**

The registered agent is CT Corporation System, 4701 Cox Road, Suite 301, Glen Allen, VA 23060.

- H. List all subsidiaries wholly or partially owned by the applicant.

Not applicable.

- I. List all organizations of which the applicant is wholly or partially owned subsidiary.

Northern Virginia Community Hospital, LLC's ultimate corporate parent is HCA Healthcare, Inc.

- J. If the operator is other than the owner, attach a list of the names(s) and addresses of the operator(s) of the medical care facility project. In the case of a corporate operator, specify the

name and address of the Registered Agent. In the case of the partnership operator, specify the name and address of the general or managing partner.

Not applicable.

- K. If the operator is other than the owner, attach an executed copy of the contract or agreement between the owner and the operator of the medical care facility.

Not applicable.

SECTION II ARCHITECTURE AND DESIGN

A. Location of the Proposed Project

1. Size of site: 1.64 acres
2. Located in Fairfax County / Planning District 8 City/County/Planning District
Address or directions 3980 Corsair Court, Chantilly, Virginia 20151
3. Has site been zoned for type of use proposed:
X Yes (attach copy of zoning or use permit)

See Attachment II.A.

 No
If no, explain status:

B. Type of project for which Certificate of Public Need is requested. (Check one)

- (1) X New construction
- (2) Remodeling/modernization of an existing facility
- (3) No construction or remodeling/modernization
- (4) Other (Identify)

C. Design of the facility

- (1) Does the facility have a long range plan? If yes, attach a copy.

As a new facility, Chantilly ER does not have a formal, written long range plan. The project is consistent, however, with StoneSprings Hospital Center's ("SSHC") commitment to provide highly accessible, high-quality care. Chantilly ER will continue SSHC's tradition of excellence and is consistent with and necessary to achieving SSHC's guiding objective of providing appropriate medical services to its patients.

- (2) Briefly describe the proposed project with respect to location, style and major design features, and the relationship of the current proposal to the long range plan.

SSHC proposes to establish new, highly accessible CT service at a freestanding emergency department. Chantilly ER will continue SSHC's tradition of

providing high-quality imaging services and will serve existing SSHC patients at a location closer to their homes and in an area where traffic congestion is an impediment to timely access to care.

- (3) Describe the relationship of the facility to public transportation and highway access.

The proposed site is located favorably to improve access to healthcare services for residents of both Loudoun and Fairfax Counties. The site sits at the intersection of two of the busiest thoroughfares in the area, Route 50 and Route 28, seeing a combined 213,000 drivers every day (132,000 and 81,000, respectively). The site is also easily accessible via public transportation, including the newly developed Washington Metro Silver Line Extension, which recently added six new stations in Fairfax and Loudoun Counties. Additionally, there are multiple bus stops along the main roads and within the business park/parking lot complex where the site sits. This area of southeastern Loudoun County/western Fairfax County is highly congested. The congestion is greater, naturally, during rush hour and is further exacerbated by accidents and bad weather. Due to these endemic traffic conditions, the proposed location offers significantly improved access to residents of the eastern and southern portion of SSHC's service area. In a medical emergency, whether arriving by personal vehicle or ambulance, minutes matter. For these reasons, the project has the support of the Fairfax County Fire and Rescue Department. See Attachment IV.H.2.

- (4) Relate the size, shape, contour and location of the site to such problems as future expansion, parking, zoning and the provision of water, sewer and solid waste services.

SSHC does not anticipate that the proposed size, shape, contour, and location of this project will pose any problems to the above criteria.

- (5) If this proposal is to replace an existing facility, specify what use will be made of the existing facility after the new facility is completed.

Not applicable.

- (6) Describe any design features which will make the proposed project more efficient in terms of construction costs, operating costs, or energy conservation.

SSHC anticipates that the new facility will be constructed in a manner that will provide optimal energy and logistical efficiency. The building will be designed to meet the energy code efficiency standards for building envelope, lighting efficiency, and efficient energy performing products for HVAC equipment. The equipment will be controlled via energy management systems to achieve the best performance to match the occupancy schedule of the users. Architecturally, the building envelope will be designed to meet or exceed code requirements for

thermal performance. Construction materials will be selected for the building based on performance, durability, value, and economy.

- D. Describe and document in detail how the facility will be provided with water, sewer and solid waste services. Also describe power source to be used for heating and cooling purposes. Documentation should include, but is not limited to:

- (1) Letters from appropriate governmental agencies verifying the availability and adequacy of utilities,
- (2) National Pollution Discharge Elimination System permits,
- (3) Septic tank permits, or
- (4) Receipts for water and sewer connection and sewer connection fees.

See Attachment II.D.

- E. Space tabulation – (show in tabular form)

1. If Item #1 was checked in II-B, specify:

- a. The total number of square feet (both gross and net) in the proposed facility.
- b. The total number of square feet (both gross and net) by department and each type of patient room (the sum of the square footage in this part should equal the sum of the square footage in (a) above and should be consistent with any preliminary drawings, if available).

See Attachment II.E.

2. If Item #2 was checked in II-B, specify:

- a. The total number of square feet (both gross and net) by department and each type of patient room in the existing facility.
- b. The total number of square feet (both gross and net) to be added to the facility.
- c. The total number square feet (both gross and net) to be remodeled, modernized, or converted to another use.
- d. The total number of square feet (both gross and net) by department and each type of patient room in the facility upon completion. (The sum of square footage in this part should equal the sum of the square footages in parts (a) and (b) above and should be consistent with any preliminary drawings, if available. (The department breakdown should be the same as in (a) above.)

3. Specify design criteria used or rationale for determining the size of the total facility and each department within the facility.

Drawing and specifications will be prepared in accordance with the current requirements of the Facility Guidelines Institute's ("FGI") Guidelines for the Design and Construction of Health Care Facilities, Americans with Disabilities Act ("ADA") guidelines, National Fire Protection Association 101 Life Safety

Code (“NFPA 101”), the Virginia Uniform Statewide Building Code, the International Building Code (“IBC”), the ASHRAE 90.1 Energy Conservation Code (“ASHRAE”), and all other applicable local codes.

F. Attach a plot plan of the site which includes at least the following:

1. The courses and distances of the property line.
2. Dimensions and location of any buildings, structures, roads, parking areas, walkways, easements, right-of-way or encroachments on the site.

See Attachment II.F.

G. Attach a preliminary design drawing drawn to a scale of not less than 1/16”-1’0” showing the functional layout of the proposed project which indicates at least the following:

1. The layout of each typical functional unit.
2. The spatial relationship of separate functional components to each other.
3. Circulatory spaces (halls, stairwells, elevators, etc.) and mechanical spaces.

See Attachment II.G.

H. Construction Time Estimates

- | | | |
|----------------------------|--------------|-------------------------|
| 1. Date of Drawings: | Preliminary: | <u>March 2024</u> |
| | Final: | <u>COPN + 24 months</u> |
| 2. Date of Construction: | Begin: | <u>COPN + 36 months</u> |
| | Completion | <u>COPN + 48 months</u> |
| 3. Target Date of Opening: | | <u>COPN + 49 months</u> |

SECTION III

SERVICE DATA

A. In brief narrative form describe the kind of services now provided and and/or the kind of services to be available after completion of the proposed construction or equipment installation.

SSHC is a Joint Commission accredited 124-bed hospital providing emergency, medical, mental health, surgical, and women’s services. SSHC has been widely recognized by independent organizations as a high-quality provider and has consistently earned high marks in patient experience. For example, SSHC was awarded an “A” in Fall 2023 by Leapfrog Hospital Safety Grade, a national distinction that assesses how well the hospital prevents medical errors and harm to patients. Similarly, SSHC was recognized as a “Best Hospital for Maternity Care” in 2023 by U.S. News & World Report, one of only 12 hospitals in Virginia to achieve the honor. SSHC is also a Certified Primary Stroke Center.

SSHC proposes to establish a new freestanding emergency department and outpatient imaging center in Chantilly with one CT scanner. SSHC currently operates one CT scanner at the hospital. On February 7, 2022, SSHC was approved to add a second CT

scanner at SSHC to address an institutional need to expand CT services at SSHC pursuant to COPN No. VA-04778. Upon further consideration of how best to address SSHC's existing patients' needs, SSHC proposes to relocate that CT scanner to Chantilly ER to improve access to SSHC's existing patients. Since SSHC has already been approved for a second CT scanner, this project represents an inventory neutral proposal to improve access to emergency and CT imaging services for patients SSHC already serves.

Please see Section IV.A below for a more comprehensive narrative for the project, including the support for this project from the Fairfax County Fire and Rescue Department.

- B. Describe measures used or steps taken to assure continuity of care.

Chantilly ER will provide copies of records to other providers as necessary for appropriate follow up and continuity of care and as permitted by applicable health records privacy laws.

- C. What procedures are utilized in quality care assessment?

Chantilly ER will use a variety of procedures in assessing quality. For example, Chantilly ER will use various forms of analysis, multi-center benchmarking, company and center-specific quality measures, and customer feedback to measure and ensure quality. In addition, Chantilly ER will seek accreditation by the American College of Radiology and The Joint Commission.

- D. Describe the plan for obtaining additional medical, nursing and paramedical personnel required to staff the project following completion and identify the sources from which such personnel are expected to be obtained.

SSHC anticipates no issues in recruiting the additional staff for this service.

HCA has a multi-faceted approach to staff development, which places particular emphasis on expanding the pool of new staff. Among the various aspects of this approach are:

- HCA sponsors and endorses statewide education and outreach programs intended to attract current student enrollees in state nursing schools by offering on-site preceptor clinical training to support student nursing education. The goal of the preceptor programs is to make a positive impact on the labor pool, build relationships with educators while assisting with curriculum development, support nurse training programs, expose students to the world of healthcare, and support the communities that HCA serves. HCA maintains relationships with nursing schools, community colleges, and high schools to recruit staff and encourage nursing and other health professionals as a career choice. HCA also provides additional support through clinical rotation sites and provides adjunct faculty in their health service programs. There are a number of students enrolled in health careers

around the Commonwealth who are expected to enter the workforce as HCA employees in the next few years.

- Nurse Residency is an intensive training program designed to provide comprehensive orientation to new graduate nurses. It serves as a robust recruitment tool to attract new graduate nurses to our organization, while also providing them with the means to successfully navigate entry into their nursing career. The program includes specialty tracks in medical/surgical, telemetry, critical care, behavioral health, emergency department, mother-baby unit, labor and delivery, and perioperative nursing. The specialty tracks vary in length and are comprised of a combination of didactic training, hands-on skills practice, high-fidelity simulation, and clinical preceptorship. At the conclusion of the Nurse Residency program, the learner will enter the professional development phase of their Nurse Residency, which will provide needed support and tools for the first year of hire, reducing burn-out and first-year turnover.
- The *HCA Hope Fund* is an employee-run, employee-supported 501(c)(3) charity. The goal is to help HCA employees and their immediate families who are affected by hardship. This includes disasters, extended illness/injury, and other special situations. The fund provides emergency information, referrals, and/or financial aid. All requests for help are kept confidential. HCA employees, vendors, affiliated physicians, and the general public can make tax-deductible donations to the fund.
- HCA is committed to the support of military families and service members as they transition from military service to the civilian workforce. Since 2019, HCA has hired nearly 10,000 military spouses. HCA has been selected as a Military Friendly Employer and Military Spouse Friendly Employer (Victory Media) for 6 straight years. HCA has been awarded the Lee Anderson Award for our commitment and hiring of military veterans and military spouses. HCA actively works with the Transition Assistance Program (TAP) offices across the US to help their service members with the transition process. HCA representatives attend multiple US Chamber Hiring Expos and Hiring Summits. We are committed to be a consistent presenter to those candidates interested in opportunities in healthcare who attend these summits. HCA is an active partner with the DOD, Military Spouse Employment Partnership (MSEP). HCA is very active in the financial support of veteran-focused non-profits who help veterans in their time of need.
- HCA's Leadership Development Programs are designed to support the ongoing development of our leaders. The programs focus on providing leaders with the knowledge, skills, and resources to improve employee engagement and retention.
- Through the years, HCA Virginia Health System has partnered with colleges, universities, and other initiatives and programs for health professional training. HCA Virginia Health System has 11 Graduate Medical Education (GME) programs with 210 physician residents training in the fields of psychiatry, family medicine, general surgery, internal medicine, obstetrics/gynecology, and orthopaedic surgery. HCA Virginia has affiliation agreements for clinical rotations with a number of

health professional education programs, including Brightpoint Community College (formerly John Tyler), Chester Career College, ECPI University, Gallen College of Nursing, James Madison University, Radford University, Regis College, South College, Virginia Commonwealth University, and Walden University.

- To address short-term fluctuations in staffing or to provide interim staffing solutions for its facilities, HCA hospitals develop per diem staff and certified “float” pools, which are hospital-based reserve staff for peaks in volume. This provides hospitals with a group of highly trained health workers that can be accessed in periods of high demand. Beyond allowing hospitals to accommodate fluctuating patient volumes with appropriate staffing levels, this approach also serves to reduce costs.
- Additionally, HCA Virginia partnered with the Galen College of Nursing, one of the largest educators of nurses in the United States, to establish its first Virginia campus in Richmond. Galen’s Virginia campus opened in March 2022 and offers two programs specifically designed to increase the number of RNs in Virginia: a two-year Associate Degree in Nursing program for students wishing to become RNs, and a 15-18 month LPN/LVN to ADN Bridge program for Licensed Practical/Vocational Nurses who want to continue to grow their nursing career by taking the next step to becoming an RN. The initial class consists of 39 students, with the goal of supporting 400-480 students per year when the campus is operating at full capacity. Unique to this program is the rolling admissions process which enables students to enroll each quarter subsequently resulting in an ongoing quarterly graduation model, thereby increasing the number of new graduates in the region available at all times throughout the year. HCA Virginia and Galen College of Nursing announced a second Virginia Galen campus which opened in Roanoke in late 2023. As a single-purpose nursing college with a mission to increase access to quality nursing education, Galen has brought additional educational options to help address Virginia’s nursing workforce needs. The Roanoke campus features modern resources, including advanced patient simulation laboratories and classrooms designed to encourage practice-based learning that help create a unique hands-on learning experience. The Roanoke campus offers a 2-year Associate Degree in Nursing (ADN) and a Licensed Practical/ Vocational Nurse to Associate Degree in Nursing Bridge (LPN/LVN to ADN Bridge) that started April 3, 2023. The first class from the new Roanoke campus included 44 students and anticipates its first graduating class in March 2025. Once fully operational, the Roanoke campus is expected to enroll 200 students.
- HCA is one of Virginia’s largest employers with approximately 16,600 employees and \$1.45 billion in payroll and benefits. These employees are attracted to HCA for a number of reasons, including its generous benefits package:
 - HCA 401(k) Plan with a 100% match on 3% to 9% of pay (depending on years of service), automatic enrollment and a choice of 19 investment funds.
 - The HCA Employee Stock Purchase Plan, which allows eligible employees to purchase company stock at a discount.

- A choice of at least four medical benefit plans so employees can choose the best level of coverage to meet their needs.
- Other health and wellness benefits like prescription, dental and vision benefits, employee and dependent life insurance, wellness resources and flexible spending accounts (health care and day care).
- Voluntary benefits options for auto and home insurance, legal services, pet insurance, identity theft protection and more.
- Free counseling and referral services through the Employee Assistance Program.
- The HCA Time Away From Work Program with paid time off, long- and short-term disability coverage and leaves of absence.
- The HCA Financial Fitness Program, which offers free financial education and access to Certified Financial Planners.
- The myFiTage tool, which can help employees estimate when they will be financially ready to retire.
- Retirement Clearinghouse, which is a free service that can assist with rolling over assets from a previous employer's retirement plan or qualified IRA into the HCA 401(k) Plan.
- The Employee Retirement Assistance Contribution, which provides a 401(k) plan contribution to eligible low-income employees.
- The Employee Health Assistance Fund, which provides free medical coverage to employees with a family income greater than or equal to 200% of the federal poverty levels.
- The Student Loan Assistance Program offers a monthly benefit toward qualifying education loans for eligible, active full-time and part-time employees.
- Additional programs for adoption assistance, consumer discounts, educational assistance, service awards and professional development.

E. Facilities and Services to be Provided (Check)

		<u>Existing</u>	<u>This Project To be Added</u>	<u>This Project to be Discontinued</u>
1.	Outpatient Surgery	_____	_____	_____
2.	Post Operative Recovery Room	_____	_____	_____
3.	Pharmacy with full-time pharmacists	_____	_____	_____
	part-time pharmacists	_____	<u>X</u>	_____
4.	Diagnostic Radio-logical Services	_____	_____	_____
	x-ray	_____	<u>X</u>	_____
	radioisotope	_____	_____	_____
	CT scanning	_____	<u>X</u>	_____
	MRI scanning	_____	_____	_____
5.	Therapeutic Radio-logical Services	_____	_____	_____
	Specify Source(s) or	_____	_____	_____

	Type(s) or Equipment Used		
6.	Clinical Patholog Laboratory		
7.	Blood Bank		
8.	Electroencephalo- graphy		
9.	Electrocardiography	X	
10.	Ultrasonography	X	
11.	Respiratory Therapy		
12.	Renal Dialysis chronic outpatient home dialysis training		
13.	Alcoholism Service		
14.	Drug Addiction Service		
15.	Physical Therapy Department		
16.	Occupational Therapy Department		
17.	Medical Rehabilitation outpatient		
18.	Psychiatric Service outpatient emergency service	X	
19.	Clinical Psychology		
20.	Outpatient Emergency Service	X	
21.	Social Service		
22.	Family Planning Service		
23.	Genetic Counseling Service		
24.	Abortion Service		
25.	Pediatric Service	X	
26.	Obstetric Service		
27.	Gynecological Service		
28.	Home Care Service		
29.	Speech Pathology Service		
30.	Audiology Service		
31.	Paramedical Training Program		
32.	Dental Service		
33.	Podiatric Service		
34.	Pre-Admission Testing		

35. Pre-Discharge Planning _____
36. Multiphasic Screening _____
37. Other (Identify) _____

F. Program

1. Is (will) this outpatient facility (be) a department, unit or satellite of a hospital?
 X Yes (Give name of hospital) SSHC
_____ No
2. Is this outpatient facility affiliated with or does it have a transfer agreement with a hospital?
 X Yes (Give name of hospital) SSHC
_____ No
3. Is (will) there (be) an arrangement whereby medical records can readily be transferred between this outpatient facility and an inpatient facility (ies)?
 X Yes (Give name of facility) SSHC
_____ No
4. Outpatient services are (will be) available **24 hours per day, seven days per week.**
5. Does (will) the facility operate scheduled clinics?
_____ Yes (Attach clinic schedule list)
 X No
6. Are there other organized outpatient services in your primary service area?
 X Yes _____ No
7. The outpatient facility is (will be) staffed:
(a) Only by physicians on call: _____ Yes X No
(b) By full time physicians: X Yes _____ No
(c) By physicians who limit their practice to this outpatient service? _____ Yes X No
8. State specifically any limitations or restrictions for participation in the services of the facility.

Chantilly ER will accept all patients, regardless of ability to pay or payment source. Chantilly ER will have a generous charity policy under which medically necessary services are provided at no charge to uninsured patients whose income

is at or below 200% of the federal poverty income guidelines. Chantilly ER will also comply with any charity care condition imposed if a COPN is approved under this application. Furthermore, Chantilly ER will offer discounts for medically necessary care for all patients without insurance who do not otherwise qualify for charity care, regardless of their income level.

- G. Please provide historical and/or project utilization statistics for the facility including number of patients, number of patient visits and number of patient services.

In 2023, SSHC performed 1,987 ED and outpatient CT scans on patients residing closer to Chantilly ER than SSHC. SSHC has historically experienced a 9.3% compound annual growth rate ("CAGR") on ED and outpatient CT scans. SSHC anticipates that this growth rate will continue through 2029 and 2030 as years 1 and 2 of Chantilly ER. By year 1 of operation (2029), SSHC is projected to perform 3,392 ED and outpatient CT scans on patients residing closer to Chantilly ER than to SSHC. As shown below, this is significantly more than the number of CT procedures Chantilly ER projects to perform in its first year of operation. Furthermore, SSHC conservatively assumes that 75% of the ED and outpatient CT scans for SSHC patients residing closer to Chantilly ER will be performed at Chantilly ER. Accordingly, the projected volumes set forth below can easily be attained without impacting any other provider.

Projected CT Procedures:

Year 1 (2029)	Year 2 (2030)
2,544	2,781

- H. Staffing of Existing and/or Proposed Facility

In the following categories, indicate the number of full time equivalent personnel (at least 35 hours per week).

The CT service at Chantilly ER will require the following staffing:

	Current Full Time	Vacant Positions	Additional Needed Full Time	Total
Total number of Full-time staff			4.2	4.2
Administration-Business Office				
Registered Nurses				
Licensed Practical Nurses, Nurses Aides, Orderlies/Attendants				
Registered Medical Records Librarian				
Registered Pharmacists				
Laboratory Medical Technologists				
ADA Dieticians				
Radiologic Technologists			4.2	4.2
Occupational Therapists				

Physical Therapists				
Psychologists				
Psychiatric Social Workers				
Recreational Therapists				
Inhalation Therapists				
Medical Social Workers				
Other				

- I. Present a plan for obtaining all additional personnel required to staff the project following completion and identify the sources from which such personnel are expected to be obtained.

See Section III.D, above, for a discussion of HCA's multi-faceted approach to staff development and recruitment.

- J. Describe the anticipated impact that the project will have on the staffing of other facilities in the service area.

SSHC anticipates minimal impact on existing facilities.

- K. Attach the following information or documents:

1. Copy of most recent licensing report from State Agency (existing facilities, excluding public health centers).

See Attachment III.K.1.

2. Current accreditation status and copy of latest accreditation report from Joint Commission on Accreditation of Hospitals (existing facilities excluding public health centers).

See Attachment III.K.2.

3. Roster of medical staff (existing facilities). Indicate their specialty, Board Certification, Board eligibility and staff privileges (active, associate, etc.).

See Attachment III.K.3.

4. Copies of letters of commitment or statement of intent from physicians indicating they will staff the proposed new facility or service upon completion (existing and proposed facilities).

See Attachment III.K.4.

SECTION IV PROJECT JUSTIFICATION AND IDENTIFICATION OF COMMUNITY NEED

- A. Please provide a comprehensive narrative description of the proposed project.

SSHC proposes to establish a new freestanding emergency department and outpatient imaging center in Chantilly with one CT scanner. SSHC currently operates one CT scanner at the hospital. On February 7, 2022, SSHC was approved to add a second CT scanner at SSHC to address an institutional need to expand CT services at SSHC pursuant to COPN No. VA-04778. Upon further consideration of how best to address SSHC's existing patients' needs, SSHC proposes to relocate that CT scanner to Chantilly ER to improve access to SSHC's existing patients. Since SSHC has already been approved for a second CT scanner, this project represents an inventory neutral proposal to improve access to emergency and CT imaging services for patients SSHC already serves.

SSHC has seen increased demand for emergency and outpatient imaging services, and the development of Chantilly ER will provide improved access to emergency and outpatient imaging services, including CT imaging. This project will improve access to emergency and CT services for SSHC's existing patients who live closer to Chantilly ER than the hospital, and who would otherwise drive to SSHC's campus through PD 8's difficult traffic.

Such improvements in access to emergency care are consequential. Indeed, in an emergency, minutes can matter. The improvements in access created by Chantilly ER, for many patients, can mean the difference between life and death. For other patients, the improvements in access can mean the difference between a speedy recovery and a lifetime of disability. Chantilly ER will also benefit patients who continue to seek care at SSHC by decompressing the busy emergency department and outpatient imaging services at the hospital.

The many benefits of the project are confirmed by the letter of support from the Chief John Butler of the Fairfax County Fire and Rescue Department, who wrote:

I write this letter as Fire and Rescue Department Chief of Fairfax County to express strong support for StoneSprings Hospital Center's application to establish a freestanding emergency department with CT services at Chantilly ER.

At Fairfax County Fire and Rescue, our mission is to provide the highest quality services to protect the lives, property, and environment of the communities we serve. As a nationally and internationally respected department, Fairfax County Fire and Rescue is one of only three agencies worldwide that is accredited, holds an ISO 1 rating, and serves a population of over one million people. These accomplishments could not be achieved without the support of our community and appropriate resources to provide efficient and high-quality care to our residents. We are continually striving to move the bar forward for the Fire and Rescue Department, promoting innovation and collaboration with our community partners, including StoneSprings Hospital Center.

The size and population of Fairfax County presents many challenges, including Northern Virginia's notorious traffic to transport patients in need of

emergency medical attention to an emergency room as quickly as possible. We strive to ensure each individual receives the emergency medical services they need and deserve, regardless of where they are when a critical situation arises. Patients do not always choose to be transported to the nearest facility, but often have strong preferences for one health system based on past experiences, their doctors, and insurance coverage. Chantilly ER will improve access for patients who already choose HCA, would otherwise be seen at StoneSprings Hospital Center, and live closer to Chantilly ER than the hospital.

While improving access to an emergency department is critical, once the patient is at the facility, the emergency department also needs to have the tools necessary to assess the patient and begin lifesaving treatment as quickly as possible. A CT scanner is critical to enable an emergency department to efficiently and effectively diagnose and treat patients. In a medical emergency, minutes matter. Each minute saved in transporting a patient to an emergency department with appropriate resources can significantly change the patient's chances in a successful recovery. For many emergency medical conditions, minutes matter and a CT scanner is the most efficient way to diagnose the patient and begin treatment.

Stroke is the fifth leading cause of death in America. Patients experiencing an acute ischemic stroke require an extremely fast and coordinated response to get the patient the necessary medication as quickly as possible. With the advent of intravenous thrombolytics, emergency departments now have a treatment available for acute strokes. Intravenous thrombolytics is most effective when administered within four hours following a stroke. However, a patient must first receive a head CT scan to rule out the presence of a cerebral hemorrhage. If a patient is suffering from a cerebral hemorrhage, thrombolytics should not be administered because it can cause bleeding in the brain and the patient's condition may dramatically and irreversibly worsen. Improving access to an emergency department with advanced diagnostic imaging will enable patients to receive expedient CT imaging and the lifesaving interventions they need.

Many critical cardiothoracic conditions require a CT scan of the patient's chest to properly diagnose the patient. For example, patients experiencing a pulmonary embolism may present with just vague symptoms, such as shortness of breath and chest pain. A CT scan allows the treatment team to properly diagnose the condition as a pulmonary embolism as opposed to pneumonia or another condition. Without a CT scan, a pulmonary embolism can be easily missed and the patient's condition could deteriorate rapidly.

In addition to improving access for patients, Chantilly ER will benefit the mission of our department by improving the availability of emergency facilities and reducing transport times. Faster transport times benefit both our current patient and future patients. Reducing transport times ensures our patients receive critical diagnosis and treatment in a timely and efficient

manner and allows our crews to get back on the road and available to attend to the next medical emergency.

The members of our department work diligently to provide the highest level of fire and emergency medical services, community risk reduction, and customer service. However, we need your help to ensure our community has the healthcare resources it needs to effectively transport and treat patients as quickly as possible. On behalf of Fairfax County Fire and Rescue Department, I respectfully ask that you approve StoneSprings Hospital Center's application to establish Chantilly ER with CT imaging services.

Attachment IV.H.2. Fairfax County Fire and Rescue Department's support confirms that Chantilly ER will fill an unmet need in the delivery of health care in the service area including overcoming geographic barriers to access.

B. Identification of Community Need

1. Describe the geographic boundaries of the facility's primary service area. (Note: Primary service area may be considered to be geographic area from which 75% of patients are expected to originate.)

See Attachment IV.B.

2. Provide patient origin, discharge diagnosis or utilization data appropriate for the type of project proposed.

See Attachment IV.B.

- C.**
 1. Is (are) the service(s) to be offered presently being offered by any other existing facility(ies) in the Health Planning Region?

Yes.

2. If Yes,

- a. Identify the facility(ies)

The January 19, 2024 DCOPN Staff Report on COPN Requests Nos. VA-8726, 8727, 8728, 8730, 8734, and 8735 ("January 19, 2024 DCOPN Staff Report") contains the following table:

Table 1. PD 8 COPN Authorized Fixed CT Units

Facility	# of Scanners
Centreville-Clifton Imaging Center - Fairfax Radiology	1
Fair Oaks Imaging Center	1
Fairfax Diagnostic Imaging Center	1
Fairfax ENT & Plastic Surgery Center	1
Fairfax MRI and Imaging Center at Tysons	1

Facility	# of Scanners
Fairfax Radiology Center at Prosperity	2
Fairfax Radiology Center of Reston-Herndon	1
Fairfax Radiology Center at Woodburn	2
Inova Alexandria Hospital ¹	4
Inova Ashburn Healthplex	1
Inova Emergency Room of Fairfax City	1
Inova Fair Oaks Hospital	3
Inova Fairfax Hospital	7
Inova HealthPlex - Franconia/Springfield	1
Inova Imaging Center – Leesburg	1
Inova Imaging Center-Mark Center	1
Inova Lorton HealthPlex	1
Inova Loudoun Hospital	3
Inova Mount Vernon Hospital	2
Inova Oakville Ambulatory Center in the City of Alexandria	1
Inova Springfield Hospital ²	1
Kaiser Permanente - Reston Medical Center	1
Kaiser Permanente - Tysons Corner Imaging Center	2
Kaiser Permanente - Woodbridge Imaging Center	1
Leesburg Emergency and Imaging Center ³	1
Loudoun Medical Group, P.C.	1
Metropolitan ENT & Facial Plastic Surgery	1
Orthopaedic Foot and Ankle Center	1
Radiology Imaging Associates at Lansdowne	1
Radiology Imaging Associates at Sterling	1
Rayus Radiology - Arlington (formerly known as Insight Imaging - Arlington)	1
Rayus Radiology - Fairfax (formerly known as Insight Imaging - Fairfax / Medical Imaging Center of Fairfax)	1
Reston Hospital Center	4
Sentara Advanced Imaging Center - Alexandria	1
Sentara Lake Ridge Ambulatory Care Center	1
Sentara Northern Virginia Medical Center	2
Sentara Northern Virginia Medical Center - Century Medical Office Building	1
StoneSprings Hospital Center	2
Tysons Corner Emergency Center	1
Tysons Corner Diagnostic Imaging	1

¹ COPN No. Va-04793, issued July 7, 2022, authorized the addition of one fixed CT scanner at the relocated Inova Alexandria Hospital (Landmark).

² COPN No. VA-04832 authorized the relocation and replacement of Inova Alexandria Hospital, including the addition of one CT scanner.

³ COPN No. VA-04863 authorized Reston Hospital Center, LLC to establish a specialized center for CT imaging, Leesburg Emergency and Imaging Center. The project is expected to be complete by November 30, 2025.

Facility	# of Scanners
UVA Outpatient Imaging - Centreville (formerly known as Novant Health UVA Health System Imaging – Centreville)	1
UVA Health Haymarket Medical Center (formerly known as UVA Prince William Medical Center d/b/a UVA Health Haymarket Medical Center)	1
UVA Health Prince William Medical Center (formerly known as UVA Prince William Medical Center d/b/a UVA Health Prince William Medical Center)	2
VHC Emergency & Imaging Center ⁴	1
Virginia Hospital Center	4
Washington Radiology Associates	1
Woodburn Nuclear Medicine/Metro Region PET	1
Total	73

Source: DCOPN records

Following the January 19, 2024 DCOPN Staff Report, the Commissioner approved three new CT scanners in PD 8, including one at Fairfax Radiology Center of Springfield pursuant to COPN VA-04878, one at Rayus Radiology – Woodbridge pursuant to COPN VA-04879, and one at Virginia Hospital Center pursuant to COPN VA-04880. Therefore, the current number of approved CT scanners in PD 8 is 76.

- b. Discuss the extent to which the facility(ies) will satisfy the demand for services in five years.

Demand for CT and emergency department services at SSHC and across PD 8 is anticipated to increase over the next five years, and Chantilly ER will improve access for many of SSHC's patients requiring CT and emergency department services.

- D. Discuss how project will fill an unmet need in the delivery of health care in the service area including, where applicable, geographic barriers to access.

SSHC currently operates one CT scanner at the hospital. On February 7, 2022, SSHC was approved to add a second CT scanner at SSHC to address an institutional need to expand CT services at SSHC pursuant to COPN No. VA-04778. Upon further consideration of how best to address SSHC's existing patients' needs, SSHC proposes to relocate that CT scanner to Chantilly ER to improve access to SSHC's existing patients. Since SSHC has already been approved for a second CT scanner, this project represents an inventory neutral proposal to improve access to emergency and CT imaging services for patients SSHC already serves.

SSHC has seen increased demand for emergency and outpatient imaging services, and the development of Chantilly ER will provide improved access to emergency and outpatient imaging services, including CT imaging. This project will improve access to emergency and CT services for SSHC's existing patients who live closer to Chantilly ER

⁴ COPN No. VA-04775 authorized VHC to establish a specialized center for CT imaging at VHC Emergency and Imaging Center with one CT scanner. VHC Emergency and Imaging Center is expected to open in the fourth quarter of 2024.

than the hospital, and who would otherwise drive to SSHC's campus through PD 8's difficult traffic.

Such improvements in access to emergency care are consequential. Indeed, in an emergency, minutes can matter. The improvements in access created by Chantilly ER, for many patients, can mean the difference between life and death. For other patients, the improvements in access can mean the difference between a speedy recovery and a lifetime of disability. Chantilly ER will also benefit patients who continue to seek care at SSHC by decompressing the busy emergency department and outpatient imaging services at the hospital.

The many benefits of the project are confirmed by the letter of support from the Chief John Butler of the Fairfax County Fire and Rescue Department, who wrote:

I write this letter as Fire and Rescue Department Chief of Fairfax County to express strong support for StoneSprings Hospital Center's application to establish a freestanding emergency department with CT services at Chantilly ER.

At Fairfax County Fire and Rescue, our mission is to provide the highest quality services to protect the lives, property, and environment of the communities we serve. As a nationally and internationally respected department, Fairfax County Fire and Rescue is one of only three agencies worldwide that is accredited, holds an ISO 1 rating, and serves a population of over one million people. These accomplishments could not be achieved without the support of our community and appropriate resources to provide efficient and high-quality care to our residents. We are continually striving to move the bar forward for the Fire and Rescue Department, promoting innovation and collaboration with our community partners, including StoneSprings Hospital Center.

The size and population of Fairfax County presents many challenges, including Northern Virginia's notorious traffic to transport patients in need of emergency medical attention to an emergency room as quickly as possible. We strive to ensure each individual receives the emergency medical services they need and deserve, regardless of where they are when a critical situation arises. Patients do not always choose to be transported to the nearest facility, but often have strong preferences for one health system based on past experiences, their doctors, and insurance coverage. Chantilly ER will improve access for patients who already choose HCA, would otherwise be seen at StoneSprings Hospital Center, and live closer to Chantilly ER than the hospital.

While improving access to an emergency department is critical, once the patient is at the facility, the emergency department also needs to have the tools necessary to assess the patient and begin lifesaving treatment as quickly as possible. A CT scanner is critical to enable an emergency department to efficiently and effectively diagnose and treat patients. In a medical emergency, minutes matter. Each minute saved in transporting a patient to an emergency

department with appropriate resources can significantly change the patient's chances in a successful recovery. For many emergency medical conditions, minutes matter and a CT scanner is the most efficient way to diagnose the patient and begin treatment.

Stroke is the fifth leading cause of death in America. Patients experiencing an acute ischemic stroke require an extremely fast and coordinated response to get the patient the necessary medication as quickly as possible. With the advent of intravenous thrombolytics, emergency departments now have a treatment available for acute strokes. Intravenous thrombolytics is most effective when administered within four hours following a stroke. However, a patient must first receive a head CT scan to rule out the presence of a cerebral hemorrhage. If a patient is suffering from a cerebral hemorrhage, thrombolytics should not be administered because it can cause bleeding in the brain and the patient's condition may dramatically and irreversibly worsen. Improving access to an emergency department with advanced diagnostic imaging will enable patients to receive expedient CT imaging and the lifesaving interventions they need.

Many critical cardiothoracic conditions require a CT scan of the patient's chest to properly diagnose the patient. For example, patients experiencing a pulmonary embolism may present with just vague symptoms, such as shortness of breath and chest pain. A CT scan allows the treatment team to properly diagnose the condition as a pulmonary embolism as opposed to pneumonia or another condition. Without a CT scan, a pulmonary embolism can be easily missed and the patient's condition could deteriorate rapidly. In addition to improving access for patients, Chantilly ER will benefit the mission of our department by improving the availability of emergency facilities and reducing transport times. Faster transport times benefit both our current patient and future patients. Reducing transport times ensures our patients receive critical diagnosis and treatment in a timely and efficient manner and allows our crews to get back on the road and available to attend to the next medical emergency.

The members of our department work diligently to provide the highest level of fire and emergency medical services, community risk reduction, and customer service. However, we need your help to ensure our community has the healthcare resources it needs to effectively transport and treat patients as quickly as possible. On behalf of Fairfax County Fire and Rescue Department, I respectfully ask that you approve StoneSprings Hospital Center's application to establish Chantilly ER with CT imaging services.

Attachment IV.H.2. Fairfax County Fire and Rescue Department's support confirms that Chantilly ER will fill an unmet need in the delivery of health care in the service area including overcoming geographic barriers to access.

- E. Discuss the consistency of the proposed project with applicable Regional Health Plan, State Health Plan, State Medical Facilities Plan, or other plans promulgated by State agencies.

Diagnostic Imaging Services
Article 1 Criteria and Standards for Computed Tomography

12VAC5-230-90. Travel time.

CT services should be within 30 minutes driving time one way under normal conditions of 95% of the population of the health planning district using a mapping software as determined by the commissioner.

Approval of this project will help ensure that CT services are available within 30 minutes driving time one way. Although CT services are often available within 30 minutes driving time one way under normal traffic, traffic congestion in and around PD 8 can mean that patients have to travel longer than 30 minutes to reach needed care. Timely access is particularly relevant for the emergency patients that would be served by Chantilly ER.

12VAC5-230-100. Need for new fixed site or mobile service.

A. No new fixed site or mobile CT service should be approved unless fixed site CT services in the health planning district performed an average of 7,400 procedures per existing and approved CT scanner during the relevant reporting period and the proposed new service would not significantly reduce the utilization of existing providers in the health planning district. The utilization of existing scanners operated by a hospital and serving an area distinct from the proposed new service site may be disregarded in computing the average utilization of CT scanners in such health planning district.

Not applicable. SSHC is proposing to relocate a previously approved CT scanner to Chantilly ER, which is located within SSHC's primary service area.

B. Existing CT scanners used solely for simulation with radiation therapy treatment shall be exempt from the utilization criteria of this article when applying for a COPN. In addition, existing CT scanners used solely for simulation with radiation therapy treatment may be disregarded in computing the average utilization of CT scanners in such health planning district.

Not applicable.

12VAC5-230-110. Expansion of fixed site service.

Proposals to expand an existing medical care facility's CT service through the addition of a CT scanner should be approved when the existing services performed an average of 7,400 procedures per scanner for the relevant reporting period. The commissioner may authorize placement of a new unit at the applicant's existing medical care facility or at a separate location within the applicant's primary service area for CT services, provided the proposed expansion is not likely to significantly reduce the utilization of existing providers in the health planning district.

Not applicable. SSHC is proposing to relocate a previously approved CT scanner to Chantilly ER, which is located within SSHC's primary service area. Nevertheless, this project is fully consistent with this standard. On February 7, 2022, SSHC was approved to add a second CT scanner at SSHC to address an institutional need to expand CT services at SSHC pursuant to COPN No. VA-04778. Upon further consideration of how best to address SSHC's existing patients' needs, SSHC proposes to add a second CT scanner to the SSHC inventory at a different location to improve access to SSHC's existing patients.

The proposed site is located favorably to improve access to healthcare services for residents of both Loudoun and Fairfax Counties. The site sits at the intersection of two of the busiest thoroughfares in the area, Route 50 and Route 28, seeing a combined 213,000 drivers every day (132,000 and 81,000, respectively). The site is also easily accessible via public transportation, including the newly developed Washington Metro Silver Line Extension, which recently added six new stations in Fairfax and Loudoun Counties. Additionally, there are multiple bus stops along the main roads and within the business park/parking lot complex where the site sits. This area of southeastern Loudoun County/western Fairfax County is highly congested. The congestion is greater, naturally, during rush hour and is further exacerbated by accidents and bad weather. Due to these endemic traffic conditions, the proposed location offers significantly improved access to residents of the eastern and southern portion of SSHC's service area. In a medical emergency, whether arriving by personal vehicle or ambulance, minutes matter. For these reasons, the project has the support of the Fairfax County Fire and Rescue Department. See Attachment IV.H.2.

12VAC5-230-120. Adding or expanding mobile CT services.

A. Proposals for mobile CT scanners shall demonstrate that, for the relevant reporting period, at least 4,800 procedures were performed and that the proposed mobile unit will not significantly reduce the utilization of existing CT providers in the health planning district.

Not applicable. SSHC is not planning to establish a mobile CT service.

B. Proposals to convert authorized mobile CT scanners to fixed site scanners shall demonstrate that, for the relevant reporting period, at least 6,000 procedures were performed by the mobile scanner and that the proposed conversion will not significantly reduce the utilization of existing CT providers in the health planning district.

Not applicable. SSHC is not planning to establish a mobile CT service.

12VAC5-230-130. Staffing.

CT services should be under the direction or supervision of one or more qualified physicians.

CT services at Chantilly ER will be under the direction and supervision of Reston Radiology Consultants. See Attachment III.K.4.

End SMFP Analysis

- F. Show the method and assumptions used in determining the need for additional beds, new services or deletion of service in the proposed project's service area.

See SMFP analysis at Section IV.E. above.

- G. Coordination and Affiliation with Other Facilities.

Describe any existing or proposed formal agreements or affiliations to share personnel, facilities, services or equipment. (Attach copies of any formal agreements with another health or medical care facility.)

Chantilly ER will be a department of SSHC.

- H. Attach copies of the following documents:

1. A map of the service area indicating:
 - a. Location of proposed project.
 - b. Location of other existing medical facilities (by name, type (hospital, nursing home, outpatient clinic, etc.) and number of beds in each inpatient facility).

See Attachment IV.H.1.

2. Any material which indicates community and professional support for this project; i.e. letter of endorsement from physicians, community organizations, local government, Chamber of Commerce, medical society, etc.
See Attachment IV.H.2.

3. Letters to other area facilities advising of the scope of the proposed project.

See Attachment IV.H.3.

SECTION V

FINANCIAL DATA

It will be the responsibility of the applicant to show sufficient evidence of adequate financial resources to complete construction of the proposed project and provide sufficient working capital and operating income for a period of not less than one (1) year after the date of opening:

- A. Specify the per diem rate for all existing negotiated reimbursement contracts and proposed contracts for patient care with state and federal governmental agencies, Blue Cross/Blue Shield Plans, labor organizations such as health and welfare funds and membership associations.

Contract rates are proprietary and are subject to contractual confidentiality provisions. However, SSHC participates with most major payors, including Aetna, Anthem, Cigna, Humana, Medicare, Medicaid, Optima, Tricare, United Healthcare, and Virginia Premiere.

- B. Does the facility participate in a regional program which provides a means for facilities to compare its costs and operations with similar institutions?

 X Yes No

If yes, specify program VHI

Provide a copy of report(s) which provide(s) the basis for comparison.

See Attachment V.B.

- C. Estimated Capital Costs

Part I – Direct Construction Costs

1.	Cost of materials	\$	<u>3,845,200</u>
2.	Cost of labor	\$	<u>5,767,800</u>
3.	Equipment included in construction contract	\$	<u> </u>
4.	Builder's overhead	\$	<u> </u>
5.	Builder's profit	\$	<u> </u>
6.	Allocation for contingencies	\$	<u>990,000</u>
7.	Sub-total (add lines 1 thru 6)	\$	<u>10,603,000</u>

Part II – Equipment Not Included in Construction Contract

8.	a. Medical Equipment	\$	<u>1,900,000</u>
	b. Information Systems	\$	<u>1,300,000</u>
	c. Communications	\$	<u>300,000</u>
	d. <u> </u>	\$	<u> </u>
	e. <u> </u>	\$	<u> </u>
9.	Sub-total (add lines 8a thru 8e)	\$	<u>3,500,000</u>

Part III – Site Acquisition Costs

10.	Full purchase price	\$	<u>7,250,000</u>
11.	For sites with standing structures	\$	<u> </u>
	a. purchase price allocable to structures	\$	<u> </u>
	b. purchase price allocable to land	\$	<u> </u>
12.	Closing costs	\$	<u> </u>
13.	If leasehold, lease expense for the entire term of the initial lease	\$	<u> </u>
14.	Additional expenses paid or accrued:		
	a. <u> </u>	\$	<u> </u>
	b. <u> </u>	\$	<u> </u>
	c. <u> </u>	\$	<u> </u>
15.	Sub-total (add lines 10 thru 14c)	\$	<u>7,250,000</u>

Part IV – Site Preparation Costs

16.	Earth work	\$	<u>1,700,000</u>
17.	Site utilities	\$	<u> </u>
18.	Roads and walks	\$	<u> </u>
19.	Lawns and planting	\$	<u> </u>

- | | | |
|-----|----------------------------------|--------------|
| 20. | Unusual site conditions: | |
| | a. Environmental | \$ 58,000 |
| | b. | \$ |
| 21. | Accessory structures | \$ |
| 22. | Demolition costs | \$ |
| 23. | Sub-total (add lines 16 thru 22) | \$ 1,758,000 |

Part V – Off-site Costs (List each separately)

- | | | |
|-----|----------------------------------|------------|
| 24. | Testing | \$ 97,000 |
| 25. | Building Fees | \$ 99,000 |
| 26. | | \$ |
| 27. | | \$ |
| 28. | Sub-total (add lines 24 thru 27) | \$ 196,000 |

Part VI – Architectural and Engineering Fees

- | | | |
|-----|----------------------------------|------------|
| 29. | Architect's design fee | \$ 250,500 |
| 30. | Architect's supervision fee | \$ |
| 31. | Engineering fees | \$ 250,500 |
| 32. | Consultant's fees | \$ |
| 33. | Sub-total (add lines 29 thru 32) | \$ 501,000 |

Part VII – Other Consultant Fees (List each separately)

- | | | |
|-----|------------------------------------|----|
| 34. | a. | \$ |
| | b. | \$ |
| | c. | \$ |
| 35. | Sub-total (add lines 34a thru 34c) | \$ |

Part VIII – Taxes During Construction

- | | | |
|-----|------------------------------------|----|
| 36. | Property taxes during construction | \$ |
| 37. | List other taxes: | |
| | a. | \$ |
| | b. | \$ |
| 38. | Sub-total (add lines 36 thru 37b) | \$ |

Part IX-A – HUD Section 232 Financing

- | | | |
|-----|--|----|
| 39. | Estimated construction time(in months) | |
| 40. | Dollar amount of construction loan | \$ |
| 41. | Construction loan interest rate | % |
| 42. | Estimated construction loan interest costs | \$ |
| 43. | Term of financing (in years) | |
| 44. | Interest rate on permanent loan | % |
| 45. | FHA mortgage insurance premium | \$ |
| 46. | FHA mortgage fees | \$ |
| 47. | Financing fees | \$ |
| 48. | Placement fees | \$ |
| 49. | AMPO (non-profit only) | \$ |
| 50. | Title and recording fees | \$ |
| 51. | Legal fees | \$ |

52. Total interest expense on permanent mortgage loan \$ _____
53. Sub-total Part IX-A HUD Section 232 Financing (add lines 42, 45, 46, 47, 48, 49, 50 and 51) \$ _____

Part IX-B – Industrial Development Authority Revenue and General

Obligation Bond Financing

(Circle selected method of financing)

54. Method of construction financing (construction loan, proceeds of bond sales, if other, specify) _____
If construction is to be financed from any source other than bond sale proceeds, answer question 56 through 58. Otherwise, proceed to question 59.
55. Estimated construction time (in months) _____
56. Dollar amount of construction loan \$ _____
57. Construction loan interest rate _____ %
58. Estimated construction loan interest cost \$ _____
59. Nature of bond placement (direct, underwriter, if other, specify) _____
60. Will bonds be issued prior to the beginning of construction? Yes _____ No _____
61. If the answer to question 60 is yes, how long before (in months)? _____
62. Dollar amount of bonds expected to be sold prior to the beginning of construction \$ _____
63. Will principal and interest be paid during construction or only interest? _____
64. Bond interest expense prior to the beginning of construction (in dollars) \$ _____
65. How many months after construction begins will last bond be sold? _____
66. Bond interest expense during construction \$ _____
67. What percent of total construction will be financed from bond issue? \$ _____ %
68. Expected bond interest rate _____ %
69. Anticipated term of bond issued (in years) _____
70. Anticipated bond discount (in dollars) _____
71. Legal costs \$ _____
72. Printing costs \$ _____
73. Placement fee \$ _____
74. Feasibility study \$ _____
75. Insurance \$ _____
76. Title and recording fees \$ _____
77. Other fees (list each separately)
a. _____ \$ _____
b. _____ \$ _____
78. Sinking fund reserve account (Debt Service Reserve) \$ _____
79. Total bond interest expenses (in dollars) \$ _____

80. Sub-total Part IX-B (add lines 58, 64, 66,
71, 72, 73, 74, 75, 76, 77a, b, c and 78) \$ _____

Part IX-C – Conventional Mortgage Loan Financing

81. Estimated construction time (in months) _____
82. Dollar amount of construction loan \$ _____
83. Construction loan interest rate _____ %
84. Estimated construction loan interest cost
(in dollars) \$ _____
85. Term of long term financing (in years) _____
86. Interest rate on long term loan _____ %
87. Anticipated mortgage discount (in dollars) \$ _____
88. Feasibility study \$ _____
89. Finder's fee \$ _____
90. Legal fees \$ _____
91. Insurance \$ _____
92. Other fees (list each separately) \$ _____

93. \$ _____
94. Total permanent mortgage loan
interest expense (in dollars) \$ _____
95. Sub-total Part IX-C (add lines 84 & 88 thru 93) \$ _____

Financial Data Summary Sheet

96. Sub-total Part I Direct Construction Cost (line 7) \$ 10,603,000
97. Sub-total Part II Equipment not included in
construction contract (line 9) \$ 3,500,000
98. Sub-total Part III Site Acquisition Costs (line 15) \$ 7,250,000
99. Sub-total Part IV Site Preparation Cost (line 23) \$ 1,758,000
100. Sub-total Part V Off-Site Costs (line 28) \$ 196,000
101. Sub-total Part VI Architectural and Engineering
fees (line 33) \$ 501,000
102. Sub-total Part VII Other Consultant fees (line 35) \$ _____
103. Sub-total Part VIII Taxes During Construction (line 38) \$ _____
104. Sub-total Part IX-A HUD-232 Financing (line 53) \$ _____
105. Sub-total Part IX-B Industrial Development Authority
Revenue & General Revenue Bond
Financing (line 80) \$ _____
106. Sub-total Part IX-C Conventional Loan Financing
(line 95) \$ _____
107. **TOTAL CAPITAL COST** (lines 96 thru 106) \$ 23,808,000
108. Percent of total capital costs to be financed 0 %
109. Dollar amount of long term mortgage (line 107 x 108) \$ _____
110. Total Interest Cost on Long Term Financing \$ _____
a. HUD-232 Financing (line 53) \$ _____
b. Industrial Development Authority Revenue
& General Revenue Bond Financing (line 79) \$ _____
c. Conventional Loan Financing (line 94) \$ _____

- | | | |
|------|--|----------------------|
| 111. | Anticipated Bond discount | |
| a. | HUD-232 Financing (line 53) | \$ _____ |
| b. | Industrial Development Authority Revenue &
General Revenue Bond Financing (line 70) | \$ _____ |
| c. | Conventional Loan Financing (line 87) | \$ _____ |
| 112. | TOTAL CAPITAL AND FINANCING COST
(ADD LINES 107, 110a, b or c AND 111a, b or c) | \$ 23,808,000 |
- D. 1. Estimated costs for new construction (excluding site acquisition costs) \$ 16,558,000
2. Estimated costs of modernization and renovation (excluding site acquisition costs) \$ _____
- E. Anticipated Sources of Funds for Proposed Project
- | | <u>Amount</u> |
|--|---------------|
| 1. Public Campaign | \$ _____ |
| 2. Bond Issue (Specify Type) _____ | \$ _____ |
| 3. Commercial Loans | \$ _____ |
| 4. Government Loans (Specify Type) _____ | \$ _____ |
| 5. Grants (Specify Type) _____ | \$ _____ |
| 6. Bequests | \$ _____ |
| 7. Private Foundations | \$ _____ |
| 8. Endowment Income | \$ _____ |
| 9. Internal Resources | \$ 23,808,000 |
| 10. Other (Identify) _____ | \$ _____ |
- F. Describe in detail the proposed method of financing the proposed project, including the various alternatives considered. Attach any documents which indicate the financial feasibility of the project.
- The project will be funded through the internal resources of HCA Healthcare, Inc.**
- G. Describe the impact the proposed capital expenditure will have on the cost of providing care in the facility. Specify total debt service cost and estimated debt service cost per patient day for the first two (2) years of operation. (Total debt service cost is defined as total interest to be paid during the life of the loan (s). Estimate debt service cost per patient day by dividing estimated total patient days for year one into amount of debt service for that year. Repeat for year two.) Please attach an amortization schedule showing how the proposed debt will be repaid.
- It is not anticipated that the capital expenditure involved in this project will adversely affect the cost of providing care.**
- H. Attach a copy of the following information of documents.
1. The existing and/or proposed room rate schedule, by type of accommodation.
- Not applicable. Chantilly ER will only provide outpatient services.**

2. The audited annual financial statements for the past two (2) years of the existing facility or/if a new facility without operating experience, the financial state of the owner (s). Audited financial statements are required, if available.

See Attachment V.H.2.

3. Copy of the proposed facility's estimated income, expense and capital budget for the first two years of operation after the proposed project is completed.

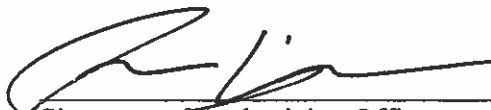
See Attachment V.H.3.

SECTION VI ASSURANCES

I hereby assure and certify that:

- (a) the work on the proposed project will be initiated within the period of time set forth in the Certificate of Public Need; and
- (b) completion of the proposed project will be pursued with reasonable diligence; and
- (c) the proposed project will be constructed, operated and maintained in full compliance with all applicable local, State and Federal laws, rules, regulations, and ordinances.

I hereby certify that the information included in this application and all attachments are correct to the best of my knowledge and belief and that it is my intent to carry out the proposed project as described.



Signature of Authorizing Officer

Josh Gill
Type or Print Name of Authorizing Officer

Vice President, Operations
Title of Authorizing Officer

April 1, 2024
Date

24440 Stone Springs Boulevard
Address – Line 1

Address – Line 2

Dulles, Virginia 20166
City, State and Zip

(571) 349-4010
Telephone Number



Reston
Radiology
Consultants

Phone 703.726.1201 • Fax 703.726.1053
20116 Ashbrook Place, Suite 150 • Ashburn, VA 20147
www.RestonRadiology.com

March 28, 2024

Karen Shelton, MD FACOG
State Health Commissioner
Virginia Department of Health
109 Governor Street, 13th Floor
Richmond, VA 23219

Re: StoneSprings Hospital Center
Establish a specialized center for CT imaging with one CT scanner
COPN Request No. VA-8761

Dear Dr. Shelton:

On behalf of Reston Radiology Consultants, I am voicing our full support of StoneSprings Hospital Center's COPN application to establish Chantilly ER with one CT scanner. Reston Radiology Consultants is a diverse group of board-certified and fellowship-trained physicians. Our radiologists have all trained at the most prestigious academic centers in the United States and are subspecialized with fellowship training. Reston Radiology Consultants is dedicated to providing excellent and accessible radiological care to our patients, including critical, time-sensitive emergency CT services.

Chantilly ER will make CT imaging more accessible for StoneSprings' existing patients who live closer to Chantilly ER and would otherwise be seen at the hospital. Chantilly ER will be ideally located to improve access to emergency and outpatient CT scanning services, which is of special concern in traffic-heavy Northern Virginia. Chantilly ER will offer a highly accessible location for patients who would otherwise drive through Northern Virginia's chronic traffic congestion to receive an emergency or outpatient CT scan at the hospital. The amount of time that Chantilly ER will save patients and providers in an emergency is not trivial. Improving access to emergency CT imaging can significantly affect a patient's treatment options and chances at a successful recovery. Not only will this project benefit patients who live closer to Chantilly ER, but this project will also benefit patients who continue to seek care from the hospital by decompressing the overutilization of StoneSprings' emergency department and CT scanner at the hospital.

StoneSprings Hospital Center's seeks to relocate a CT scanner previously approved for the hospital to a new freestanding emergency department to better serve its existing patients. This project is an efficient, inventory-neutral proposal to ensure StoneSprings Hospital Center's existing patients have better access to emergency department and advanced diagnostic imaging services from a provider they know and trust.

Fair Oaks Imaging Center
4001 Fair Ridge Drive, Suite 103
Fairfax, VA 22033
p 703 385 5203 | f 703 385 3058

MRI of Reston
1800 Town Center, Suite 115
Reston, VA 20190
p 703 478 0922 | f 703 478 3451

PET of Reston
1830 Town Center, Suite 105
Reston, VA 20190
p 571 601 2901 | f 571 577 4142

Loudoun Imaging Center/Ashburn
20905 Professional Plaza, Suite 100
Ashburn, VA 20147
p 571 223 0230 | f 571 223 0330



Reston
Radiology
Consultants

Phone 703.726.1201 • Fax 703.726.1053
20116 Ashbrook Place, Suite 150 • Ashburn, VA 20147
www.RestonRadiology.com

For all of the reasons that this project will greatly benefit patients, Reston Radiology Consultants fully supports StoneSprings Hospital Center's COPN project and respectfully urges you to approve this important project. Thank you for your time in considering these comments.

Sincerely,

David E. Dubois, MD
President
Reston Radiology Consultants, P.C.

Fair Oaks Imaging Center

4001 Fair Ridge Drive, Suite 103
Fairfax, VA 22033
p 703 385 5203 | f 703 385 3058

MRI of Reston

1860 Town Center, Suite 115
Reston, VA 20190
p 703 478 0922 | f 703 478 3451

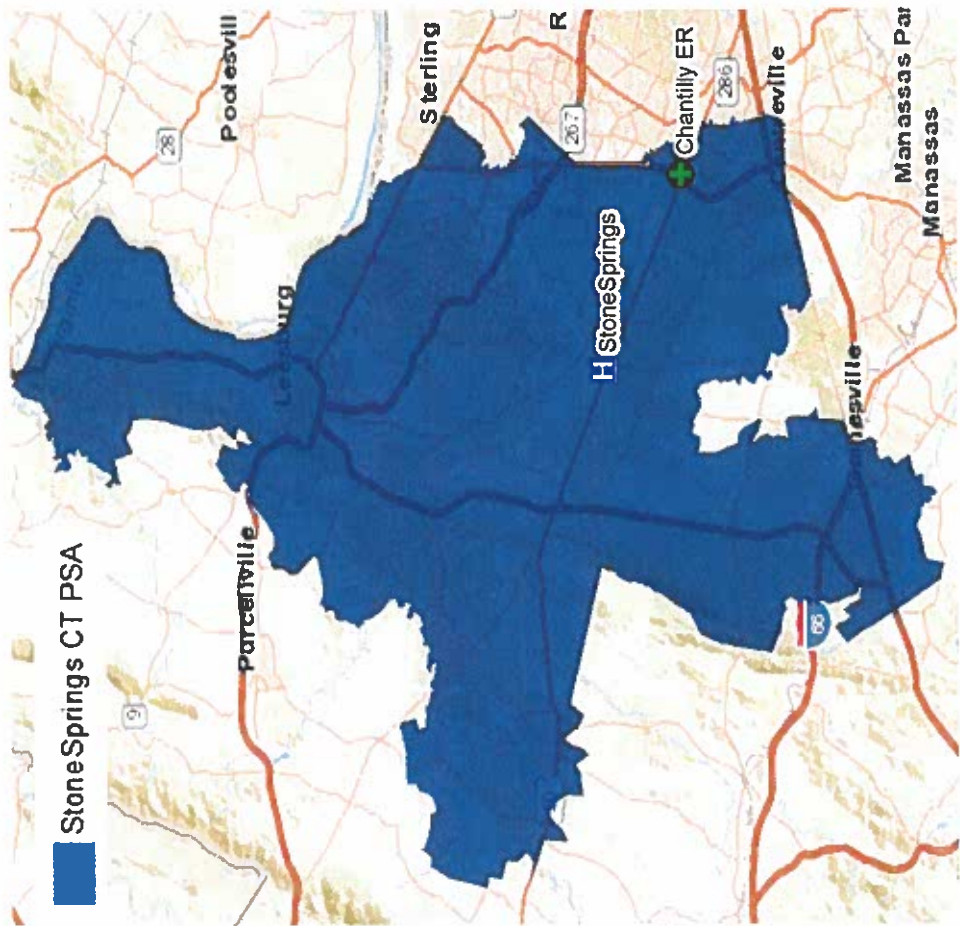
PET of Reston

1830 Town Center, Suite 105
Reston, VA 20190
p 571 601 2901 | f 571 577 4142

Loudoun Imaging Center/Ashburn

20905 Professional Plaza, Suite 100
Ashburn, VA 20147
p 571 223 0230 | f 571 223 0330

StoneSprings- CT Primary Service Area



ZIP code	City	2023		Running	
		Procedures	% of Total	Total	Total
20105	Aldie	2,272	24.9%	24.9%	24.9%
20152	Chantilly	1,879	20.6%	45.5%	45.5%
20148	Ashburn	986	10.8%	56.3%	56.3%
20166	Sterling	413	4.5%	60.9%	60.9%
20117	Middleburg	215	2.4%	63.2%	63.2%
20120	Centreville	190	2.1%	65.3%	65.3%
20151	Chantilly	179	2.0%	67.3%	67.3%
20175	Leesburg	175	1.9%	69.2%	69.2%
20169	Haymarket	157	1.7%	70.9%	70.9%
20118	Middleburg	133	1.5%	72.4%	72.4%
20147	Ashburn	133	1.5%	73.8%	73.8%
20155	Gainesville	84	0.9%	74.8%	74.8%
20176	Leesburg	82	0.9%	75.7%	75.7%
All Other		2,220	24.3%	100.0%	100.0%
Grand Total		9,118	100.0%		



County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

March 28, 2024

Karen Shelton, MD
State Health Commissioner
Virginia Health Department
109 Governor Street, 13th floor
Richmond, VA 23219

**Re: StoneSprings Hospital Center
Proposed Chantilly Emergency Room (ER) with Specialized Center for CT Imaging
COPN Request No. VA-8761**

Dear Dr. Shelton,

I write this letter as Fire and Rescue Department Chief of Fairfax County to express strong support for StoneSprings Hospital Center's application to establish a freestanding emergency department with CT services at Chantilly ER.

At Fairfax County Fire and Rescue, our mission is to provide the highest quality services to protect the lives, property, and environment of the communities we serve. As a nationally and internationally respected department, Fairfax County Fire and Rescue is one of only three agencies worldwide that is accredited, holds an ISO 1 rating, and serves a population of over one million people. These accomplishments could not be achieved without the support of our community and appropriate resources to provide efficient and high-quality care to our residents. We are continually striving to move the bar forward for the Fire and Rescue Department, promoting innovation and collaboration with our community partners, including StoneSprings Hospital Center.

The size and population of Fairfax County presents many challenges, including Northern Virginia's notorious traffic to transport patients in need of emergency medical attention to an emergency room as quickly as possible. We strive to ensure each individual receives the emergency medical services they need and deserve, regardless of where they are when a critical situation arises. Patients do not always choose to be transported to the nearest facility, but often have strong preferences for one health system based on past experiences, their doctors, and insurance coverage. Chantilly ER will improve access for patients who already choose HCA, would otherwise be seen at StoneSprings Hospital Center, and live closer to Chantilly ER than the hospital.

While improving access to an emergency department is critical, once the patient is at the facility, the emergency department also needs to have the tools necessary to assess the patient and begin lifesaving treatment as quickly as possible. A CT scanner is critical to enable an emergency department to efficiently and effectively diagnose and treat patients. In a medical emergency, minutes matter. Each minute saved in transporting a patient to an emergency department with appropriate resources can significantly change the patient's chances in a successful recovery. For many emergency medical

**Proudly Protecting and
Serving Our Community**

Fire and Rescue Department
12099 Government Center Parkway
Fairfax, VA 22035
703-246-2126
www.fairfaxcounty.gov/fire



conditions, minutes matter and a CT scanner is the most efficient way to diagnose the patient and begin treatment.

Stroke is the fifth leading cause of death in America. Patients experiencing an acute ischemic stroke require an extremely fast and coordinated response to get the patient the necessary medication as quickly as possible. With the advent of intravenous thrombolytics, emergency departments now have a treatment available for acute strokes. Intravenous thrombolytics is most effective when administered within four hours following a stroke. However, a patient must first receive a head CT scan to rule out the presence of a cerebral hemorrhage. If a patient is suffering from a cerebral hemorrhage, thrombolytics should not be administered because it can cause bleeding in the brain and the patient's condition may dramatically and irreversibly worsen. Improving access to an emergency department with advanced diagnostic imaging will enable patients to receive expedient CT imaging and the lifesaving interventions they need.

Many critical cardiothoracic conditions require a CT scan of the patient's chest to properly diagnose the patient. For example, patients experiencing a pulmonary embolism may present with just vague symptoms, such as shortness of breath and chest pain. A CT scan allows the treatment team to properly diagnose the condition as a pulmonary embolism as opposed to pneumonia or another condition. Without a CT scan, a pulmonary embolism can be easily missed and the patient's condition could deteriorate rapidly.

In addition to improving access for patients, Chantilly ER will benefit the mission of our department by improving the availability of emergency facilities and reducing transport times. Faster transport times benefit both our current patient and future patients. Reducing transport times ensures our patients receive critical diagnosis and treatment in a timely and efficient manner and allows our crews to get back on the road and available to attend to the next medical emergency.

The members of our department work diligently to provide the highest level of fire and emergency medical services, community risk reduction, and customer service. However, we need your help to ensure our community has the healthcare resources it needs to effectively transport and treat patients as quickly as possible. On behalf of Fairfax County Fire and Rescue Department, I respectfully ask that you approve StoneSprings Hospital Center's application to establish Chantilly ER with CT imaging services.

Sincerely,



John S. Butler
Fairfax County Fire and Rescue Department



Reston
Radiology
Consultants

Phone 703.726.1201 • Fax 703.726.1053
20116 Ashbrook Place, Suite 150 • Ashburn, VA 20147
www.RestonRadiology.com

March 28, 2024

Karen Shelton, MD FACOG
State Health Commissioner
Virginia Department of Health
109 Governor Street, 13th Floor
Richmond, VA 23219

**Re: StoneSprings Hospital Center
Establish a specialized center for CT imaging with one CT scanner
COPN Request No. VA-8761**

Dear Dr. Shelton:

On behalf of Reston Radiology Consultants, I am voicing our full support of StoneSprings Hospital Center's COPN application to establish Chantilly ER with one CT scanner. Reston Radiology Consultants is a diverse group of board-certified and fellowship-trained physicians. Our radiologists have all trained at the most prestigious academic centers in the United States and are subspecialized with fellowship training. Reston Radiology Consultants is dedicated to providing excellent and accessible radiological care to our patients, including critical, time-sensitive emergency CT services.

Chantilly ER will make CT imaging more accessible for StoneSprings' existing patients who live closer to Chantilly ER and would otherwise be seen at the hospital. Chantilly ER will be ideally located to improve access to emergency and outpatient CT scanning services, which is of special concern in traffic-heavy Northern Virginia. Chantilly ER will offer a highly accessible location for patients who would otherwise drive through Northern Virginia' chronic traffic congestion to receive an emergency or outpatient CT scan at the hospital. The amount of time that Chantilly ER will save patients and providers in an emergency is not trivial. Improving access to emergency CT imaging can significantly affect a patient's treatment options and chances at a successful recovery. Not only will this project benefit patients who live closer to Chantilly ER, but this project will also benefit patients who continue to seek care from the hospital by decompressing the overutilization of StoneSprings' emergency department and CT scanner at the hospital.

StoneSprings Hospital Center's seeks to relocate a CT scanner previously approved for the hospital to a new freestanding emergency department to better serve its existing patients. This project is an efficient, inventory-neutral proposal to ensure StoneSprings Hospital Center's existing patients have better access to emergency department and advanced diagnostic imaging services from a provider they know and trust.

Fair Oaks Imaging Center
4091 Fair Ridge Drive, Suite 103
Fairfax, VA 22033
p 703 365 5203 | f 703 385 3058

MRI of Reston
1800 Town Center, Suite 115
Reston, VA 20190
p 703 478 0922 | f 703 478 3451

PET of Reston
1830 Town Center, Suite 105
Reston, VA 20190
p 571 601 2901 | f 571 577 4142

Loudoun Imaging Center/Ashburn
20905 Professional Plaza, Suite 100
Ashburn, VA 20147
p 571 223 0230 | f 571 223 0330



Reston
Radiology
Consultants

Phone 703 726 1201 • Fax 703 726 1053
20116 Ashbrook Place, Suite 150 • Ashburn, VA 20147
www.RestonRadiology.com

For all of the reasons that this project will greatly benefit patients, Reston Radiology Consultants fully supports StoneSprings Hospital Center's COPN project and respectfully urges you to approve this important project. Thank you for your time in considering these comments.

Sincerely,

David E. Dubois, MD
President
Reston Radiology Consultants, P.C.

Fair Oaks Imaging Center

4001 Fair Ridge Drive, Suite 103
Fairfax, VA 22033
p 703 385 5203 | f 703 385 3058

MRI of Reston

1800 Town Center, Suite 115
Reston, VA 20190
p 703 478 0522 | f 703 478 3451

PET of Reston

1830 Town Center, Suite 105
Reston, VA 20190
p 571 601 2901 | f 571 577 4142

Loudoun Imaging Center/Ashburn

20905 Professional Plaza, Suite 100
Ashburn, VA 20147
p 571 223 0230 | f 571 223 0330

Attachment V.H.3

	Year 1	Year 2
CT Scans	2,544	2,781
Gross Revenue	9,991,280	11,030,197
Contractual Adjustments	8,069,074	8,901,809
Charity	139,878	154,423
Bad Debt	54,952	60,666
Net Revenue	1,727,376	1,913,299
Salaries	436,451	445,180
Employee Benefits	82,358	84,005
Drugs & Medical Supplies	83,418	93,013
Contract Services	139,917	154,977
Repairs & Maintenance	3,600	70,813
Utilities	17,273.76	19,132.99
Insurance	10,364	11,480
Non-Income Taxes	13,819	15,306
Depreciation	108,143	108,143
Federal and State Income Taxes	199,688	218,700
Total Operating Expense	1,095,032	1,220,750
Net Income	632,344	692,549

ASSUMPTIONS

- CT Scans are based on projection methodology set forth in the application
- Contractual Adjustments are based on historical hospital experience.
- Bad Debts are based on historical hospital experience.
- As a placeholder for purposes of this proforma, charity was calculated at 1.37% of gross revenues, which is consistent with May 13, 2005, COPN No. VA-03931, which imposed a 1.37% charity condition on all services provided by Northern Virginia Community Hospital, LLC. The applicant intends to accept the revised percentage of the regional average based on the CMS provider reimbursement methodology when regional charity care data valued under the CMS methodology becomes available to DCOPN.
- Repairs & Maintenance will be minimal in Year 1 because of warranty coverage