

April 10, 2013

CERTIFIED MAIL # 7011 1570 0002 7802 6432

Elaine Couture, Chief Executive Sacred Heart Medical Center and Children's Hospital 101 West 8th Avenue Spokane, Washington 99204

Dear Ms. Couture:

We have completed review of Sacred Heart Medical Center and Children's Hospital request for a six-month extension to Certificate of Need #1446. Enclosed is Certificate of Need 1446E.

Certificate of Need #1446E extends the expiration date from July 20, 2013 to January 20, 2014. We monitor projects until completed or the expiration date, whichever occurs last. We do this with quarterly progress reports. At least 30 days before the report's due date, you will receive a form to complete and return. Information contained in these reports will be used to determine ongoing and continuous progress if you request an extension.

If you have any question, please contact Janis Sigman, Manager of the Certificate of Need Program at (360) 236-2955.

Sincerely

Steven M. Saxe, FACHE

Director, Health Professions and Facilities

Enclosure

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



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

Certificate of Need #1446E is issued to:

Legal Name of Applicant:

Sacred Heart Medical Center and Children's Hospital

Address of Applicant:

101 West 8th Avenue, Spokane, Washington 99204

Type of Service:

Adult Pancreas Transplants

Facility Name:

Sacred Heart Medical Center and Children's Hospital

Facility Address:

101 West 8th Avenue, Spokane, Washington 99204

ISSUANCE OF THE CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND INITIAL EVALUATION DATED JUNE 20, 2011 (CN App #11-12). ISSUANCE OF THE SIX MONTH EXTENSION IS BASED ON THE INFORMATION PROVIDED IN DOR #13-33.

Project Description:

Establish an adult pancreas transplant program within Sacred Heart Medical Center and Children's Hospital.

Service Area

Spokane County Planning Area

Conditions

- 1. Approved project as described above.
- 2. Sacred Heart will provide charity care in compliance with the charity care policies provided in this Certificate of Need application, or any subsequent polices reviewed and approved by the Department of Health. Sacred Heart will use reasonable efforts to provide charity care in an amount comparable to or exceeding the average amount of charity care provided by hospitals in the Eastern Washington Region. Currently, this amount is 1.59% of gross revenue and 3.79% of adjusted revenue. Sacred Heart will maintain records documenting the amount of charity care it provides and demonstrating its compliance with its charity care policies.

Approved Capital Expenditure

There is no capital expenditure associated with this project.

This Extended Certificate of Need authorizes commencement of the project from <u>July 20, 2013</u> to <u>January 20, 2014</u>, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Extended Certificate Issued: April 10, 2013

Steven Saxe

Director, Health Professions and Facilities

This Certificate is not transferable.