Please Note: Section V has been removed from the 2023 Annual Survey.

Printing Section A to PDF ...

No changes to this section from last year.

2023 Michigan Certificate of Need Annual Survey

000006	CHRIS T'S TESTING HOSPITAL	PARIS	HOSPITAL

SECTION A: Main Facility Data and Organizational Structure

Next

Data Collection Notice

Authority: Act 368, P.A. 1978 as amended - sections 20141(5), 20143, 20165(5), and 22237; Act 186, P.A. 1986 - Section 10102(a)(5).
Penalty: Failure to file may result in compliance action against a facility's license or may delay Certificate(s) of Need decisions.

Facility Information

Field	Value	Code
Facility Name	CHRIS T'S TESTING HOSPITAL	H1_1
Facility Street		H1_2
Facility City	PARIS	H1_3
Facility State		H1_4
Facility Zip Code		H1_5
Facility County	KENT	CO_NAME
Facility Phone	###-###-####	H1_A3
Facility Fax	###-###-####	HA_FFAX
Facility Administrator		HA_FADMIN
Facility Admin E-mail		H1_A4
Facility Website URL		HA_WEB

Data Contact Information (Person responsible for the accuracy of this survey data.)

Field	Value	Code
Contact Name		HA_CNAME
Contact E-mail		HA_CEMAIL
Contact Phone	###-###-####	HA_CPHONE
Contact Fax	###-###-####	HA_CFAX
Alternate Contact E-mail		HA_CEMAIL2

Provide system headquarters information

Field	Value	Code
Headquarters Name		H2_A4B
Headquarters Address		H2_A4C
Headquarters City, St, Zip		H2_A4D

Additional Facility Information

Field	Value	Code
Facility type of ownership:	1 [Admin only]	H2_A5

1:Non-profit Entity
2:Government (includes authorities and county-owned facilities)

3:For-profit Entity

Facility Type:	1 [Admin only]	H2_A6

Hospital Facility Types:
1: Hospital (acute care hospitals may include psych, rehab, and substance abuse units)
2: Psychiatric Hospital (only)
4: Rehabilitation Hospital (only)
5: Nursing Home/Hospital LTCU
6: Long-Term Acute Care (LTAC) Hospital
10: Inpatient Rehabilitation Facility Hospital

Freestanding/Mobile Facility Types:
7: Freestanding Surgical Facility (FSOF, ASC)
8: Other freestanding medical facility (CT, MRT, other imaging, etc.)
9: Central Service Coordinator (mobile, air ambulance provider)

Facility HSA:	4	HSA

Title XIX (Medicaid) Participation		
1. Did this site participate in the Medicaid program during 2023 (Y/N)?		HA_M1
2. Did you treat at least one Medicaid patient (Y/N)?		HA_M2A
3. Have you treated one or more patients without the ability to pay (Y/N)?		HA_M3

Was the facility operational during calendar year 2023? **(REQUIRED: Please enter 'Y' or 'N')** *Entering 'Y' to this question opens the Con Covered Services questions.*	Y	HA_OP15

CON Covered Services (Please answer YES (Y) or NO (N) to identify the CON covered beds or services offered to patients during calendar year 2023. The required sections for each offered service will be available for completion after submitting this Section and selecting the Next button. Compare last year's sections (grayed/not able to edit) to this year's selected sections. If there are differences in reporting from last year to the current year, you will need to attest the reported information is correct. Also, please provide a comment within the data comment box explaining the change.			**Required Sections**
1. Inpatient Hospital Beds	Y	HA_CON01	Section L,S,Z
2. Neonatal Intensive Care Unit (NICU) Beds	Y	HA_CON02	Section L,Z
3. Short-Term Nursing Care Program (Swing) Beds	Y	HA_CON03	Section L
4. Adult Inpatient Psychiatric Beds	Y	HA_CON04	Section M,Z
5. Child/Adolescent Inpatient Psychiatric Beds	Y	HA_CON05	Section M,Z
6. Hospital Long-Term-Care-Unit Beds	Y	HA_CON06	Section N,Z
7. Nursing Home Beds	Y	HA_CON20	Section N,Z
8. Urinary Lithotripsy Services (UESWL)	Y	HA_CON07	Section B,Z
9. Megavoltage Radiation Therapy (MRT) Services	Y	HA_CON11	Section F,Z
10. Computed Tomography (CT) Scanner Services	Y	HA_CON08	Section D,Z
11. Magnetic Resonance Imaging (MRI) Services	Y	HA_CON09	Section C,Z
12. Positron Emission Tomography (PET) Services	Y	HA_CON18	Section P,Z
13. Cardiac Catheterization Services	Y	HA_CON10	Section E,Z
14. Surgical Services (operating rooms)	Y	HA_CON12	Section G,Z
15. Open Heart Surgery Services	Y	HA_CON13	Section J,Z
16. Pancreas Transplantation Services	Y	HA_CON15	Section K
17. Heart, Lung and Liver Transplantation Services	Y	HA_CON16	Section K,Z
18. Bone Marrow Transplantation (BMT) Services	Y	HA_CON14	Section K,Z
19. Air Ambulance Services Providers (helicopter operators only)	Y	HA_CON17	Section I,Z
20. Emergency Department Services (hospital sites only)	Y	HA_CON19	Section H, S

20. Emergency Department Services (hospital sites only)	Y	HA_CON20	Section H, U
21. Special Newborn Nursing Services	Y	HA_CON21	Section O, Z
2023 CON Covered Services Change Attestation. Please type your First and Last Name		SVC_CHG_SIG	

Data Comments for this Section (Optional)

Please provide any explanation, comments, or other information that is relevant to the information reported in this section. This information will be saved for future reference:

HA_COMMENTS

Administrator Facility Comments

ADMIN_COMMENTS

Data Collection Status for this Section **Last Updated on 2024-02-26 09:21:57**

By entering an **N** in the text box and clicking the **Save** button, you are certifying that further editing or additional information is required to complete the data for this section.

By entering a **Y** in the text box and clicking the **Submit** button, you are certifying that to the best of your knowledge and belief, the data supplied and any applicable uploaded documents are true and correct. You further understand that the submitted data will be used for the Certificate of Need application process and calculation of relevant need methodologies contained within the standards. Michigan statute, including MCL 333.22237 and 333.22225, requires completion of this survey. Failure to complete the survey in a timely manner or providing inaccurate data may result in enforcement action pursuant to MCL 333.22247.

Is the data for this section complete (Y/N)? N HA_STATUS

Note: A section is not completed until Y is selected and Submit has been clicked. All required sections must be submitted in this manner for MDHHS to consider the survey completed for review.

Save **Submit** Print this section to PDF:

Logout **Next** **Feedback** **General Info / FAQ**

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2023 Michigan Certificate of Need Annual Survey

000006	CHRIS T'S TESTING HOSPITAL	PARIS	HOSPITAL

SECTION B: Urinary Extra Corporeal Shock Wave Lithotripsy (UESWL) Services

Next

Contact information for the person responsible for completing this section: ☐ **Check here if same as Section A.**

Contact Name		HB_CNAME
Contact E-mail		HB_CEMAIL
Contact Phone		HB_CPHONE
Contact Fax		HB_CFAX

Instructions:

1. Report data as outlined below for the relevant type of service offered:
    a. Fixed UESWL units - Report the number of unit(s), procedures, and retreatments completed on the fixed unit(s).
    b. Host Site - Report the procedures and retreatments completed on each the mobile route(s) separately.
    c. Central Service Coordinator of UESWL Mobile Route - Report the number of unit(s), procedures and retreatments.
2. **DO NOT DUPLICATE** any utilization data from Section B (UESWL Services) within Section G (Surgical Services) pursuant to the Surgical Services Review Standards, section 3 subsection (2)(a)(iii).
3. Report the number of percutaneous nephrostomy procedures completed.
4. Report if the facility has met the terms of approval and the project delivery requirements. If the facility has met all of the requirements in the question, please answer Yes. If the facility has not met all of the requirements in the question, please answer No and explain why not in the data comment box at the bottom of this Section.

Hover mouse cursor over word or phrase in **bold** to view definitions.

Definitions:

Central Service Coordinator (CSC) means the organization that owns the mobile equipment and has operational responsibilities for that equipment.

Host Site means a facility approved to offer the service at that site through a contract with the Central Service Coordinator which owns the mobile equipment.

Percutaneous Nephrostomy means a surgical procedure that allows a physician to remove stones from the kidney, renal pelvis, and upper urinary tract through a percutaneous channel called a nephrostoma established through a patient's skin.

Retreatment means a UESWL procedure performed on the same side of the same patient within 6 months of a previous UESWL procedure performed at the same UESWL service. In the case of a mobile unit, the initial treatment and retreatment were performed by the same service, even though they may have been performed at a different host site.

Urinary Extracorporeal Shock Wave Lithotripsy (UESWL) means a procedure for the removal of kidney stones which involves focusing shock waves on kidney stones so that they are pulverized into sand-like particles which may then be passed through the urinary tract.

Lithotripsy Equipment and Mobile Services		
1. Total number of fixed lithotripsy units.	0	HB_1
2. Total number of mobile lithotripsy units (**CSC** operators only).	0	HB_2
3. If service is provided by a mobile provider, enter all of the mobile route numbers providing lithotripsy service at your facility (**CSC** and **Host sites**)		
Except for facilities with a fixed unit only, questions 2 or 3 are now required A CSC should be selecting their route number and Host Sites should be selecting all route numbers that the facility received UESWL services from in CY 2023 — 1st Route #	Select one...	H3_B10
2nd Route #	Select one...	H3_B11
3rd Route #	Select one...	H3_B12

Lithotripsy Utilization Data	ICD9/ICD10

4. Fixed units			
Total number of **UESWL** procedures.	0	H3_B1A1	98.51
How many of the above procedures were **retreatments**?	0	H3_B2A	98.51
5. **Host sites** for mobile services			
1st Route			
Total number of **UESWL** procedures.	0	H3_B1B2	98.51
How many of the above procedures were **retreatments**?	0	H3_B2E	98.51
2nd Route			
Total number of **UESWL** procedures.	0	H3_B1B3	98.51
How many of the above procedures were **retreatments**?	0	H3_B2F	98.51
3rd Route			
Total number of **UESWL** procedures.	0	H3_B1B4	98.51
How many of the above procedures were **retreatments**?	0	H3_B2G	98.51
6. **Central Service Coordinator** (CSC)			
Total number of **UESWL** procedures.	0	H3_B1C1	98.51
How many of the above procedures were **retreatments**?	0	H3_B2D	98.51
7. Number of **Percutaneous Nephrostomy** Procedures.	0	H3_B3D	55.04

Terms of Approval and Project Delivery Requirements		
8. Have either on-site or through a contractual agreement with another health facility, IV supplies and materials for infusions and medications, blood and blood products, and pharmaceuticals, including vasopressor medications, antibiotics, and fluids and solutions.	Select one...	HB_6YN
9. Have on-site general anesthesia, EKG, cardiac monitoring, blood pressure, pulse oximeter, ventilator, general radiography and fluoroscopy, cystoscopy, and laboratory services.		HB_7YN
10. Have on-site cardiac intensive care unit or a written transfer agreement with a hospital that has a cardiac intensive care unit.		HB_8YN
11. Have either on-site or through a contractual agreement with another health facility, a 23-hour holding unit.	Select one...	HB_9YN
12. Have policy or protocol for credentialing urologists approved to perform UESWL procedures.		HB_10YN
13. Have on-site crash cart.		HB_11YN
14. When was the last date throughout CY 2023 that UESWL services were provided by this facility/mobile route?	MM/DD/20YY	HB_12YN

Data Comments for this Section (Optional)

Please provide any explanation, comments, or other information that is relevant to the information reported in this section. This information will be saved for future reference:

HB_COMMENTS

Data Collection Status for this Section — **Last Updated on 2024-02-26 09:43:27**

By entering an **N** in the text box and clicking the **Save** button, you are certifying that further editing or additional information is required to complete the data for this section.

By entering a **Y** in the text box and clicking the **Submit** button, you are certifying that to the best of your knowledge and belief, the data supplied and any applicable uploaded documents are true and correct. You further understand that the submitted data will be used for the Certificate of Need application process and calculation of relevant need methodologies contained within the standards. Michigan statute, including MCL 333.22237 and 333.22225, requires completion of this survey. Failure to complete the survey in a timely manner or providing inaccurate data may result in enforcement action pursuant to MCL 333.22247.

Is the data for this section complete (Y/N)? N HB_STATUS

Note: A section is not completed until Y is selected and Submit has been clicked. All required sections must be submitted in this manner for

MDHHS to consider the survey completed for review.

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2023 Michigan Certificate of Need Annual Survey

000006	CHRIS T'S TESTING HOSPITAL	PARIS	HOSPITAL

SECTION C: Magnetic Resonance Imaging (MRI) Services

Next

Contact information for the person responsible for completing this section: ☐ Check here if same as Section A.		
Contact Name		HC_CNAME
Contact E-mail		HC_CEMAIL
Contact Phone		HC_CPHONE
Contact Fax		HC_CFAX

Instructions

1. Report all fixed units that were operational in the reporting period. Do not include units that are approved but not yet operational.
2. Report the number of mobile MRI units on mobile route.
3. Report all mobile route numbers that serviced your facility during the reporting period.
4. Report if the facility is a teaching facility. If so, please email appropriate documentation to MRIQuarterlyData@michigan.gov.
5. Report if the facility has met the terms of approval and the project delivery requirements:
   a. For Yes/No questions, if the facility has met all of the requirements in the question, please answer Yes. If the facility has not met all of the requirements in the question, please answer No and explain why not in the data comment box at the bottom of this Section.
   b. If additional explanation of project delivery requirements is necessary, please put information in the data comment box at the bottom of this Section.

Hover mouse cursor over word or phrase in **bold** to view definitions.

Definitions:

Central Service Coordinator (CSC) means the organization that owns the mobile equipment and has operational responsibilities for that equipment.

MRI Units mean the magnetic resonance system consisting of an integrated set of machine and related equipment necessary to produce the images and/or spectroscopic quantitative data from scans. The term does not include MRI simulators used solely for treatment planning purposes in conjunction with MRT unit.

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.

Dedicated Research MRI means an MRI unit used exclusively for research and operates under the protocol approved by the facility's IRB.

Intra-operative magnetic resonance imaging (IMRI) means the integrated use of MRI technology during surgical and interventional procedures within a licensed operative environment.

MRI-guided electrophysiology intervention (MRI-guided EPI) means equipment specifically designed for the integrated use of MRI technology for the purposes of electrophysiology interventional procedures within a cardiac catheterization lab.

Teaching Facility 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.

DEDICATED PEDIATRIC AND RESEARCH MRI SCAN DATA		
1. Number of fixed **MRI Units** (excluding dedicated pediatric and dedicated research MRI units).		HC_01
2. Number of fixed **dedicated pediatric MRI Units** If answer > 0, new questions 10 and 11 have been added		HC_02
3. Number of fixed **dedicated research MRI Units** If answer > 0, new questions 12 and 13 have been added		HC_03
4. Number of fixed open **MRI Units**.		HC_05
5. Number of fixed **IMRI units**.		HC_06
6. Number of **MRI-guided EPI units**.		HC_07

7. Number of mobile **MRI Units** (**CSC** operators only).		HC_04
8. If MRI service is provided by mobile MRI units, enter all of the mobile route numbers that are providing service at your facility (**CSC** and **Host sites**):		
Questions 1-8 are now required questions. 1st Route #	Select one...	HC_R1
A CSC is now required to select thier route number. A Host Site is required to select at least 1 route, starting with the first route, the facility received MRI services from in CY 2023. A host site should be selecting all routes the facility received MRI Services from in CY 2023. 2nd Route #	Select one...	HC_R2
3rd Route #	Select one...	HC_R3
4th Route #	Select one...	HC_R4
5th Route #	Select one...	HC_R5
6th Route #	Select one...	HC_R6
7th Route #	Select one...	HC_R7
8th Route #	Select one...	HC_R8
9th Route #	Select one...	HC_R9
10th Route #	Select one...	HC_R10
9. Is this facility a **Teaching Facility** (Y/N)?		HC_TFYN

DEDICATED PEDIATRIC AND RESEARCH MRI SCAN DATA — NEW QUESTIONS added if questions 2 and 3 are > 0		
10. Total number of MRI scans performed on the **dedicated pediatric MRI** unit(s).		HC_DP1
11. Total number of MRI scans on patients under 18 years of age performed on the **dedicated pediatric MRI** unit(s).		HC_DP2
12. Total number of MRI scans performed on the **dedicated research MRI** unit(s).		HC_DR1
13. Total number of MRI scans preformed for research purposes only on the **dedicated research MRI** unit(s).		HC_DR2

Terms of Approval and Project Delivery Requirements		
14. Have a physician that 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?		HC_TA01
15. Does the physician identified in question 1 above work onsite or is available on-call?		HC_TA02
16. Have an MRI technologist who is registered by the American Registry of Radiologic Technicians or by the American Registry of Magnetic Resonance Imaging Technologists (ARMRIT)?		HC_TA03
17. Have an MRI physicist/engineer on staff either full time or part time?		HC_TA04
18. Have equipment and supplies to handle clinical emergencies, staff trained in CPR and other appropriate emergency interventions, and a physician on site in or immediately available to the MRI scanner at all times when patients are undergoing scans?		HC_TA05
19. For facilities receiving mobile services, have a means for patients to enter the vehicle without going outside such as a canopy or an enclosed corridor?		HC_TA06
20. When was the last date throughout CY 2023 that MRI services were provided by this facility/mobile route?	MM/DD/20YY	HC_TA07

Data Comments for this Section (Optional)

Please provide any explanation, comments, or other information that is relevant to the information reported in this section. This information will be saved for future reference:

HC_COMMENTS

Data Collection Status for this Section — **Last Updated on 2024-02-22 08:20:43**

By entering an **N** in the text box and clicking the **Save** button, you are certifying that further editing or additional information is required to complete the data for this section.

By entering a **Y** in the text box and clicking the **Submit** button, you are certifying that to the best of your knowledge and belief, the data supplied and any applicable uploaded documents are true and correct. You further understand that the submitted data will be used for the Certificate of Need application process and calculation of

uploaded documents are true and correct. You further understand that the submitted data will be used for the Certificate of Need application process and calculation of relevant need methodologies contained within the standards. Michigan statute, including MCL 333.22237 and 333.22225, requires completion of this survey. Failure to complete the survey in a timely manner or providing inaccurate data may result in enforcement action pursuant to MCL 333.22247.

Is the data for this section complete (Y/N)?	HC_STATUS

Note: A section is not completed until Y is selected and Submit has been clicked. All required sections must be submitted in this manner for MDHHS to consider the survey completed for review.

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2023 Michigan Certificate of Need Annual Survey

000006	CHRIS T'S TESTING HOSPITAL	PARIS	HOSPITAL

SECTION D: Computed Tomography (CT) Services

Next

Contact information for the person responsible for completing this section: ☐ Check here if same as Section A.		
Contact Name		HD_CNAME
Contact E-mail		HD_CEMAIL
Contact Phone		HD_CPHONE
Contact Fax		HD_CFAX

Instructions:

1. Report data as outlined below for the relevant type of service offered:
   a. Fixed CT Scanners - Report the number of scanner(s) and scans by scan type.
   b. Central Service Coordinator of CT Mobile Route - Report the number of scanners(s) and the number of scans by scan type.
   c. Host Site - Report the number of scans by scan type completed on each the mobile route(s) separately.
2. Do not report CT volume performed on PET/CT scanners in this section. This data is reported in the PET section.
3. The CT Volume by Referring Physician excel spreadsheet must be completed by all facilities, except facilities with only dental CT scanner services.

   Physician Volume File Instructions

4. Report if the facility has met the terms of approval and the project delivery requirements.
   a. For Yes/No questions, if the facility has met all of the requirements in the question, please answer Yes. If the facility has not met all of the requirements in the question, please answer No and explain why not in the data comment box at the bottom of this Section.
   b. If additional explanation of project delivery requirements is necessary, please put information in the data comment box at the bottom of this Section.

Hover mouse cursor over word or phrase in **bold** to view definitions.

Definitions:

Body CT Scans are all spinal CT scans and any CT scan of an anatomical site below and including the neck.

Bundled Body Scan means two or more body scans billed as one CT procedure.

Central Service Coordinator (CSC) is the organization that owns the mobile equipment and has operational responsibilities for that equipment.

CT-Angio Hybrid Unit means an integrated system comprised of both CT and angiography equipment sited in the same room that is designed specifically for interventional radiology or cardiac procedures. The CT unit is a guidance mechanism and is intended to be used as an adjunct to the procedure. The CT unit shall not be used for diagnostic studies unless the patient is currently undergoing a CT-Angio hybrid procedure and needs a secondary diagnostic study.

CT-Guided Ablation means any invasive procedure performed in a CT scanner requiring CT guidance of a needle or other device to treat a tumor.

CT-Guided Non-Ablation Procedure means any invasive procedure, requiring CT guidance, performed in the CT scanner other than CT-guided ablations.

Dedicated Pediatric CT Scanner means a fixed CT scanner on which at least 70% of the CT procedures are performed on patients under 18 years of age. If you are unsure if your facility has a CON approved for this scanner type, please contact Amanda Curtis (Curtis6@michigan.gov) or Christopher Tyranski (TyranskiC@Michigan.gov) at 517-284-8974.

New Definition added

Dedicated Research Fixed CT Scanner means a scanner approved by the department and a minimum of 70% of CT scans are performed for research purposes only.

Head CT Scans are defined head or brain CT scans; including the maxillofacial area; the orbit, sella, or posterior fossa; or the outer, middle, or inner ear; or any other CT scan occurring above the neck.

Hospital-based Portable CT Scanner means a CT scanner capable of being transported into patient care areas and data should only be completed if your facility holds a special CON approval for a portable scanner. Please check with Amanda Curtis (Curtis6@michigan.gov) or Christopher Tyranski (TyranskiC@Michigan.gov) at 517-284-8974 to confirm if you are unsure.

Host Site is approved to offer the service at that site through a contract with a Central Service Coordinator which owns the mobile equipment.

Pediatric Patient means any patient less than 18 years of age.

Special Needs Patient means a non-sedated patient, either pediatric or adult, with any of the following conditions: Down Syndrome, Autism, Attention Deficit Hyperactivity Disorder (ADHD), Developmental Delay, Malformation Syndromes, Hunter's Syndrome, multi-system disorders, psychiatric disorders, and other conditions that make the patient unable to comply with the positional requirements of the exam.

CT Equipment and Mobile Services

1. Number of Fixed CT Scanners (exclude specialty scanners reported in 2 - 5).		H5_D1G1
2. Number of **Portable CT Scanners** .		H5_D3G1
3. Number of **Dedicated Pediatric CT Scanners** .		H5_D4G2
4. Number of (**CT-Angio Hybrid Scanners**).		H5_D4G3
5. Number of (**Dedicated Research Fixed CT Scanners**). New question added		H5_D4G4
Total of CT Scanners		HD_1
6. Total number of Mobile CT Scanners (**CSC** operators only).		HD_2
7. If CT service is provided by mobile CT unit(s), enter all of the mobile route numbers that are providing CT service at your facility (**CSC** and **Host sites**):		
1st Route #	Select one...	H5_D1H1
2nd Route #	Select one...	H5_D1H2
3rd Route #	Select one...	H5_D1H3

Dedicated Research Fixed CT Scanners Utilization Data	NEW QUESTIONS added if question 5 > 0		
8. Total number of CT scans performed on the **Dedicated Research Fixed CT scanner(s)**.	Not on PVF		H5_DRF1
9.Total number of CT scans performed for research purposes only on the **Dedicated Research Fixed CT Scanner(s)**.	Not on PVF		H5_DRF2

PVF= Physician Volume File

CT Utilization Data - CSC	ADULT			PEDIATRIC	
Head CT Scans					
Head scans without contrast:		H5_M1A			H5_M2A
Head scans with contrast:		H5_M1B			H5_M2B
Head scans without and with contrast:		H5_M1C			H5_M2C
Body CT Scans					
Body scans without contrast:		H5_M1D			H5_M2D
Body scans with contrast:		H5_M1E			H5_M2E
Body scans without and with contrast:		H5_M1F			H5_M2F
Bundled Body Scans		H5_M1G			H5_M2G
How many adult special needs bundled body scans reported in the CT scans above?					H5_M3SN
How many adult special needs for all other scans?					H5_M4SN
CT Guided Non-Ablation Procedure		H5_M1H			H5_M2H
CT Guided Ablation Procedure		H5_M1I			H5_M2I

CT Utilization Data - Adult Fixed	Fixed CT		Portable CT		Dedicated Pediatric CT	
ADULT Head CT Scans						
Head scans without contrast:		H5_D1A1		H5_D1A3		H5_D1A4
Head scans with contrast:		H5_D1B1		H5_D1B3		H5_D1B4
Head scans without and with contrast:		H5_D1C1		H5_D1C3		H5_D1C4
ADULT Body CT Scans						
Body scans without contrast:		H5_D1D1		H5_D1D3		H5_D1D4
Body scans with contrast:		H5_D1E1		H5_D1E3		H5_D1E4
Body scans without and with contrast:		H5_D1F1		H5_D1F3		H5_D1F4
Bundled Body Scans		H5_D1J1		H5_D1J3		H5_D1J4
How many adult special needs bundled body scans reported in the CT scans above?						H5_D2SN1
How many adult special needs for all other scans?						H5_D2SN2
CT Guided Non-Ablation Procedure		H5_D1K1		H5_D1K3		H5_D1K4

CT Guided Ablation Procedure		H5_D1L1		H5_D1L3		H5_D1L4

CT Utilization Data - Adult Mobile Host Site Services	Mobile CT		Mobile CT		Mobile CT	
ADULT Head CT Scans	1st Route		2nd Route		3rd Route	
Head scans without contrast:		H5_D1A2A		H5_D1A2B		H5_D1A2C
Head scans with contrast:		H5_D1B2A		H5_D1B2B		H5_D1B2C
Head scans without and with contrast:		H5_D1C2A		H5_D1C2B		H5_D1C2C
ADULT Body CT Scans	1st Route		2nd Route		3rd Route	
Body scans without contrast:		H5_D1D2A		H5_D1D2B		H5_D1D2C
Body scans with contrast:		H5_D1E2A		H5_D1E2B		H5_D1E2C
Body scans without and with contrast:		H5_D1F2A		H5_D1F2B		H5_D1F2C
Bundled Body Scans		H5_D1G2A		H5_D1G2B		H5_D1G2C
How many adult special needs bundled body scans reported in the CT scans above?		H5_D2SNA1		H5_D2SNA2		H5_D2SNA3
How many adult special needs for all other scans?		H5_D3SNA1		H5_D3SNA2		H5_D3SNA3
CT Guided Non-Ablation Procedure		H5_D1H2A		H5_D1H2B		H5_D1H2C
CT Guided Ablation Procedure		H5_D1J2A		H5_D1J2B		H5_D1J2C

CT Utilization Data - Pediatric Fixed	Fixed CT		Portable CT		Dedicated Pediatric CT	
PEDIATRIC Head CT Scans						
Head scans without contrast:		H5_D1M1		H5_D1M3		H5_D1M4
Head scans with contrast:		H5_D1N1		H5_D1N3		H5_D1N4
Head scans without and with contrast:		H5_D1P1		H5_D1P3		H5_D1P4
PEDIATRIC Body CT Scans						
Body scans without contrast:		H5_D1R1		H5_D1R3		H5_D1R4
Body scans with contrast:		H5_D1S1		H5_D1S3		H5_D1S4
Body scans without and with contrast:		H5_D1T1		H5_D1T3		H5_D1T4
Bundled Body Scans		H5_D1U1		H5_D1U3		H5_D1U4
How many **special needs** scans were reported in the pediatric CT scans above?						H5_D1SNP
CT Guided Non-Ablation Procedure		H5_D1V1		H5_D1V3		H5_D1V4
CT Guided Ablation Procedure		H5_D1X1		H5_D1X3		H5_D1X4

CT Utilization Data - Pediatric Mobile Host Site Services	Mobile CT		Mobile CT		Mobile CT	
PEDIATRIC Head CT Scans	1st Route		2nd Route		3rd Route	
Head scans without contrast:		H5_D1M2A		H5_D1M2B		H5_D1M2C
Head scans with contrast:		H5_D1N2A		H5_D1N2B		H5_D1N2C
Head scans without and with contrast:		H5_D1P2A		H5_D1P2B		H5_D1P2C
PEDIATRIC Body CT Scans	1st Route		2nd Route		3rd Route	
Body scans without contrast:		H5_D1R2A		H5_D1R2B		H5_D1R2C
Body scans with contrast:		H5_D1S2A		H5_D1S2B		H5_D1S2C
Body scans without and with contrast:		H5_D1T2A		H5_D1T2B		H5_D1T2C
Bundled Body Scans		H5_D1U2A		H5_D1U2B		H5_D1U2C
How many **special needs** scans were reported in the pediatric CT scans above		H5_D1SNP1		H5_D1SNP2		H5_D1SNP3
CT Guided Non-Ablation Procedure		H5_D1V2A		H5_D1V2B		H5_D1V2C
CT Guided Ablation Procedure		H5_D1X2A		H5_D1X2B		H5_D1X2C

CT Volume by Referring Physician (Please see #3 in the instruction section for details.)		
Click the button to the right to download a copy of the physician volume template.	Get Template	
Click Browse button to select the completed Excel file to be uploaded. (Click the SAVE button at the bottom of the page to upload the Excel file. This is required to submit this Section.)		
Has the CT Volume by Referring Physician file been uploaded?	N	HD_EX01

Terms of Approval and Project Delivery Requirements		
10. Employs or has a contract with a radiation physicist to review the quality and safety of the operation of the CT scanner?		HD_TA01
11. Have equipment and supplies to handle clinical emergencies, staff trained in CPR and other appropriate emergency interventions, and a physician on site in or immediately available to the CT scanner at all times when patients are undergoing scans?		HD_TA02
12. CT scanner services are available 24 hours a day for emergency patients?		HD_TA03
13. Have a formal program of utilization review and quality assurance?		HD_TA04
14. If dedicated Pediatric provider , all radiologists, technologists and nursing staff working with CT patients have continuing education or in-service training on pediatric low-dose CT?		HD_TA05
15. If dedicated Pediatric provider , have defined low-dose pediatric CT protocols?		HD_TA06
16. For facilities receiving mobile services, have a means for patients to enter the vehicle without going outside such as a canopy or an enclosed corridor?		HD_TA07
17. Have a communication system between the mobile vehicle and the host facility to provide for immediate notification of emergency medical situations?		HD_TA08
18. Number of studies performed using a portable CT on the same patient while that patient is in an ICU.		HD_TA09
19. When was the last date throughout CY 2023 that CT services were provided by this facility/mobile route?	MM/DD/20YY	HD_TA10

Data Comments for this Section (Optional)

Please provide any explanation, comments, or other information that is relevant to the information reported in this section. This information will be saved for future reference:

HD_COMMENTS

Data Collection Status for this Section — **Last Updated on 2024-02-22 08:20:43**

By entering an **N** in the text box and clicking the **Save** button, you are certifying that further editing or additional information is required to complete the data for this section.

By entering a **Y** in the text box and clicking the **Submit** button, you are certifying that to the best of your knowledge and belief, the data supplied and any applicable uploaded documents are true and correct. You further understand that the submitted data will be used for the Certificate of Need application process and calculation of relevant need methodologies contained within the standards. Michigan statute, including MCL 333.22237 and 333.22225, requires completion of this survey. Failure to complete the survey in a timely manner or providing inaccurate data may result in enforcement action pursuant to MCL 333.22247.

Is the data for this section complete (Y/N)? HD_STATUS

Note: A section is not completed until Y is selected and Submit has been clicked. All required sections must be submitted in this manner for MDHHS to consider the survey completed for review.

Save | Submit | Submit | Print this section to PDF:

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Printing Section E to PDF ...

No changes to this section from last year.

2023 Michigan Certificate of Need Annual Survey

000006	CHRIS T'S TESTING HOSPITAL	PARIS	HOSPITAL

SECTION E: Cardiac Catheterization Services

Next

Contact information for the person responsible for completing this section: ☐ **Check here if same as Section A.**

Contact Name		HE_CNAME
Contact E-mail		HE_CEMAIL
Contact Phone		HE_CPHONE
Contact Fax		HE_CFAX

Instructions:

1. Report number of Cardiac Catheterization Laboratories.
2. Report each session once in the appropriate category. A session will be reported in the category based on the most complex procedure performed during the session.
3. Report appropriate physician credentials. Each physician will be counted once in the physician volume questions.
4. The Cardiac Catheterization Volume by Physician excel spreadsheet must to be completed by all facilities.

   Physician Volume File Instructions

5. Report if the facility has met the terms of approval and the project delivery requirements.
   a. For Yes/No questions, if the facility has met all of the requirements in the question, please answer Yes. If the facility has not met all of the requirements in the question, please answer No and explain why not in the data comment box at the bottom of this Section.
   b. If additional explanation of project delivery requirements is necessary, please put information in the data comment box at the bottom of this Section.

Hover mouse cursor over word or phrase in **bold** to view definitions.

Definitions:

Adult Cardiac Catheterization Service means providing cardiac catheterization services on an organized, regular basis to patients age 18 and above, and for electrophysiology procedures to patients age 15 and older.

Cardiac Catheterization Laboratory (CCL) means an individual radiological room equipped with a variety of x-ray machines and devices such as electronic image intensifiers and digital subtraction units to assist in performing diagnostic or therapeutic cardiac catheterizations or electrophysiology studies.

Cardiac Catheterization Procedures means any cardiac procedure, including diagnostic, therapeutic, and electrophysiology studies performed on a single patient during a single session in a CCL.

Cardiac Catheterization Session means a continuous time period during which a patient may undergo one or more diagnostic or therapeutic cardiac or peripheral procedures in a cardiac catheterization laboratory. The term session applies to both adult and pediatric/congenital catheterizations.

Cardiac Implantable Electronic Device (CIED) means implantation of transvenous single and dual chamber pacemaker, transvenous single and dual chamber implantable cardioverter defibrillators (ICDS), and all generator changes.

Complex Therapeutic Session means a continuous time period during which a patient undergoes one or more of the following procedures:
(i) PCI for chronic total occlusion
(ii) TAVR, mitral/pulmonary/tricuspid valve repair or replacement, paravalvular leak closure
(iii) ablation for atrial fibrillation (AF) or ventricular tachycardia (VT), pacemaker or ICD lead extraction.

Diagnostic Cardiac Catheterization Procedure includes right heart catheterization, left heart catheterization, coronary angiography, coronary artery bypass graft angiography, intracoronary administration of drugs, fractional flow reserve (FFR), intra-coronary imaging such as intravascular ultrasound (IVUS), optical coherence tomography (OCT), or near-infrared spectroscopy (NIRS) when performed without a therapeutic procedure, cardiac biopsy, intra-cardiac echocardiography, and electrophysiology study.

Diagnostic Cardiac Catheterization Service means providing diagnostic cardiac catheterization procedures on an organized, regular basis in a laboratory to diagnose anatomical and/or physiological problems in the heart. A hospital that provides diagnostic cardiac catheterization services may also perform permanent pacemaker and ICD implantation (therapeutic procedures).

Diagnostic Cardiac Catheterization Session means a continuous time period during which a patient may undergo one or more diagnostic cardiac catheterization procedures.

Diagnostic Peripheral Procedure includes angiography or hemodynamic measurements in the arterial or venous circulation (excluding the heart).

Diagnostic Peripheral Session means a continuous time period during which a patient may undergo one or more diagnostic peripheral procedures in a cardiac catheterization laboratory.

Elective PCI Services without on-site OHS means performing PCI on an organized, regular basis in a hospital having a diagnostic cardiac catheterization service and a primary PCI service but not having OHS on-site and adhering to patient selection as outlined in the SCAI/ACC/AHA Expert Consensus Document: 2014 Update on PCI Without On-Site Surgical Backup and published in Circulation 2014, 129:2610-2626 and its update or further guideline changes. A hospital that provides elective PCI without on-site OHS may also perform right-sided cardiac ablation procedures including right atrial flutter, AV reentry, AV node reentry, right atrial tachycardia, and AV node ablation.

Hybrid Operating Room/Cardiac Catheterization Laboratory means an operating room located on a sterile corridor and equipped with an angiography system permitting minimally invasive procedures of the heart and blood vessels with full anesthesia capabilities. A case performed in this room shall be counted only once as either surgical volume in Section G or therapeutic catheterization volume in Section E for the hospital.

Pediatric/Congenital Cardiac Catheterization Service means providing cardiac and electrophysiology catheterization services on an organized, regular basis to infants and children ages 18 and below and patients born with congenital heart disease.

Primary PCI Service without on-site OHS without on-site OHS means performing primary PCI on an emergent basis in a hospital having a diagnostic cardiac catheterization service. A hospital that provides primary PCI without on-site OHS may also perform right-sided cardiac ablation procedures including right atrial flutter, AV reentry, AV node reentry, right atrial tachycardia, and AV node ablation.

Prolonged Therapeutic Session means cardiac therapeutic sessions that are greater than 6 hours.

Therapeutic Cardiac Catheterization Service means providing therapeutic cardiac catheterizations on an organized, regular basis in a laboratory to treat and resolve anatomical and/or physiological problems in the heart.

Therapeutic Cardiac Catheterization Session may include: PCI (elective, emergent), pericardiocentesis, permanent pacemaker implantation, ICD implantation (endovascular or subcutaneous), pacemaker or ICD generator change, pacemaker or ICD lead revision, cardiac ablation, and/or structural heart procedure. This also includes implantation of a circulatory support device such as IABP, Impella, ECMO or TandemHeart where this is the only therapeutic procedure. when PCI is performed in more than one coronary artery during the same setting, this is counted as one session.

Therapeutic Peripheral Procedure means a therapeutic catheterization procedure to resolve anatomic and/or physiologic problems in the arterial or venous circulation (excluding the heart). Procedures may include percutaneous transluminal angioplasty (PTA), atherectomy, drug eluting balloon, laser, stent implantation, IVC filter implantation or retrieval, catheter-directed ultrasound/thrombolysis, and thrombectomy.

Therapeutic Peripheral Session means a continuous time period during which a patient may undergo one or more therapeutic peripheral procedures in a cardiac catheterization laboratory.

Therapeutic Pediatric/Congenital Cardiac Catheterization Session may include: structural heart procedure (as listed above), pulmonary artery angioplasty/stent implantation, pulmonary valve perforation, angioplasty/stent implantation for aortic coarctation, cardiac ablation, pacemaker/ICD implantation, and PCI.

Cardiac Catheterization Laboratories		
1. Number of Adult CCL?	0	H7_EA1
2. Number of Adult CCL identified in question 1 above that are Hybrid Operating Room/Cardiac Catheterization Laboratory (as approved by CON)?	0	H7_EA1A
3. Number of Dedicated Pediatric/Congenital CCL?	0	H7_EA2

Level of Cardiac Catheterization Services:		
NOTE: You are providing the facilities reported BMC2 data at this time, however, once the 4th quarter of BMC2 data is returned, updates may need to occur. If the reported Annual Survey data (Q's 6 & 7) have changed, the Facility needs to provide the corrected data for the Department to update.		
4. What is the Facility Type?		H7_CCFT
5. Identify the highest level of Cardiac Catheterization Service offered at the facility.		H7_CCS1
6. For Diagnostic with Primary PCI, report the number of Primary PCI sessions reported to BMC2 (Must report even for Therapeutic level).	0	H7_CCS2
7. For Diagnostic with Elective PCI, report the number of Elective PCI sessions reported to BMC2 (Must report even for Therapeutic level)	0	H7_PCI1

CARDIAC CATHETERIZATION UTILIZATION DATA - ADULT CCL	No. of Sessions	
8. Diagnostic Cardiac Catheterization Sessions	0	H7_DCCS1
9. Diagnostic Peripheral Sessions.	0	H7_DPS1
10. Therapeutic Cardiac Catheterization Sessions	0	H7_TCCS1
11. Therapeutic Peripheral Sessions	0	H7_TPS1

12. **Complex Therapeutic Session**	0	H7_CPVS1
13. **Prolonged Therapeutic Session**	0	H7_PTS1
14. How many of the cardiac catheterization **sessions** identified in questions 8 - 13 were performed on pediatric age patients (under 18 years for cardiac catheterizations and or under 14 years for age for electrophysiology studies)?	0	H7_PCCEP
15. How many adult **CIED** procedures were performed within those sessions reported in questions 8 - 13?	0	H7_CIEDA

CARDIAC CATHETERIZATION UTILIZATION DATA - DEDICATED PEDIATRIC/CONGENITAL CCL	No. of Sessions	
16. Diagnostic Cardiac Catheterization Sessions	0	H7_DCCS2
17. Diagnostic Peripheral Sessions.	0	H7_DPS2
18. Therapeutic Cardiac Catheterization Sessions	0	H7_TCCS2
19. Therapeutic Peripheral Sessions	0	H7_TPS2
20. **Complex Therapeutic Session**	0	H7_CPVS2
21. **Prolonged Therapeutic Session**	0	H7_PTS2
22. How many pediatric/congenital **CIED** procedures were performed within those sessions reported in questions 16 - 21?	0	H7_CIEDP

CARDIAC CATHERITIZATION PHYSICIAN VOLUME	Number of Physicians	
23. Number of physicians credentialed to perform only adult diagnostic cardiac catheterizations.	0	H7_E1I1
24. How many physicians did not meet the individual volume requirement of 50 adult diagnostic catheterization sessions involving a left-heart cath or coronary angiography per year?	0	H7_E1I2
25. Number of physicians credentialed to perform adult therapeutic cardiac catheterizations.	0	H7_E2I1
26. How many physicians did not meet the individual volume requirement of 50 adult therapeutic sessions?	0	H7_E3I2
27. Number of physicians credentialed to perform only pediatric/congenital cardiac catheterizations.	0	H7_E4I1
28. How many physicians did not meet the individual volume requirement of 50 pediatric/congenital cardiac catheterization sessions?	0	H7_E5I2
29. Number of physicians credentialed to perform PCI?	0	H7_E5I3
30. How many physicians did not meet the individual requirement of 50 PCI sessions per year?	0	H7_E5I4
31. For FSOF/ ASC only; number of physicians (electrophysiologist) credentialed to perform CIED procedures?	0	H7_E5I5
32. For FSOF/ ASC only; how many physicians credentialed to perform CIED procedures did not perform at least 75 device implants in the previous 24-month period?	0	H7_E5I6

Cardiac Catheterization Volume by Physician (Please see #4 in the instruction section for details.)		
Click the button to the right to download a copy of the physician volume template.	Get Template	
Click Browse button to select the completed Excel file to be uploaded. *The Physician Volume Excel file has been uploaded for the facility, click download to view the completed file.*		
Has the Catheterization Volume by Physician file been uploaded?	Y	HE_EX01

Terms of Approval and Project Delivery Requirements For All Cardiac Catheterization Programs		
33. Have sufficient medical, nursing, technical and other personnel to permit regular scheduled hours of operation and continuous 24-hour on-call availability?		HE_TA01
34. For dedicated pediatric CCL, have the standardized equipment as defined in the most current American Academy of Pediatrics (AAP) guidelines for pediatric cardiovascular centers?		HE_TA02
35. Have an appropriately trained physician as the director of the cardiac catheterization services who has completed at least 100 cardiac catheterization sessions per year for the last five years?		HE_TA03
36. When was the last date throughout CY 2023 Cardiac Catheterization Services were provided at this facility?	MM/DD/20YY	HE_TA07

Terms of Approval and Project Delivery Requirements For Diagnostic Programs with Primary and Elective PCI

37. Is accredited through ACE, ACC, IAC or Corazon?		HE_TA04
38. Participates with BMC2 data registry?		HE_TA05
39. Cardiac catheterization laboratory and collaborative cardiologists-heart surgeon relationship requirements shall conform to all SCAI/ACC Guidelines for PCI including the SCAI/ACC/AHA Expert Consensus Document?		HE_TA06

Data Comments for this Section (Optional)

Please provide any explanation, comments, or other information that is relevant to the information reported in this section. This information will be saved for future reference:

HE_COMMENTS

Data Collection Status for this Section	**Last Updated on 2024-02-26 09:25:58**	**Last Updated on 2024-02-26 09:25:58**
By entering an **N** in the text box and clicking the **Save** button, you are certifying that further editing or additional information is required to complete the data for this section.		
By entering a **Y** in the text box and clicking the **Submit** button, you are certifying that to the best of your knowledge and belief, the data supplied and any applicable uploaded documents are true and correct. You further understand that the submitted data will be used for the Certificate of Need application process and calculation of relevant need methodologies contained within the standards. Michigan statute, including MCL 333.22237 and 333.22225, requires completion of this survey. Failure to complete the survey in a timely manner or providing inaccurate data may result in enforcement action pursuant to MCL 333.22247.		
Is the data for this section complete (Y/N)?	N HE_STATUS	

Note: A section is not completed until Y is selected and Submit has been clicked. All required sections must be submitted in this manner for MDHHS to consider the survey completed for review.

Save **Submit** Print this section to PDF:

Logout **Next** **Feedback** **General Info / FAQ**

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Printing Section F to PDF ...

2023 Michigan Certificate of Need Annual Survey

000006	CHRIS T'S TESTING HOSPITAL	PARIS	HOSPITAL

SECTION F: Megavoltage Radiation Therapy (MRT) Services

Next

Contact information for the person responsible for completing this section: ☐ Check here if same as Section A.		
Contact Name		HF_CNAME
Contact E-mail		HF_CEMAIL
Contact Phone		HF_CPHONE
Contact Fax		HF_CFAX

Instructions:

1. Report the number of MRT units by type that were in operation during the survey year.
2. Report the number of treatment visits completed by treatment type on either a non-special MRT or a special MRT units. Use billable MRT ICD10 codes.

   View ICD9 to ICD10 conversion chart

3. The MRT Volume by Treating Physician excel spreadsheet must be completed by all facilities.

   Physician Volume File Instructions

4. Report if the facility has met the terms of approval and the project delivery requirements.
   a. For Yes/No questions, if the facility has met all of the requirements in the question, please answer Yes. If the facility has not met all of the requirements in the question, please answer No and explain why not in the data comment box at the bottom of this Section.
   b. If additional explanation of project delivery requirements is necessary, please put information in the data comment box at the bottom of this Section.

Hover mouse cursor over word or phrase in **bold** to view definitions.

Definitions:

Course of treatment means the planned series of visits that compose a plan for treatment of one or more cancer sites for a single patient.

CT-Guided real time tracking radiation with adaptive means a visit involving an integrated CT/MRT unit providing CT images in the treatment room before and during an MRT treatment of any complexity; along with creation, evaluation, and delivery of a new radiation therapy plan while the patient remains in the treatment room.

CT-Guided real time tracking radiation without adaptive means a visit involving an integrated CT/MRT unit providing CT images in the treatment room before and during an MRT treatment of any complexity.

New Definition added

Dedicated Research MRT unit means a unit approved by the department and a minimum of 70% of MRT treatments are performed for research purposes only.

Dedicated stereotactic radiosurgery/stereotactic body radiation therapy (SRS/SBRT) unit means an MRT unit for which more than 90 percent of cases will be treated with radiosurgery and/or SBRT.

Gating means capturing and monitoring of the target's or fiducial's motion during radiation treatment and the modulation of the radiation beam in order to more precisely deliver radiation to the target and/or decrease the radiation dose to the surrounding normal tissue.

HMRT Unit means a heavy particle accelerator or any other MRT unit operating at an energy level equal to or greater than 30.0 million electron volts (megavolts or MEV).

Isocenter means the virtual point in space about which the MRT unit operates and is placed at the center of the tumor for the delivery of the radiation treatment.

MR-Guided real time tracking radiation without adaptive means a visit involving an integrated MRI/MRT unit providing MR images in the treatment room before and during an MRT treatment of any complexity.

MR-Guided real time tracking radiation with adaptive means a visit involving an integrated MRI/MRT unit providing MR images in the treatment room before and during an MRT treatment of any complexity; along with creation, evaluation and delivery of a new radiation therapy plan while the patient remains in the treatment room.

MRT Unit means a CON approved linear accelerator; cobalt unit; or other piece of medical equipment operating at an energy level equal to or greater than 1.0 million electron volts (megavolts or MEV) for the purpose of delivering doses of radiation to patients with cancer, other neoplasms, or cerebrovascular system abnormalities.

Non-Special MRT Unit means an MRT unit other than an MRT unit meeting the definition of a special purpose MRT unit or an HMRT unit.

Patient specific QA for IMRT means verification of radiation delivered dose and/or fluence through physical measurement with a dosimetry phantom and/or detector array in the treatment room.

Patient specific QA for SRS/SBRT means verification of radiation delivered dose and/or fluence through physical measurement with a dosimetry phantom and/or detector array in the treatment room.

Special Purpose MRT Unit means any of the following types of MRT units: (i) dedicated stereotactic radiosurgery unit, (ii) dedicated total body irradiator (TBI), or (iii) an OR-based IORT unit.

Treatment Visit means one patient encounter during which MRT is administered. One treatment visit may involve one or more treatment ports or fields. Each separate encounter by the same patient at different times of the same day shall be counted as a separate treatment visit.

Megavoltage Radiation Therapy Units		
1. Number of cobalt units	0	H12_FD1A
2. Number linear accelerator (exclude those reported in 3 - 6) units	0	H12_FD2A
3. Number of dedicated stereotactic radio-surgery	0	H12_FD4A
4. Number of operating room based linear accelerator units	0	H12_FD6A
5. Number of dedicated total body irradiator units	0	H12_FD7A
6. Number of High Megavoltage Radiation Therapy (HMRT) units	0	H12_FD9A
7. Number of Dedicated Research MRT units New question added	0	H12_FD10A

Non-Special MRT Unit Utilization Data		
8. Simple	0	H11_FA1A
9. Intermediate	0	H11_FA2A
10. Complex	0	H11_FA3A
11. Intensity Modulated Radiation Therapy (IMRT) - report all courses of IMRT treatments	0	H11_FA49T
12. Intensity Modulated Radiation Therapy (IMRT) - report the total number of IMRT treatment visits.	0	H11FA49A
13. Total Body Irradiation	0	H11FA50A
14. Stereotactic radio-surgery/stereotactic body radiation therapy (**SRS/SBRT**)- report all courses of SRS/SBRT treatment.	0	H11FA52A
15. Stereotactic radio-surgery/stereotactic body radiation therapy (SRS/SBRT) – report the total number of SRS/SBRT treatment visits. [Rev. 2019] [*Max. 5 visits per course of treatment].	0	H11FA53A
16. Stereotactic radio-surgery/stereotactic body radiation therapy (SRS/SBRT) – report the total number of isocenters for the SRS/SBRT visits reported in 14. [Rev. 2019]	0	H11FA54A
17. How many of the visits in this section were for patients less than 5 years of age?	0	H11_FAC5
18. How many of the visits in this section were performed with **gating**?	0	H11_FGA1
19. How many of the IMRT visits in this section were performed with patient specific **QA for IMRT**? [Not to exceed more than twice per course of treatment]	0	H11_FA49Q
20. How many of the SRS/SBRT visits in this section were performed with patient specific **QA for SRS/SBRT**? [Not to exceed more than twice per course of treatment.]	0	H11_FA53Q
21. How many of the visits in this section were performed with **MR-guided real time tracking radiation without adaptive**?	0	H11_FA70A
22. How many of the visits in this section were performed with **MR-guided real time tracking radiation with adaptive**?	0	H11_FA70B
23. How many of the visits in this section were performed with **CT-guided real time tracking radiation without adaptive**?	0	H11_FA70C
24. How many of the visits in this section were performed with **CT-guided real time tracking radiation with adaptive**?	0	H11_FA70D

Special Purpose MRT Unit Utilization Data		
25. Total Body Irradiation	0	H11FA41A
26. Stereotactic radio-surgery/stereotactic body radiation therapy (**SRS/SBRT**) - report all courses of SRS/SBRT treatment.	0	H11FA45A
27. Stereotactic radio-surgery/stereotactic body radiation therapy (SRS/SBRT) – report the total number of SRS/SBRT treatment visits. [Rev. 2019] [*Max. 5 visits per course of treatment].	0	H11FA48A
28. Stereotactic radio-surgery/stereotactic body radiation therapy (SRS/SBRT) – report the total number of isocenters for the SRS/SBRT visits		

reported in 24. [Rev. 2019]	0	H11FB48A
29. **HMRT Visits**	0	H11FA57A
30. How many of the visits in this section were for patients less than 5 years of age?	0	H11_FAC6
31. How many of the visits in this section were performed with **gating**?	0	H11_FGA2
32. How many of the SRS/SBRT visits in this section were performed with patient specific **QA for SRS/SBRT**? [Not to exceed more than twice per course of treatment]	0	H11_FA48V
33. How many of the visits in this section were performed with **MR-guided real time tracking radiation without adaptive?**	0	H11_FA71A
34. How many of the visits in this section were performed with **MR-guided real time tracking radiation with adaptive**?	0	H11_FA71B
35. How many of the visits in this section were performed with **CT-guided real time tracking radiation without adaptive**?	0	H11_FA71C
36. How many of the visits in this section were performed with **CT-guided real time tracking radiation with adaptive**?	0	H11_FA71D

Dedicated Research MRT Unit Utilization Data NEW QUESTIONS added if question 7 > 0 Note: PVF = Physician Volume File

37. Total number of MRT visits completed on the Dedicated Research MRT unit(s).	Not on PVF	0	H11_DR1
38. Total number of MRT visits preformed for research purposes only on the Dedicated Research MRT unit(s).	Not on PVF	0	H11_DR2

MRT Course of Treatment

39. Number of individual patients treated	0	H12_FC1A
40. Number of **courses of treatment**	0	H12_FC2A

Intraoperative Treatment Visits

An intraoperative treatment visit (IORT) is defined as a procedure where a dose of megavoltage radiation is delivered to a surgically exposed neoplasm or cancerous organ/site using a dedicated unit.

41. Enter the number of IORT's performed at your hospital.	0	H12_IORT

MRT Simulator Equipment

42. Identify the number of CT Simulators used in coordination with the MRT unit(s).	0	H12_FS1A
43. Identify the number of MRI Simulators used in coordination with MRT unit(s).	0	H12_FS2A

MRT Volume by Treating Physician (Please see #3 in the instruction section for details.)

Click the button to the right to download a copy of the physician volume template. Get Template

Please Note: The numbering to the physician volume file has been updated to match the Annual Survey page. The physician volume file itself did not change from last year.

Click Browse button to select the completed Excel file to be uploaded.
The Physician Volume Excel file has been uploaded for the facility, click download to view the completed file.

Has the MRT Volume by Referring Physician file been uploaded?	Y	HF_EX01

Terms of Approval and Project Delivery Requirements

43. Have at least one radiation oncologist immediately available during the operation of the MRT unit(s).		HF_TA01
44. Have staff trained in CPR and other appropriate emergency interventions and on-site in the MRT unit at all times when patients are treated.		HF_TA02
45. Have accreditation by the American College of Surgeons Commission on Cancer, the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), or the Healthcare Facilities Accreditation Program (HFAP).		HF_TA03
46. Have accreditation by the American College of Radiology/American Society for Radiation Oncology (ACR/ASTRO) or the American College of Radiation Oncology (ACRO).		HF_TA04
47. Have simulation capability at the same location.		HF_TA05
48. When was the last date throughout CY 2023 that MRT services were provided by this facility?	MM/DD/20YY	HF_TA06

Data Comments for this Section (Optional)

Please provide any explanation, comments, or other information that is relevant to the information reported in this section. This information will be saved for future reference:

HF_COMMENTS

Data Collection Status for this Section	Last Updated on 2024-02-26 09:27:17
By entering an **N** in the text box and clicking the **Save** button, you are certifying that further editing or additional information is required to complete the data for this section.	
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Is the data for this section complete (Y/N)?	N HF_STATUS

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2023 Michigan Certificate of Need Annual Survey

000006	CHRIS T'S TESTING HOSPITAL	PARIS	HOSPITAL

SECTION G: Surgical Services

Next

Contact information for the person responsible for completing this section: ☐ **Check here if same as Section A.**

Contact Name		HG_CNAME
Contact E-mail		HG_CEMAIL
Contact Phone		HG_CPHONE
Contact Fax		HG_CFAX

Instructions

1. Report appropriate level of hospital certifications.
2. Report all operating room(s) that were operational during the reporting period only once, and under appropriate dedicated classification.
3. Report all surgical cases and hours by operating room type.
   a. Open heart and transplant surgery cases and hours will be counted in question 9. The cases also will be reported in the appropriate questions in Sections J and K, respectively.
   b. Report all obstetrical cases, hours of use, and rooms located in an area primarily designated for obstetrical services only in question 7 and 12.
4. **DO NOT DUPLICATE** any utilization data from Section B (UESWL Services) within Section G (Surgical Services) pursuant to the Surgical Services Review Standards, section 3 subsection (2)(a)(iii).
5. Please note that reporting dedicated endoscopy or cystoscopy room(s) shall serve as notice to the Department. This may result in the facility having to file an application in the future to change from the reported dedicated endoscopy or cystoscopy room(s) to general operating room(s).
6. Report if the facility has met the terms of approval and the project delivery requirements.
   a. For Yes/No questions, if the facility has met all of the requirements in the question, please answer Yes. If the facility has not met all of the requirements in the question, please answer No and explain why not in the data comment box at the bottom of this Section.
   b. If additional explanation of project delivery requirements, please put information in the data comment box at the bottom of this Section.
7. The Surgical Volume by Physician excel spreadsheet must be completed by all facilities.

   Physician Volume File Instructions

8. For facilities that perform kidney and pancreas transplant surgeries please enter the number of kidney transplants and number of pancreas transplant surgeries performed at your facility in questions #22 and #23 below.

Hover mouse cursor over word or phrase in **bold** to view definitions.

Definitions:

Dedicated Endoscopy or Cystoscopy Operating Room means a room used exclusively for endoscopy or cystoscopy cases.

FSOF/ASC exclusively used for dedicated endoscopy and/or cystoscopy means a health facility licensed under Part 208 of the Code that is constructed and equipped to exclusively perform only outpatient endoscopy or cystoscopy cases, per Section 2 of the Surgical Standards.

FSOF/ASC not exclusively used for dedicated endoscopy and/or cystoscopy means a health facility licensed under Part 208 of the Code that is constructed and equipped to perform outpatient surgical cases within operating rooms located on a sterile corridor that are not exclusively used for endoscopy or cystoscopy cases, per Section 2 of the Surgical Standards.

Hospital Based means a health facility licensed under Part 215 of the Code that is authorized to provide inpatient or outpatient surgery, per Section 2 of the Surgical Standards.

Hospital Burn Care Certification means surgical services provided to burn patients in a licensed hospital site that has been verified as meeting the Guidelines for Developmental and Operation of Burn Center issued by the American Burn Association in March 1988, or equivalent standards for a burn center.

Hospital Trauma Certification means surgical services provided to a trauma patient in a licensed hospital site that has been verified as meeting the standards of the American College of Surgeons for a Level I or Level II trauma center, or equivalent standards.

Hybrid Operating Room/Cardiac Catheterization Laboratory means an operating room located on a sterile corridor and equipped with an angiography system permitting

minimally invasive procedures of the heart and blood vessels with full anesthesia capabilities. A case performed in this room shall be counted only once as either surgical volume in Section G or therapeutic catheterization volume in Section E for the hospital.

Surgical Case means a single visit to an operating room during which one or more surgical procedures are performed. New Definition added

Surgical Hours means the time from when the patient enters the operating room until the patient leaves the operating room. Do not count or include pre- or post-operative time.

FACILITY DESIGNATION TYPE		
1. Type of Surgical Services Facility		H14_SSFT

SURGICAL SERVICES CERTIFICATION		
2. Has Hospital Trauma Certification and an exclusively dedicated operating room for trauma care patients? (Y/N)		H14_TOR1
3. Has Hospital Trauma Certification, but trauma care is provided in non-dedicated operating room(s)? (Y/N)		H14_TOR2
4. Has Hospital Burn Care Certification and an exclusively dedicated operating room for burn care patients? (Y/N)		H14_BOR1
5. Has Hospital Burn Care Certification, but burn care is provided in non-dedicated operating room(s)? (Y/N)		H14_BOR2

OPERATING ROOMS (Please don't include volume from room(s) not located on the sterile corridor)		
6. Number of operating rooms located on a sterile corridor (include both inpatient and outpatient ORs). * **DO NOT INCLUDE** dedicated endoscopy and/or cystoscopy rooms reported under Question 7.		H14_G1A1
7. Number of dedicated endoscopy or cystoscopy operating rooms located on a sterile corridor.		H14_G3B1
8. Number of dedicated Cesarean Section operating room(s) not part of the surgical suite, but on a sterile corridor.		H14_G7A1
9. Number of operating rooms identified in question 6 above that are **hybrid operating room/cardiac catheterization laboratories** (as approved by CON).		H14_G8A1

SURGICAL SERVICES UTILIZATION DATA	CASES		HOURS	
10. For all operating rooms, record only inpatient surgery, including open heart and transplant surgeries. Exclude data reported in questions 11 and 12 below.		H14G1A2I		H14G1A3I
11. For all operating rooms record only outpatient surgery. Exclude data reported in question 12 below.		H14G1A2O		H14G1A3O
12. For all dedicated endoscopy or cystoscopy operating rooms located on a sterile corridor. Report both inpatient and outpatient use.		H14_G3B2		H14_G3B3
13. Dedicated Cesarean Section operating room(s) not part of the surgical suite, but located on a sterile corridor.		H14_G7A2		H14_G7A3

SERVICE LEVELS		
14. Are the surgical services at this facility offered 24 hours per day, 7 days per week?		H14_EMS1
15. Does the facility receive patients via ambulance transport from the scene of an emergency?		H14_EMS2

Surgical Volume by Physician (Please see #6 in the instruction section for details.)		
Click the button to the right to download a copy of the physician volume template.	Get Template	
Click Browse button to select the completed Excel file to be uploaded. (Click the SAVE button at the bottom of the page to upload the Excel file. This is required to submit this Section.)		
Has the Surgical Volume by Physician file been uploaded?	N	HG_EX01

Terms of Approval and Project Delivery Requirements		
16. Have provisions for handling all types of in-house emergencies, including cardiopulmonary resuscitation.		HG_TA01
17. All surgeons who perform surgery within the facility have admitting privileges or written arrangements with other physicians for patient admissions at a local hospital.		HG_TA02
18. Have an established procedure, including a transfer agreement that provides for the immediate transfer of a patient requiring emergency care beyond the capabilities of the surgical facility to a hospital that is capable of providing the necessary inpatient services and is located within 30 minutes of the surgical facility. Or if no hospital is located within 30 minutes, a transfer agreement with the nearest hospital having such capability.		HG_TA03
19. Have process for credentialing individuals authorized to perform surgery or provide anesthesia services at the surgical facility.		HG_TA04

20. Provide laboratory, diagnostic imaging, pathology and pharmacy (including biologicals) services, either on-site or through contractual arrangements.		HG_TA05
21. Number of credentialed physicians who performed surgery at the facility.		HG_TA06
22. Please list any of the following accreditations the facility maintains: Joint Commission on the Accreditation of Healthcare Organizations, the American Osteopathic Hospital Association, or the Accreditation Association for Ambulatory Health Care, or certified by Medicare as an ambulatory surgical center.		HG_TA07
23. When was the last date throughout CY 2023 Surgical Services were provided by this facility?	MM/DD/20YY	HG_TA08

Kidney and Pancreas Transplant Utilization Data	CASES		ICD9/ICD10 CM
24. Kidney Transplants	0	H15_K3G	55.69 & 55.61
25. Pancreas Transplants	0	H15_K3E	52.80-52.83

Data Comments for this Section (Optional)

Please provide any explanation, comments, or other information that is relevant to the information reported in this section. This information will be saved for future reference:

HG_COMMENTS

Data Collection Status for this Section **Last Updated on 2024-02-22 08:20:43**

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Is the data for this section complete (Y/N)? HG_STATUS

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2023 Michigan Certificate of Need Annual Survey

000006	CHRIS T'S TESTING HOSPITAL	PARIS	HOSPITAL

SECTION H: Emergency Department Services (Hospital sites only)

Next

Contact information for the person responsible for completing this section: ☐ **Check here if same as Section A.**

Contact Name		HH_CNAME
Contact E-mail		HH_CEMAIL
Contact Phone		HH_CPHONE
Contact Fax		HH_CFAX

Instructions:

1. Report the number of ER visits by the age of the patient and type.
2. Break the visits reported in question 1 down by diagnosis ICD10 Codes.
   View ICD9 to ICD10 conversion chart
3. Report the level of staff in the ER.

Definitions:

Trauma - Please refer to these guidelines when completing the question relating to trauma visits.

Inclusion - all admitted patients with discharge diagnoses ICD-9-CM codes between 800.00 through 959.9.
Also includes smoke inhalation - ICD-9-CM code 987.9, **AIS** 3, 4, and 5; all Emergency Department deaths (including DOAs) and with diagnoses ICD-9-CM codes between 800 through 959.9.

Exclusion - The following are visits that are not to be included under the "trauma" portion of this section; however, they may be counted under another classification.
-All patients seen, treated, and released from the ED or transferred to another facility.
-Drowning with asphyxiation
-Hanging with asphyxiation
-Ingestion without injury
-Foreign body swallowing without injury
-Poisoning unless other associated injury
-Pre-scheduled operations for sports injuries
-Patients with initial presentation > 7 days from injury date, excluding burns
-Drug overdoses
-Elective surgery
-Late effect of injury
-Old fractures
-Pathological fractures

EMERGENCY SERVICES UTILIZATION DATA

	Adult Visits Age 15 & Older		Pediatric Visits Age 14 & Younger	
1. Number of emergency department visits.		H17_H1A		H17_H2A
2. Of those reported in 1, how many were admitted?		H17_H1B		H17_H2B
3. How many ED patients were brought by a motor vehicle ambulance?		H17_H1C		H17_H2C
4. How many of the ED patients brought by motor vehicle ambulance were eligible for air ambulance?		H17_H1D		H17_H2D
5. How many patients were brought by air ambulance to this hospital?		H17_H1E		H17_H2E

EMERGENCY SERVICES UTILIZATION DATA BY DIAGNOSIS CODE

Report ED patients in the categories below, including patients subsequently admitted.

ED visits are to be recorded in only ONE category.	Adult Visits Age 15 & Older		Pediatric Visits Age 14 & Younger		ICD-9-CM/ICD-10-CM Codes
6. Trauma **(admitted patients and ED deaths only-see definition above)**.		H18H1A1A		H18H1A1B	See Definition Above
7. Cardiac.		H18H1A2A		H18H1A2B	410.0-415.1 424.1-428.9
8. Obstetric.		H18H1A3A		H18H1A3B	630-676.9
9. Psychiatric.		H18H1A7A		H18H1A7B	290-302 306-316
10. Asthma.		H18H1A8C		H18H1A8D	493.0-493.9
11. Allergy.		H18H1A8E		H18H1A8F	287.0, 346.2, 360.19, 370.62, 372.14, 477.0-477.9, 495.2-495.9, 500-508, 518.3, 535.4, 558.9, 597.89, 691.8, 692.5, 692.9, 693.1, 708.0, 716.2, 995.1-995.4, 995.6
12. Chronic Obstructive Pulmonary Disease.		H18H1A8G		H18H1A8H	490-492, 496
13. Upper Respiratory Infections.		H18H1A9A		H18H1A9B	460-476
14. Diabetes and related conditions.		H18H1A9C		H18H1A9D	250.00-250.93
15. Ischemic Stroke.		H18H1A9E		H18H1A9F	433.10, 433.x1, 434.00, 434.x1, 430, 431, 435.0-435.9

EMERGENCY SERVICES STAFFING

16. From the list below enter the number that best describes your Emergency Department staffing (1-7):		H19_H2

1 = Physicians in the Emergency Department on a continuous basis 24 hours per day, 7 days per week.
2 = Physicians in the Emergency Department less than 24 hours per day, 7 days per week but supplemented by physicians on call to provide continuous coverage.
3 = Physicians on call on a continuous basis 24 hours per day, 7 days per week.
4 = Physicians on call less than 24 hours per day, daytime hours only.
5 = Physicians on call less than 24 hours per day, evening hours only.
6 = Physicians on call less than 24 hours per day, night hours only.
7 = Other Staffing Arrangements.

EMERGENCY SERVICES UTILIZATION DATA – COVID-19

Question		Code
17. How many patients were brought to the ED with COVID-19 as any part of their diagnosis?		H20_COV1
18. How many patients were admitted through the ED with COVID-19 as any part of their diagnosis?		H20_COV2

Data Comments for this Section (Optional)

Please provide any explanation, comments, or other information that is relevant to the information reported in this section. This information will be saved for future reference:

HH_COMMENTS

Data Collection Status for this Section

Last Updated on 2024-02-22 08:20:43

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Is the data for this section complete (Y/N)? HH_STATUS

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No changes to this section from last year.

The Department understands that Air Ambulance is in the process of deregulation, however, throughout calendar year 2023 CON approval was still required. If services were provided within calendar year 2023 please complete.

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2023 Michigan Certificate of Need Annual Survey

000006	CHRIS T'S TESTING HOSPITAL	PARIS	HOSPITAL

SECTION I: Air Ambulance Services (Helicopter operators only)

Next

Contact information for the person responsible for completing this section: ☐ **Check here if same as Section A.**

Field	Value	Code
Contact Name		HI_CNAME
Contact E-mail		HI_CEMAIL
Contact Phone		HI_CPHONE
Contact Fax		HI_CFAX

Instructions:

1. Report the number of air ambulance helicopter(s) that were in operation during the survey year.
2. Report the number of patient transports completed on the air ambulances by transport type during the survey year.
3. Report the number of additional services that were offered by the air ambulances during the survey year.
4. Report the number of patient transports that were not completed due to the air ambulance(s) not being available for any reason other than weather related.
5. Report if the facility has met the terms of approval and the project delivery requirements.
   a. For Yes/No questions, if the facility has met all of the requirements in the question, please answer Yes. If the facility has not met all of the requirements in the question, please answer No and explain why not in the data comment box at the bottom of this Section.
   b. If additional explanation of project delivery requirements, please put information in the data comment box at the bottom of this Section.

Hover mouse cursor over word or phrase in **bold** to view definitions.

Definitions:

Advanced Life Support Intercept means the use of an air ambulance to provide advanced life support services to a patient at the scene of an emergency that does not involve the transport of that patient by air.

Back Up Air Ambulance means an air ambulance that is used to provide air ambulance services when the primary air ambulance is not available to provide air ambulance services. A back-up air ambulance shall not be operated at the same time as the primary aircraft for the provision of air ambulance services except for a designated event.

Base Hospital(s) means the hospital or hospitals designated by the applicant in the CON application as the location(s) to which the majority of patient transports will be completed.

Base of Operations means the site or sites at which the air ambulance(s) and crew are located for the air ambulance service.

Inter-facility Transport means the transport of a patient between health facilities using an air ambulance.

Patient Transport means the use of an air ambulance to provide an advanced life support intercept, a pre-hospital transport or an inter-facility transport occurring in Michigan.

Pre-hospital Transport means the use of an air ambulance to provide transportation and advanced life support services to a patient from the scene of an emergency to a hospital.

Air Ambulance Equipment

Question	Value	Code
1. How many Primary Air Ambulances did you operate during the year in Michigan?		H20_IA1A
2. How many **Back Up Air Ambulances** did you operate during the year in Michigan?		H20_IA1B

Air Ambulance Services Utilization Data

Question	Value	Code
3. Number of **Pre-hospital Transport**.		H20_IB1
4. Number of **Inter-facility Transport**.		H20_IB2
5. Number of **Advanced Life Support Intercept**.		H20_IC1

6. Number of Search and Rescues.		H20_IC2
7. Number of emergency transports of Drugs.		H20_IC3
8. Number of emergency transports of Organs.		H20_IC4
9. Number of emergency transports of medical supplies or equipment.		H20_IC5
10. Number of emergency transports of personnel.		H20_IC6
11. Number of Patient Transports denied due to reasons other than weather (ie, training, maintenance).		H20_ID1

Terms of Approval and Project Delivery Requirements		
12. Have accreditation with the Commission on the Accreditation of Medical Transport Systems?		HI_TA01
13. Identify the **base of operation(s)**, including complete physical address.		HI_TA02
14. Identify the **base hospital(s)**, including hospital name and physical address.		HI_TA03
15. When was the last date throughout CY 2023 Air Ambulance Services were provided by this facility?	MM/DD/20YY	HI_TA04

Data Comments for this Section (Optional)

Please provide any explanation, comments, or other information that is relevant to the information reported in this section. This information will be saved for future reference:

HI_COMMENTS

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000006	CHRIS T'S TESTING HOSPITAL	PARIS	HOSPITAL

SECTION J: Open Heart Surgery

Next

Contact information for the person responsible for completing this section: ☐ Check here if same as Section A.		
Contact Name		HJ_CNAME
Contact E-mail		HJ_CEMAIL
Contact Phone		HJ_CPHONE
Contact Fax		HJ_CFAX

Instructions

1. Report all open heart surgery cases and hours reported to **STS** by patient age and type. These cases also will be reported in the overall surgical volume in the appropriate questions in Section G.

2. Report the number of open heart surgery services physicians. If a physician credentialed to perform adult open heart surgery does not need the volume requirement at this hospital, then confirm with the physician to determine if the minimum case volume has been reached by including the volume from other hospital sites where the physician performs open heart surgical cases. If the surgeon still falls below the required cases volume, then the surgeon should not be counted as meeting the required case volume and additional explanation should be provided in the data comments.

3. Report if the facility has met the terms of approval and the project delivery requirements.
   a. For Yes/No questions, if the facility has met all of the requirements in the question, please answer Yes. If the facility has not met all of the requirements in the question, please answer No and explain why not in the data comment box at the bottom of this Section.
   b. If additional explanation of project delivery requirements, please put information in the data comment box at the bottom of this Section.

Hover mouse cursor over word or phrase in **bold** to view definitions.

Definitions:

Adult Open Heart Surgery means open heart surgery offered and provided to individuals age 15 and older.

Cardiac Surgical Team means the designated specialists and support personnel who consistently work together in the performance of open heart surgery.

Open Heart Surgery means any cardiac surgical procedure involving the heart and/or thoracic great vessels (excluding organ transplantation) that is intended to correct congenital and acquired cardiac and coronary artery disease and/or great vessels and often uses a heart-lung pump (pumps and oxygenates the blood) or its equivalent to perform the functions of circulation during surgery. These procedures may be performed off-pump (beating heart), although a heart-lung pump is still available during the procedure.

Pediatric Open Heart Surgery means open heart surgery offered and provided to infants and children age 14 and below, and to other individuals with congenital heart disease as defined by

ICD-9-CM codes of 745.0 through 747.99 Pediatric Only ICD 9 to ICD 10 codes can now be found here

.

Society of Thoracic Surgeons (STS) means the national database that has been designated for monitoring quality and risk adjusted outcomes for open heart surgery.

Surgical Hours means the time from when the patient enters the operating room until the patient leaves the operating room. Do not count or include pre- or post-operative time.

Applicable ICD-9-CM/ICD-10 codes for open heart surgery are contained in the

View ICD9 to ICD10 conversion chart

.

OPEN HEART SURGERY UTILIZATION DATA	CASES		HOURS	
1. **Adult Open Heart Surgery** cases reported to **STS** for patients age 15 and older. (Exclude cases report in 4 below)		H16_J4A		H16_J4B
2. **Pediatric Open Heart Surgery** cases reported to **STS** for patients age 14 and younger completed at a hospital with a pediatric open heart program.		H16_J4D1		H16_J4D1H
3. **Pediatric Open Heart Surgery** cases reported to **STS** for patients age 14 and younger completed at a hospital with only an adult open heart program.		H16_J4D2		H16_J4D2H

4. **Adult Open Heart Surgery** cases reported to **STS** for patients age 15 and older with congenital heart disease defined by ICD-9-CM codes 745.0 - 747.99.		H16_J4G		H16_J4GH

OPEN HEART SURGERY SERVICES PHYSICIAN VOLUME		
5. Number of surgeons at this hospital that perform **Adult Open Heart Surgery** on the last day of the reporting period?		H16_J4I
6. How many of these surgeons are performing less than 50 **Adult Open Heart Surgical** Cases as the attending surgeon?		H16_J4J
7. Number of surgeons at this hospital that perform **Pediatric Open Heart Surgery** on the last day of the reporting period?		H16_J4K

Terms of Approval and Project Delivery Requirements		
8. Participates in the STS National Database and the Michigan Society of Thoracic and Cardiovascular Surgeons (MSTCVS) Quality Collaborative and Database?		HJ_TA01
9. The STS composite star rating for coronary artery bypass graft (CABG)?		HJ_TA02
10. The STS composite star rating for aortic valve replacement (AVR)?		HJ_TA03
11. Have the Cardiac Surgical Team available on call for emergency cases 24 hours a day and 7 days a week?		HJ_TA04
12. When was the last date throughout CY 2023 Open Heart Surgery Services were provided by this facility?	MM/DD/20YY	HJ_TA05

Data Comments for this Section (Optional)

Please provide any explanation, comments, or other information that is relevant to the information reported in this section. This information will be saved for future reference:

HJ_COMMENTS

Data Collection Status for this Section	Last Updated on 2024-02-22 08:20:43
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Is the data for this section complete (Y/N)?	HJ_STATUS

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No changes to this section from last year.

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000006	CHRIS T'S TESTING HOSPITAL	PARIS	HOSPITAL

SECTION K: Transplant Services (BMT, HLL, and Pancreas)

Next

Contact information for the person responsible for completing this section: ☐ Check here if same as Section A.		
Contact Name		HK_CNAME
Contact E-mail		HK_CEMAIL
Contact Phone		HK_CPHONE
Contact Fax		HK_CFAX

Instructions

1. Report all transplantation cases by type. These cases also will be reported in the overall surgical volume in the appropriate questions in Section G
2. Report if the facility has met the terms of approval and the project delivery requirements.
   a. For Yes/No questions, if the facility has met all of the requirements in the question, please answer Yes. If the facility has not met all of the requirements in the question, please answer No and explain why not in the data comment box at the bottom of this Section.
   b. If additional explanation of project delivery requirements is necessary, please put information in the data comment box at the bottom of this Section.

Definitions:

Autologous means transplantation in which the donor and recipient are the same individual.

Allogeneic means transplantation between genetically non-identical individuals of the same species

Organ Procurement and Transplantation Network (OPTN) means the organization contracted by the Federal Department of Health and Human Services to operate the Organ Procurement and Transplantation Network.

Organ Procurement Organization (OPO) means an organ procurement organization as defined by CFR Title 42, Part 485.302.

Bone Marrow Transplant Utilization Data	CASES		ICD9/ICD10 CM
1. Autologous Transplants for Ages 0-17	0	H15_K2F1	41.01
2. Autologous Transplants for Ages 18-20	0	H15_K2F2	41.01
3. Autologous Transplants for Ages: Ages 21 and greater	0	H15_K2F3	41.01
4. Allogeneic Transplants for Ages Ages 0-17	0	H15_K2F4	41.02 & 41.03
5. Allogeneic Transplants for Ages Ages 18-20	0	H15_K2F5	41.02 & 41.03
6. Allogeneic Transplants for Ages Ages 21 and greater	0	H15_K2F6	41.02 & 41.03

Heart/Lung and Liver Transplant Utilization Data	CASES		ICD9/ICD10 CM
7. Heart Transplants	0	H15_K3A	37.5
8. Heart/Lung Transplants	0	H15_K3B	33.6
9. Lung Transplants	0	H15_K3C	33.5
10. Liver Transplants	0	H15_K3D	50.51 & 50.59

Pancreas Transplant Utilization Data	CASES	ICD9/ICD10 CM

11. Kidney Transplants	0	H15_K3G	55.69 & 55.61
12. Pancreas Transplants	0	H15_K3E	52.80-52.83

Terms of Approval and Project Delivery Requirements for Bone Marrow Transplant		
13. Participates in the Michigan Cancer Surveillance Program?		HK_TA01
14. Have accreditation with the National Marrow Donor Program (NMDP) or the Foundation for the Accreditation of Cell Therapy (FACT), identify which organization?		HK_TA02
15. Have a histocompatibility laboratory that meets the standards of the American Society for Histocompatibility and Immunogenetics, or an equivalent organization, either on-site or through written agreement?		HK_TA03

Terms of Approval and Project Delivery Requirements for Heart/Lung and Liver Transplant		
16. Have a histocompatibility laboratory that meets the standards of the American Society for Histocompatibility and Immunogenetics, or an equivalent organization, either on-site or through written agreement?		HK_TA04
17. Have a written transplant agreement with Michigan's federally designated OPO to promote organ donation at the hospital?		HK_TA05
18. Maintains good standing with OPTN?		HK_TA06
19. Is Medicare approved and complies with Center for Medicare and Medicaid Services standards?		HK_TA07
20. Maintains a multi-disciplinary research program related to the specific transplantation services offered at the facility?		HK_TA08
21. Maintains compliance with MCL Section 333.10101, the Uniform Anatomical Gift Law?		HK_TA09
22. When was the last date throughout CY 2023 Transplant Services were provided by this facility?	MM/DD/20YY	HK_TA10

Data Comments for this Section (Optional)

Please provide any explanation, comments, or other information that is relevant to the information reported in this section. This information will be saved for future reference:

HK_COMMENTS

Data Collection Status for this Section **Last Updated on 2024-02-26 09:29:51**

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Is the data for this section complete (Y/N)? HK_STATUS

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2023 Michigan Certificate of Need Annual Survey

000006	CHRIS T'S TESTING HOSPITAL	PARIS	HOSPITAL

SECTION L: Licensed Inpatient Hospital Beds

Next

Contact information for the person responsible for completing this section:	☐ Check here if same as Section A.	
Contact Name		HL_CNAME
Contact E-mail		HL_CEMAIL
Contact Phone		HL_CPHONE
Contact Fax		HL_CFAX

Instructions:

1. Report the number of inpatients that were discharged from the hospital during the survey year by bed type. If discharges are not available, please provide the number of admissions by bed type.
2. Report the number of inpatient patient days of care by bed type, as defined by the hospital bed standards, provided by the facility during the survey year.
3. Report if the facility has met the terms of approval and the project delivery requirements.
   a. For Yes/No questions, if the facility has met all of the requirements in the question, please answer Yes. If the facility has not met all of the requirements in the question, please answer No and explain why not in the data comment box at the bottom of this Section.
   b. If additional explanation of project delivery requirements is necessary, please put information in the data comment box at the bottom of this Section.
4. Discharges/Patient Days of Care from additional Emergency CON Beds approved pursuant to MCL 333.22235 and licensed under a temporary license are not included in the utilization data in Section L.

Definitions:

Discharges mean the number of inpatients who expire or are released from the hospital.

Hospital Bed means a bed within the licensed bed complement at a licensed site of a hospital licensed under Part 215 of the Code, excluding (i) hospital beds certified for long-term care as defined in Section 20106(6) of the Code, (ii) unlicensed newborn bassinets, and (iii) unlicensed beds.

Medical/Surgical Beds includes intensive care, cardiac care, rehabilitation, acute substance abuse, and tuberculosis beds.

Inpatient Days means the number of days that the licensed beds were occupied by an inpatient.

Bed Types	Discharges**		Inpatient Days	
1. Medical/Surgical	0	H25_L1D	0	H25_L1B
2. Pediatrics (include NICU)	0	H25_L2A6	0	H25_L2A5
3. NICU	0	H25_L2B4	0	H25_L2B2
4. Obstetrics	0	H25_L3D	0	H25_L3B
5. Swing Beds	0	H25_L1D1	0	H25_L1B1
**Discharge counts were unavailable so Admissions were substituted (Y/N).				H25_L1

Terms of Approval and Project Delivery Requirements for Hospital Beds		
6. Participates and submitted data to the Michigan Inpatient Data Base?		HL_TA01
7. When was the last date any listed types of Hospital Beds were utilized at this facility throughout CY 2023?	MM/DD/20YY	HL_TA06

Terms of Approval and Project Delivery Requirements for NICU Beds		
8. Have a follow up program for NICU graduates?		HL_TA02

9. Have a neonatal transport system?		HL_TA03
10. The director of neonatal services is a board certified neonatologist?		HL_TA04
11. Have provisions for on-site physician consultation services in at least the following neonatal/pediatric specialties Cardiology, ophthalmology, surgery and neurosurgery?		HL_TA05
12. How many Neonatal Nurse Practitioners are utilized within the NICU unit(s)?	0	HL_TA07
13. When was the last date any listed types of NICU Beds were utilized at this facility throughout CY 2023? *(Leave blank if not applicable to facility)*	MM/DD/20YY	HL_TA08

THIS SECTION IS FOR REFERENCE ONLY

The beds and changes reported reflect information from the Licensing and Certification Division, BHCS, LARA. If you disagree with the information provided, please contact Amanda Curtis at 517-284-4264 or Christopher Tyranski at 517-284-8974.

Number of days the facility was operational during the reporting period: 365 — H1_A2D

Bed Types	Licensed/Certified Beds		Licensed/Certified Bed Days	
1. Medical/Surgical	10	H25_L1E	3650	H25_L1G
2. Pediatrics (includes NICU)	10	H25_L2C5	3650	H25_L2C7
3. NICU	10	H25_L2B5	3650	H25_L2B7
4. Obstetrics	10	H25_L3E	3650	H25_L3G
5. Swing Beds	10	H25_L6E	3650	H25_L6F
Total Acute Care	10	H25_L4E	3650	H25_L4G

Data Comments for this Section (Optional)

Please provide any explanation, comments, or other information that is relevant to the information reported in this section. This information will be saved for future reference:

HL_COMMENTS

Data Collection Status for this Section — **Last Updated on 2024-02-26 09:28:59**

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Is the data for this section complete (Y/N)? n HL_STATUS

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2023 Michigan Certificate of Need Annual Survey

000006	CHRIS T'S TESTING HOSPITAL	PARIS	HOSPITAL

SECTION M: Licensed Psychiatric Beds

Next

Contact information for the person responsible for completing this section: ☐ **Check here if same as Section A.**

Contact Name		HM_CNAME
Contact E-mail		HM_CEMAIL
Contact Phone		HM_CPHONE
Contact Fax		HM_CFAX

Instructions:

1. Report all patient days of care and discharges provided during the calendar year by adult or child/adolescent patients in the Psychiatric Bed Utilization Data box. Days of care and discharges provided in the Flex Bed Unit will be counted in both the total days of care and discharges in the Psychiatric Bed Utilization Data and then it will be broken out in the Flex Bed Utilization Data.

2. Report the number of patient days of care and discharges which were for the treatment of the public patient in the Public Patient Utilization Data box.

3. Report the number of patient days of care and discharges which were provided in the Flex Bed Unit by adult or child/adolescent patients in the Flex Bed Unit Utilization Data box.

4. Report the number of patient days of care and discharges which were provided in the psych special pool bed units, Geriatric, Developmental Disability (adult or child/adolescent patients), Medical Psychiatric (adult or child/adolescent patients), in the appropriate special pool Unit Utilization Data boxes.
5. Report if the facility has met the terms of approval and the project delivery requirements.
   a. For Yes/No questions, if the facility has met all of the requirements in the question, please answer Yes. If the facility has not met all of the requirements in the question, please answer No and explain why not in the data comment box at the bottom of this Section
   b. If additional explanation of project delivery requirements, please put information in the data comment box at the bottom of this Section.
6. Discharges/Patient Days of Care from additional Emergency CON Beds approved pursuant to MCL 333.22235 and licensed under a temporary license are not included in the utilization data in Section M.

Definitions:

Adult means any individual aged 18 years or older

Child/Adolescent means any individual less than 18 years of age.

Community Mental Health Board (CMH) means the board of a county(s) community mental health board as referenced in the provisions of MCL 330.1200 to 330.1246.

Developmental Disability Unit means a unit designed for psychiatric patients (adult or child/adolescent as applicable) who have been diagnosed with a severe, chronic disability as outlined in Section 102, 42 USC 15002, of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act) and its update or future guideline changes.

Discharges mean the number of patients who expire or are released from the hospital.

Flex Bed means an adult psychiatric bed converted to a child/adolescent psychiatric bed in an existing child/adolescent psychiatric service to accommodate during peak periods and meet patient demand.

Geriatric Psychiatric Unit means a unit designed for psychiatric patients aged 65 and over.

High Acuity Psychiatric Unit means a distinct psychiatric unit for individuals who are currently exhibiting three or more to a moderate degree or two or more to a severe degree of the following: confusion, irritability, boisterousness, poor impulse control, uncooperativeness, hostility, verbal threats, physical threats, or attacking objects. This term also includes patients who are unwilling or unable to stop attempts of self-harm or suicide or patients who have a history of violence to self or others on an inpatient psychiatric unit.

Medical Psychiatric Unit means a unit designed for psychiatric patients (adult or child/adolescent as applicable) who have also been diagnosed with a medical illness requiring hospitalization, e.g., patients who may be on dialysis, require wound care or need intravenous or tube feeding.

Patient Days of Care means the number of days the licensed beds were occupied by a patient.

Public patient means an individual approved for mental health services by a CMH or an individual who is admitted as a patient under the Mental Health Code, Act No. 258 of the Public Acts of 1974, being Sections 330.1423, 330.1429, and 330.1438 of the Michigan Compiled Laws.

Psychiatric Bed Utilization Data		
1. Adult Patient Days of Care	0	H25_M5A2
2. Adult Discharges	0	H25_M5A4
3. Child/Adolescent Patient Days of Care	0	H25_M5B2
4. Child/Adolescent Discharges	0	H25_M5B4

Public Patient Utilization Data		
5. Adult Patient Days of Care for Public Patient	0	HM_PP01
6. Adult Discharges for Public Patients	0	HM_PP02
7. Child/Adolescent Patient Days of Care for Public Patients	0	HM_PP03
8. Child/Adolescent Discharges for Public Patients	0	HM_PP04

Flex Bed Utilization Data		
9. Adult Patient Days of Care in Flex Bed Unit	0	HM_FB01
10. Adult Discharges in Flex Bed Unit	0	HM_FB02
11. Child/Adolescent Patient Days in Flex Bed Unit	0	HM_FB03
12. Child/Adolescent Discharges in Flex Bed Unit	0	HM_FB04
13. How many days of the year did the flex bed serve child/adolescent patients?	0	HM_FB05

Geriatric Psychiatric Utilization Data		
14. Adult Patient Days of Care for **Geriatric Psychiatric Unit**	0	HM_GP01
15. Adult Discharges in **Geriatric Psychiatric Unit**	0	HM_GP02

Medical Psychiatric Utilization Data		
16. Adult Patient Days of Care for **Medical Psychiatric Unit**.	0	HM_MP01
17. Adult Discharges for **Medical Psychiatric Unit**	0	HM_MP02
18. Child/Adolescent Patient Days of Care for **Medical Psychiatric Unit**	0	HM_MP03
19. Child/Adolescent Discharges for **Medical Psychiatric Unit**	0	HM_MP04

Developmental Disabilities Psychiatric Utilization Data		
20. Adult Patient Days of Care for **Developmental Disability Unit**	0	HM_DD01
21. Adult Discharges for **Developmental Disability Unit**	0	HM_DD02
22. Child/Adolescent Patient Days of Care for **Developmental Disability Unit**	0	HM_DD03
23. Child/Adolescent Discharges for **Developmental Disability Unit**	0	HM_DD04

High Acuity Psychiatric Unit		
24. Adult Patient Days of Care for **High Acuity Psychiatric Unit**	0	HM_HA01
25. Adult Discharges for **High Acuity Psychiatric Unit**	0	HM_HA02
26. Child/Adolescent Patient Days of Care for **High Acuity Psychiatric Unit**	0	HM_HA03
27. Child/Adolescent Discharges for **High Acuity Psychiatric Unit**	0	HM_HA04

Terms of Approval and Project Delivery Requirements for Adult Psychiatric Services

28. Name the CMH boards that the facility has an active contract with.		HM_TA01
29. Number of adult psychiatric beds allocated for treatment of public patients.	0	HM_TA02
30. When was the last date any listed types of Adult Psychiatric Beds were utilized at this facility throughout CY 2023? *(Leave blank if not applicable to facility)*	MM/DD/20YY	HM_TA15

Terms of Approval and Project Delivery Requirements for Child/Adolescent Psychiatric Services		
31. Number of child/adolescent psychiatric beds allocated for treatment of public patients	0	HM_TA03
32. Have a Child/Adolescent Psychiatrist directly employed or available via contract?	☐	HM_TA04
33. Have a Child Psychologist directly employed or available via contract?	☐	HM_TA05
34. Have a Psychiatric Nurse directly employed or available via contract?	☐	HM_TA06
35. Have a Psychiatric Social Worker directly employed or available via contract?	☐	HM_TA07
36. Have an Occupational Therapist or Recreational Therapist directly employed or available via contract?	☐	HM_TA08
37. Have a Pediatrician employed on full time basis or on a consulting basis?	☐	HM_TA09
38. Have a Child Neurologist employed on full time basis or on a consulting basis?	☐	HM_TA10
39. Have a Neuropsychologist employed on full time basis or on a consulting basis?	☐	HM_TA11
40. Have a Speech and Language Therapist employed on full time basis or on a consulting basis?	☐	HM_TA12
41. Have an Audiologist employed on full time basis or on a consulting basis?	☐	HM_TA13
42. Have a Dietician employed on full time basis or on a consulting basis?	☐	HM_TA14
43. When was the last date any listed types of Child/Adolescent Psychiatric Beds were utilized at this facility throughout CY 2023? *(Leave blank if not applicable to facility)*	MM/DD/20YY	HM_TA16

THIS SECTION IS FOR REFERENCE ONLY

The beds and changes reported reflect information from the Licensing and Certification Division, BHCS, LARA. If you disagree with the information provided, please contact Amanda Curtis at 517-284-4264 or Christopher Tyranski at 517-284-8974.

Number of days the facility was operational during the reporting period			365	H1_A2D
Bed Types	**Licensed/Certified Beds**		**Licensed/Certified Bed Days**	
Adult Psychiatric	10	H25_L5EA	3650	H25_L5GA
Adult Psychiatric Flex	10	H25_LF1EA	3650	H25_LF1GA
Child/Adolescent Psychiatric	10	H25_L5EP	3650	H25_L5GP
Geriatric Psychiatric	10	H25_L9EG	3650	H25_L9GG
Adult Medical Psychiatric	10	H25_L10MA	3650	H25_L10GA
Child/Adolescent Medical Psychiatric	10	H25_L10MP	3650	H25_L10GP
Adult Developmental Disability Psychiatric	10	H25_L11DA	3650	H25_L11GA
Child/Adolescent Developmental Disability Psychiatric	10	H25_L11DP	3650	H25_L11GP
Adult High Acuity Psychiatric Licensed	10	H25_L12A	3650	H25_L12P
Child/Adolescent High Acuity Psychiatric Licensed	10	H25_L13A	3650	H25_L13P

Data Comments for this Section (Optional)
Please provide any explanation, comments, or other information that is relevant to the information reported in this section. This information will be saved for future reference:
HM_COMMENTS

Data Collection Status for this Section	Last Updated on 2024-02-26 09:31:41
By entering an **N** in the text box and clicking the **Save** button, you are certifying that further editing or additional information is required to complete the data for this section.	
By entering a **Y** in the text box and clicking the **Submit** button, you are certifying that to the best of your knowledge and belief, the data supplied and any applicable uploaded documents are true and correct. You further understand that the submitted data will be used for the Certificate of Need application process and calculation of relevant need methodologies contained within the standards. Michigan statute, including MCL 333.22237 and 333.22225, requires completion of this survey. Failure to complete the survey in a timely manner or providing inaccurate data may result in enforcement action pursuant to MCL 333.22247.	
Is the data for this section complete (Y/N)?	n HM_STATUS

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000006	CHRIS T'S TESTING HOSPITAL	PARIS	HOSPITAL

SECTION N: Nursing Home Services / Hospital Long-Term Care Units

Next

Contact information for the person responsible for completing this section: ☐ **Check here if same as Section A.**

Field	Value	Code
Contact Name		HN_CNAME
Contact E-mail		HN_CEMAIL
Contact Phone		HN_CPHONE
Contact Fax		HN_CFAX

Instructions:

1. Report the total actual patient days of care provided by the facility during the calendar year 2023.
2. Take the number of patient days of care provided in question 1 and break the days down by the age of the patient. All patient days of care must be counted, not just patient days of care for the discharged patients. The Department will be using this data to calculate the facility occupancy rate.
3. Total discharges and patient days will automatically sum from the data supplied in the age groups. Verify that the total is accurate for the facility.
4. The survey tool will also automatically calculate the average occupancy rate of the facility. Verification will be required prior to submission of this Section.
5. Report if the facility has met the terms of approval and the project delivery requirements
   a. For Yes/No questions, if the facility has met all of the requirements in the question, please answer Yes. If the facility has not met all of the requirements in the question, please answer No and explain why not in the data comment box at the bottom of this Section.
   b. If additional explanation of project delivery requirements is necessary, please put information in the data comment box at the bottom of this section.
6. Discharges/Patient Days of Care from additional Emergency CON Beds approved pursuant to MCL 333.22235 and licensed under a temporary license are not included in the utilization data in Section N.

Definitions:

Average Occupancy Rate means the percentage which expresses the ratio of the actual number of patient days of care provided at the facility divided by the total number of licensed bed days for the calendar year. Total licensed bed days is calculated by summing the number of licensed and multiplying these beds by the number of days the beds were licensed. [Total Patient Days of Care (HN_2D7)/Total Licensed Bed Days (H25_L7G or H25_L8G)]

Discharges mean the number of patients who expire or are released from the Nursing Home/Hospital Long-Term-Care Unit. Do not count a patient as a discharge, if the patient's bed is held for them while hospitalized and they return to that bed.

Patient Days means the number of days that the licensed beds were occupied by a patient.

Total Patient Days of Care

1. Report the total actual patient days of care provided by the facility.		HN_PDC1

Age Group	Patient Days		Discharges**	
2. 0 to 64 Years		HN_2D2		HN_1D2
3. 65 to 74 Years		HN_2D3		HN_1D3
4. 75 to 84 Years		HN_2D4		HN_1D4
5. 85 Years and older		HN_2D5		HN_1D5
Total		HN_2D7		HN_1D7
**Discharge counts were unavailable so Admissions were substituted (Y/N).				H25_L1

Average Occupancy Rate (For Administrative Use Only)

6. Calculated Average Occupancy Rate		HN_OCC1
7. The calculated Average Occupancy Rate in HN_OCC1 above has been certified as accurate. (Populated on Submit)		HN_OCC2

Medicaid and Medicare Utilization		
8. Of the total patient days reported in the Age Group box above, how many patient days of care did Medicaid pay for?		HN_MD1
9. Of the total patient days reported in the Age Group box above, how many patient days of care did Medicare pay for?		HN_MA1

Terms of Approval and Project Delivery Requirements		
10. How many of the licensed beds at the facility are utilized exclusively for short-term rehab patients?		HN_TA01
11. Identify the culture change models the facility actively participates in from the following: The Eden Alternative, LEAP, The Coaching Approach, Household, Planetree Continuing Care, or Green House		HN_TA02
12. Identify the number of each patient room configuration in the facility as of last day of the survey period		
* Private Rooms		HN_TA03
* Semi-private Rooms		HN_TA04
* 3-Bed Wards		HN_TA05
* 4-Bed Wards		HN_TA06
13. When was the last date throughout CY 2023 Licensed Nursing Home/ LTC Beds were utilized at this facility?	MM/DD/20YY	HN_TA07

THIS SECTION IS FOR REFERENCE ONLY

The beds and changes reported reflect information from the Licensing and Certification Division, BHCS, LARA. If you disagree with the information provided, please contact Amanda Curtis at 517-284-4264 or Christopher Tyranski at 517-284-8974.

Number of days the facility was operational during the reporting period			365	H1_A2D
Bed Types	**Licensed/Certified Beds**		**Licensed/Certified Bed Days**	
Hospital Long-Term Care	0	H25_L7E	0	H25_L7G
Nursing Home	0	H25_L8E	0	H25_L8G

Data Comments for this Section (Optional)

Please provide any explanation, comments, or other information that is relevant to the information reported in this section. This information will be saved for future reference:

HN_COMMENTS

Data Collection Status for this Section **Last Updated on 2024-02-22 08:20:43**

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Is the data for this section complete (Y/N)? HN_STATUS

Note: A section is not completed until Y is selected and Submit has been clicked. All required sections must be submitted in this manner for

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000006	CHRIS T'S TESTING HOSPITAL	PARIS	HOSPITAL

SECTION O: Special Care Nursery Services

Next

Contact information for the person responsible for completing this section: ☐ **Check here if same as Section A.**

Contact Name		HO_CNAME
Contact E-mail		HO_CEMAIL
Contact Phone		HO_CPHONE
Contact Fax		HO_CFAX

Instructions

1. Report all of the live births at the hospital, the number of neonates transferred to another hospital, patient days of care and discharges of the neonates treated during the calendar year in **Special Care Nursery Services** beds in the SCN Utilization Data box.

2. Report if the facility has met the terms of approval and the project delivery requirements.
   a. For Yes/No questions, if the facility has met all of the requirements in the question, please answer Yes. If the facility has not met all of the requirements in the question, please answer No and explain why not in the data comment box at the bottom of this Section.
   b. If additional explanation of project delivery requirements, please put information in the data comment box at the bottom of this Section.

Hover mouse cursor over word or phrase in **bold** to view definitions.

Definitions:

Discharges mean the number of neonates who expire or are released from the hospital.

Live Birth means a birth for which a birth certificate for a live birth has been prepared and filed pursuant to Section 333.2821(2) of the Michigan Compiled Laws.

Neonate means an individual up to 28 days of age.

Patient Days means the number of days that the SCN beds were occupied by a neonate.

Special care nursery services or SCN services means provisions of services for infants with problems that are expected to resolve rapidly and who would not be anticipated to need subspecialty services on an urgent basis. These services are:

- Care for infants born greater than or equal to 32 weeks gestation and/or weighing greater than or equal to 1,500 grams;
- Enteral tube feedings;
- Cardio-respiratory monitoring to document maturity of respiratory control or treatment of apnea;
- Extended care following an admission to a neonatal intensive care unit for an infant not requiring ventilatory support;
- Continuous positive airway pressure and high flow nasal (HFNC); and
- Mechanical ventilation for a brief duration (up to 24 hours)

For babies requiring mechanical ventilation exceeding 24 hours, SCNs shall request transfer to a NICU by the 24th hour of mechanical ventilation. Referral to a higher level of care should also occur for all infants who need pediatric surgical or medical subspecialty intervention. Infants receiving transitional care or being treated for developmental maturation may have formerly been treated in a neonatal intensive care unit in the same hospital or another hospital. For purposes of these standards, SCN services are special newborn nursing services.

Telemedicine means the use of an electronic media to link patients with health care professionals in different locations.

Well Newborn Nursery Services means providing the following services and does not require a certificate of need:

- The capability to perform neonatal resuscitation at every delivery;
- Evaluate and provide postnatal care for stable term newborn infants;

- Stabilize and provide care for infants born at 35 to 37 weeks' gestation who remain physiologically stable;
- Stabilize newborn infants who are ill and those born less than 35 weeks of gestation until they can be transferred to a higher level of care facility.

SCN Utilization Data:

1. Number of **Live Births** by gestational age at the time of birth for the hospital.

Less than 32 weeks		HO_LB01

32 weeks to 34 6/7 weeks		HO_LB02
35 weeks or greater		HO_LB03
2. Of the **Live Births** reported in number 1, identify the number of **Neonates** that were transferred to another hospital for NICU services by gestational age at the time of birth.		
Less than 32 weeks		HO_NE01
32 weeks to 34 6/7 weeks		HO_NE02
35 weeks or greater		HO_NE03
3. Of the **Neonates** transferred to another hospital for NICU services reported in number 2, break the **Neonates** down by the age of the **Neonate** in hours at the time of transfer.		
0 to 6 hours		HO_NT01
7 to 12 hours		HO_NT02
13 to 24 hours		HO_NT03
25 to 48 hours		HO_NT04
49 hours or above		HO_NT05
4. Of the **Live Births** reported in number 1, how many neonates were treated and/or observed as a SCN patient?		HO_SC01
5. Of the treated **Neonates** reported in number 4, how many received more than 24 hours of mechanical ventilation? [If the answer is more than 0, provide a comment in Data Comment Section below.]		HO_SC02
6. Of the treated **Neonates** reported in number 4, how many received high flow nasal cannula?		HO_SC08
7. Of the treated **Neonates** reported in number 4, how many received continuous positive airway pressure?		HO_SC09
8. Of the treated **Neonates** reported in number 4, how many received enteral tube feedings?		HO_SC03
9. Of the treated **Neonates** reported in number 4, how many received cardio-respiratory monitoring to document maturity of respiratory control or the treatment of sleep apnea?		HO_SC04
10. Number of SCN bassinets on December 31, 2023		HO_SC05
11. Number of SCN **Patient Days** of Care.		HO_SC06
12. Number of SCN **Discharges**.		HO_SC07

Terms of Approval and Project Delivery Requirements		
13. Have an established discharge planning process for SCN patients?		HO_TA01
14. Of the treated **Neonates** reported in number 4, identify the number of Neonates with the following conditions.		
A. Grade 3 or 4 intraventricular hemorrhage		HO_TA02
B. Stage 3 or 4 retinopathy of prematurity		HO_TA03
C. Chronic lung disease with oxygen dependency at 36 weeks gestation		HO_TA04
D. Necrotizing enterocolitis		HO_TA05
E. Pneumothorax		HO_TA06
15. Have a board certified neonatologist serving as the program director?		HO_TA07
16. Have respiratory therapists, radiology technicians, laboratory technicians and specialized nurses with experience caring for premature infants?		HO_TA09
17. Have provisions for Physician Consultation Services related to cardiology, ophthalmology, surgery and neurosurgery?		HO_TA10
18. Have pediatric physicians and/or neonatal nurse practitioners?		HO_TA08
19. How many Neonatal Nurse Practitioners are utilized within the SCN unit(s)?		HO_TA11
20. When was the last date throughout CY 2023 Special Newborn Nursery Services were provided at this facility?	MM/DD/20YY	HO_TA12

Data Comments for this Section (Optional)

Please provide any explanation, comments, or other information that is relevant to the information reported in this section. This information will be saved for future reference:

HO_COMMENTS

Data Collection Status for this Section	**Last Updated on 2024-02-22 08:20:43**
By entering an **N** in the text box and clicking the **Save** button, you are certifying that further editing or additional information is required to complete the data for this section.	
By entering a **Y** in the text box and clicking the **Submit** button, you are certifying that to the best of your knowledge and belief, the data supplied and any applicable uploaded documents are true and correct. You further understand that the submitted data will be used for the Certificate of Need application process and calculation of relevant need methodologies contained within the standards. Michigan statute, including MCL 333.22237 and 333.22225, requires completion of this survey. Failure to complete the survey in a timely manner or providing inaccurate data may result in enforcement action pursuant to MCL 333.22247.	
Is the data for this section complete (Y/N)?	HO_STATUS

Note: A section is not completed until Y is selected and Submit has been clicked. All required sections must be submitted in this manner for MDHHS to consider the survey completed for review.

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2023 Michigan Certificate of Need Annual Survey

000006	CHRIS T'S TESTING HOSPITAL	PARIS	HOSPITAL

SECTION P: Positron Emission Tomography (PET) Services

Next

Contact information for the person responsible for completing this section: ☐ **Check here if same as Section A.**

Contact Name		HP_CNAME
Contact E-mail		HP_CEMAIL
Contact Phone		HP_CPHONE
Contact Fax		HP_CFAX

Instructions:

1. Report the data as outlined below for the type of service offered. Report only scanner(s) that were operational during the report period, do not include scanner(s) that are approved but not yet operational:
   a. Fixed PET scanner - Report the number of scanner(s) by type and the number scans completed on each fixed PET scanner by scan type.
   b. Central Service Coordinator of PET mobile route - Report the number of scanner(s) and the number of scans completed by scan type.
   c. Host Site- Report the mobile route number(s) and the scans completed by each mobile route(s) separately by scan type.

2. Report the number of diagnostic CT scans performed on PET/CT that were not done in conjunction with a PET scan.

3. Report if the facility has met the terms of approval and the project delivery requirements.
   a. For Yes/No questions, if the facility has met all of the requirements in the question, please answer Yes. If the facility has not met all of the requirements in the question, please answer No and explain why not in the data comment box at the bottom of this Section.
   b. If additional explanation of project delivery requirements is necessary, please put information in the data comment box at the bottom of this Section.

Hover mouse cursor over word or phrase in **bold** to view definitions.

Definitions:

Central Service Coordinator (CSC) means the organization that owns the mobile equipment and had operational responsibilities for the equipment.

Complex Scan mean inpatient, radiation treatment when patient position device is used, cardiac rest/stress perfusion and metabolism, standard study with additional limited scan, pediatric, and total body scans.

Dedicated Pediatric PET Scanner means a scanner approved by the department and a minimum of 70% of PET scans are performed on patients 18 years of age and younger.

Dedicated Research PET Scanner means means a scanner approved by the department and a minimum of 70% of PET scans are performed for research purposes only.

Host Site means a facility approved to offer the service at that site through a contract with the Central Service Coordinator which owns the mobile equipment.

Positron Emission Mammography (PEM) Scanner means a scanner dedicated to performing PET mammography scans.

Scan means one (1) or more PET procedures performed during a single patient visit.

Simple Scan means brain or single cardiac scans.

Standard Scan means mid-skull to mid-light scans.

PET Equipment and Mobile Services

Type of PET scanner and mobile services		
1. Number of fixed PET scanners (exclude dedicated research, dedicated pediatric, and PEM scanners).	0	HP_1A
2. Number of fixed **Dedicated Research PET Scanner**(s).	0	HP_1B
3. Number of fixed **Dedicated Pediatric PET Scanner**(s).	0	HP_1C
4. Number of fixed **PEM scanner**(s).	0	HP_1D
5. Number of mobile PET scanner(s) (**CSC** operators only).	0	HP_2

6. If PET service is provided by mobile PET routes, enter all of the mobile route numbers that provided service to your facility (**CSC** and **Host Sites**):		
1st Route #	Select one...	HP_2A
2nd Route #	Select one...	HP_2B
3rd Route #	Select one...	HP_2C
7. Total number of diagnostic CT scans performed on a PET/CT scanner not done in conjunction with a PET scan.	0	HP_3D1
8. Total number of diagnostic MRI scans performed on a PET/MRI scanner not done in conjunction with a PET scan?	0 New Question	HP_3D2

PET Utilization Data - Fixed Scanners

Scan Type	Fixed		Research		Dedicated Pediatric		PEM Scanner	
Simple	0	H3_FS1	0	H3_RS1	0	H3_DP1	0	H3_PEM1
Standard	0	H3_FS2	0	H3_RS2	0	H3_DP2	0	H3_PEM2
Complex	0	H3_FS3	0	H3_RS3	0	H3_DP3	0	H3_PEM3

PET Utilization Data - Mobile Services

Scan Type	CSC		**Host Site** - 1st Route		**Host Site** - 2nd Route		**Host Site** - 3rd Route	
Simple	0	H3_CSC1	0	H3_1M1	0	H3_2M1	0	H3_3M1
Standard	0	H3_CSC2	0	H3_1M2	0	H3_2M2	0	H3_3M2
Complex	0	H3_CSC3	0	H3_1M3	0	H3_2M3	0	H3_3M3

Terms of Approval and Project Delivery Requirements

9. Have on-site source of radiopharmaceuticals or a contract for a reliable supply of radiopharmaceuticals?	☐	HP_TA01
10. Have on-site services or contract(s) with a hospital(s) within same planning area or 25-mile radius for each of the following services: nuclear medicine services as documented by a certificate from the US Nuclear Regulatory Commission, single photon emission computed tomography (SPECT) services, computed tomography (CT) scanning services, magnetic resonance imaging (MRI) services, cardiac catheterization services, open heart surgery, thoracic surgery, cardiology, oncology, radiation oncology, neurology, neurosurgery, and psychiatry?	☐	HP_TA02
11. Have a physicist who is board certified or eligible for certification by the American Board of Radiology or an equivalent organization?	☐	HP_TA03
12. Have a physician on-site or immediately available to the PET scanner service at all times when patients are undergoing PET procedures?	☐	HP_TA04
13. For facilities receiving mobile services, have a means for patients to enter the vehicle without going outside such as a canopy or an enclosed corridor?		HP_TA05
14. When was the last date throughout CY 2023 PET Services were provided at this facility?	MM/DD/20YY	HP_TA06

Data Comments for this Section (Optional)

Please provide any explanation, comments, or other information that is relevant to the information reported in this section. This information will be saved for future reference:

HP_COMMENTS

Data Collection Status for this Section — **Last Updated on 2024-02-26 09:32:51**

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By entering a **Y** in the text box and clicking the **Submit** button, you are certifying that to the best of your knowledge and belief, the data supplied and any applicable uploaded documents are true and correct. You further understand that the submitted data will be used for the Certificate of Need application process and calculation of relevant need methodologies contained within the standards. Michigan statute, including MCL 333.22237 and 333.22225, requires completion of this survey. Failure to complete the survey in a timely manner or providing inaccurate data may result in enforcement action pursuant to MCL 333.22247.

Is the data for this section complete (Y/N)?	n	HP_STATUS

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Note: A section is not completed until 1 is selected and Submit has been clicked. All required sections must be submitted in this manner for MDHHS to consider the survey completed for review.

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2023 Michigan Certificate of Need Annual Survey

000006	CHRIS T'S TESTING HOSPITAL	PARIS	HOSPITAL

SECTION S: Special Research Questions

Next

Contact information for the person responsible for completing this section: ☐ Check here if same as Section A.		
Contact Name		HS_CNAME
Contact E-mail		HS_CEMAIL
Contact Phone		HS_CPHONE
Contact Fax		HS_CFAX

Instructions:

Report the emergency room data if available. If the data is not available, please leave data fields blank and submit this section.

Traumatic Amputations (to be completed on only ER patients and services)		
1. How many ED visits had a principal diagnosis code of 885-887 and 895-897? ICD9/ICD10		
Number of ED visits with specified diagnosis codes.		HS_1A
2. Of the visits above, how many had a payer source of workers compensation?		
Number of those visits with a workers compensation payer.		HS_2A

Sickle Cell Disease (to be completed on only ER patients and services)		
3. How many ED claims for hemoglobinopathies [sickle cell disease (SCD), thalassemia, etc.] were there during the reporting period (ICD-9 coding: Sickle cell disease = 282.6x, Thalassemia = 282.4x, and hemoglobinopathy = 282.7x)?		HS_3A
4. How many unique hemoglobinopathy patients were seen in the ED during the reporting period?		HS_3B
5. Does the ED have a protocol for Sickle Cell Disease (SCD) patients (Y/N)?		HS_5YN

Cancer Care (to be completed on hospital wide services)		
6. Do you have a patient navigator or nurse navigator on staff providing navigation services?		HS_6YN
If yes, please provide:		
Staff Name		HS_NNAME
Email Address		HS_EMAIL
7. Do you provide treatment summaries to cancer patients at the end of their treatment?		HS_7YN
8. Do you provide survivorship care plans to cancer patients at the end of treatment?		HS_8YN

OB Services (to be completed by hospitals)		
9. Does the hospital offer OB services?		HS_9A
10. If yes, report the number of live births by gestational age at the time of birth:		
32 weeks or less		HS_10A
33 weeks		HS_10B
34 weeks		HS_10C

35 weeks		HS_10D
36 weeks		HS_10E
37 weeks		HS_10F
38 weeks or greater		HS_10G

Vaping Related Incidents admitted to ER	Adult Visits Age 15 & Older		Pediatric Visits Age 14 & Younger	
11. How many patients were seen in the ED for vaping related illness? [The attached ICD9/ICD10 does not cover Vaping specifically, please do your best to answer. If unable to answer, may leave blank.]		HS_11A		HS_11B

Data Comments for this Section (Optional)

Please provide any explanation, comments, or other information that is relevant to the information reported in this section. This information will be saved for future reference:

HS_COMMENTS

Data Collection Status for this Section **Last Updated on 2024-02-22 08:20:43**

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Is the data for this section complete (Y/N)? HS_STATUS

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2023 Michigan Certificate of Need Annual Survey

000006	CHRIS T'S TESTING HOSPITAL	PARIS	HOSPITAL

SECTION Z: 2023 CON Annual Survey Fee Invoice

Next

Contact information for the person responsible for completing this section:	☐ Check here if same as Section A.	
Contact Name		HZ_CNAME
Contact E-mail		HZ_CEMAIL
Contact Phone		HZ_CPHONE
Contact Fax		HZ_CFAX

Instructions:

PAYMENT PROCESS: PLEASE READ AND FOLLOW INSTRUCTIONS LISTED BELOW OR PAYMENT MAY BE RETURNED AND SECTION Z WILL NOT BE MARKED AS COMPLETE.

1. The Services Offered in the 2023 field in the invoice below is auto-filled from the CON Covered Services questions in Section A. If there is an error, return to Section A to correct the CON Covered Services questions. Then the invoice will be corrected when you return to Section Z.
2. Checks are to be made payable to: **"State of Michigan"** Checks should **never** be made out to an individual.
   Include the following information within the check memo, or comment, portion in this format:
   Annual Survey Facility No.: XX-XXXX
   Facility Name Check is for: XXXXXX (If not on the check)
   Payment for: 2023 Annual Survey
3. Please send all payments (checks) to:

   MDHHS Cashier Office, Suite 801
   Certificate of Need
   P.O. Box 30437 Lansing MI 48933
4. Section Z cannot be marked completed and submitted by the facility. The Department will mark Section Z completed when the check is received AND all other sections have been submitted/marked complete.

CON Covered Services	Service Offered in 2023	Annual Survey Fee
Inpatient Hospital Beds	Yes	$100
NICU Beds	Yes	$100
Swing Beds	Yes	$0
Psychiatric Beds	Yes	$100
Nursing Home/Hospital Long-Term-Care Units	Yes	$100
Litho Services	Yes	$100
CT Scanner Services	Yes	$100
MRI Services	Yes	$100
Cardiac Catheterization Services	Yes	$100
MRT Services	Yes	$100
Surgical Services	Yes	$100
Open Heart Surgical Services	Yes	$100
BMT Services	Yes	$100
Pancreas Transplantation Services	Yes	$0
Heart, Lung and Liver Transplantation Services	Yes	$100
Air Ambulance Services	Yes	$100
PET Services	Yes	$100
Emergency Room Services	Yes	$0

Special Care Nursery Services	Yes	$100
	Total Annual Survey Fee	**$1,600**

For Department Use Only		
Acknowledged new mail process - signature		attestName
Section complete (Y/N)?		HZ_STATUS

Note: The invoice cannot be printed until contact information is entered and the save button has been clicked. **Print Invoice**

Save **Submit**

Logout **Next** **Feedback** **General Info / FAQ**

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