

Rev. 6-16

ALABAMA CERTIFICATE OF NEED APPLICATION

Filing Fee Remitted: \$23,033 tml

For Staff Use Only

Project # AL2020-043-E

Date Rec. _____

INSTRUCTIONS: Please submit an electronic pdf copy of this completed form and the appropriate attachments to the State of Alabama, State Health Planning and Development Agency, in accordance with ALA. ADMIN. CODE r. 410-1-7-.06 (Filing of a Certificate of Need Application) and 410-1-3-.09 (Electronic Filing). Electronic filings meeting the requirements of the aforementioned rules shall be considered provisionally received pending receipt of the required filing fee and shall be considered void should the proper filing fee not be received by the end of the next business day. Refer to ALA. ADMIN. CODE r. 410-1-7-.06 to determine the required filing fee.

Filing fees should be remitted to: State Health Planning and Development Agency 100 North Union Street, Suite 870 Montgomery, Alabama 36104

or the fee may be submitted electronically via the payment portal available through the State Agency's website at www.shpda.alabama.gov.

PART ONE: APPLICANT IDENTIFICATION AND PROJECT DESCRIPTION

I. APPLICANT IDENTIFICATION (Check One) HOSPITAL (X) NURSING HOME () OTHER () (Specify) _____

A. Gulf Health Hospitals, Inc. d/b/a Thomas Hospital Name of Applicant (in whose name the CON will be issued if approved)

750 Morphy Avenue Address Fairhope City Baldwin County Alabama State 36532 Zip Code (251) 435-2540 Phone Number

B. Name of Facility/Organization (if different from A) _____

Address City County

State Zip Code Phone Number

C. Name of Legal Owner (if different from A or B) _____

Address City County

State Zip Code Phone Number

D. Stephen D. Preston President, Preston Strategy Group, Inc. stephen@prestonstrategygroup.com Name and Title of Person Representing Proposal and with whom SHPDA should communicate

244 Cuban Lily Drive Address Fairhope City Baldwin County Alabama State 36532 Zip Code (205) 873-0816 Phone Number

D. **Jim Williams, Esquire** **Melton, Espy & Williams, P.C.** jwilliams@mewlegal.com
Name and Title of Person Representing Proposal and with whom SHPDA should communicate

255 Dexter Avenue
Address

Montgomery
City

Montgomery
County

Alabama
State

36104
Zip Code

(334) 263-6621
Phone Number

I. APPLICANT IDENTIFICATION (continued)

E. Type Ownership and Governing Body

- 1. Individual
- 2. Partnership
- 3. Corporate (for profit)

Name of Parent Corporation

- 4. **Corporate (non-profit) (X)**

Gulf Health Hospitals, Inc.
Name of Parent Corporation

- 5. Public
- 6. Other (specify)

F. Names and Titles of Governing Body Members and Owners of This Facility

GOVERNING BOARD MEMBERS

John H. Baker, III

Daniel G. Blackburn, Chairman

Laura M. Clark

Michael R. Holberg

Frank J. Lott, III

D. Mark Nix

Michael E. Pierce

II. PROJECT DESCRIPTION

Project/Application Type (check all that apply)

_____ New Facility
Type _____

_____ Major Medical Equipment
Type _____

_____ New Service
Type _____

_____ Termination of Service or Facility

X Construction/Expansion/Renovation

_____ Other Capital Expenditure
Type _____

X Change in Service – 30 Bed Increase

III. EXECUTIVE SUMMARY OF THE PROJECT (brief description)

Thomas Hospital has served Baldwin County for 60 years from its main campus in Fairhope. In addition, Thomas Hospital provides outpatient services at Thomas Medical Center in Daphne and operates a free-standing Emergency Department in Malbus. Thomas Hospital offers the community comprehensive healthcare services including robotics, orthopedics, inpatient rehabilitation, a state-of-the-art birth center, a dedicated breast center, and is the only hospital in Baldwin County with an open-heart program. Thomas Hospital is Accredited by the Joint Commission and receives

numerous awards and distinctions each year reflecting the high quality of care provided by over 1,100 employees and more than 200 physicians.

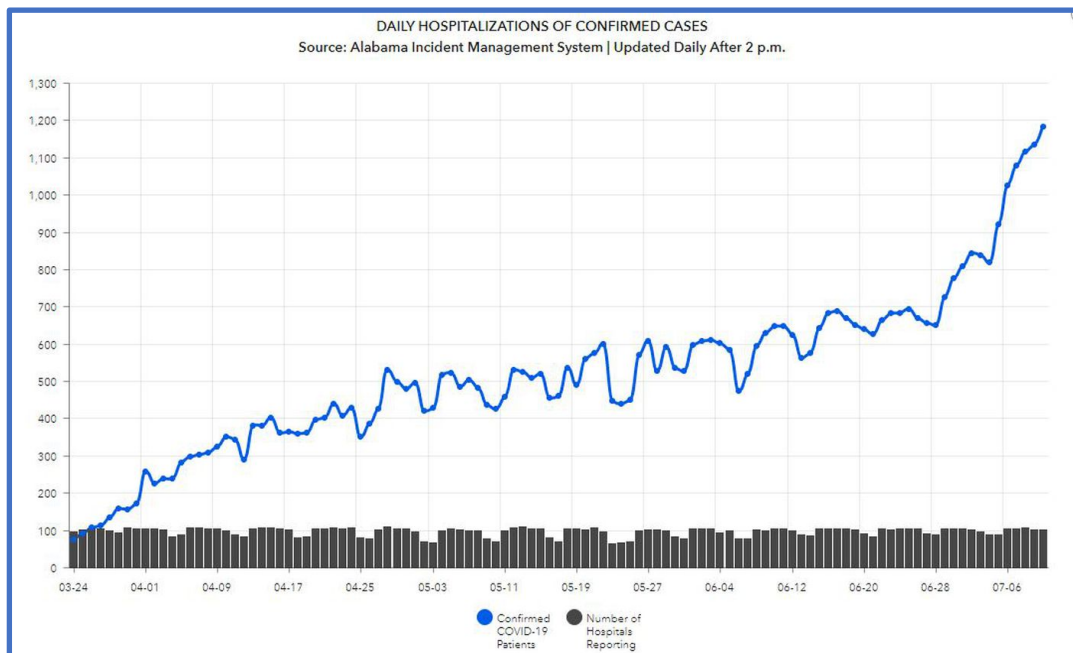
The Alabama State Health Plan, Chapter 410-2-4-.02 Acute Care (Hospitals) Section (5) Bed Availability Assurance for Acute Care (Hospitals) (copy attached) identifies criteria that must be met in order for a hospital to seek additional inpatient acute care beds through this rule – Thomas Hospital meet/exceeds each of these criteria and as such, is requesting Certificate of Need approval for thirty (30) additional general acute care beds.

Occupancy rates at Thomas Hospital traditionally reach their highest rates during the winter months which coincides with the “flu season”. Often times, during these periods, occupancy rates can swell above 90% which puts significant strains throughout Thomas’ entire delivery system of care.

STATE OF EMERGENCY

On March 13, 2020, Governor Kay Ivey declared that a state public health emergency existed resulting from the appearance of COVID-19 in Alabama that poses significant risk of substantial harm to a large number of people. The State of Emergency has been supplemented fourteen times and remain in effect as of today.

Hospitalization rates of patients with COVID-19 are skyrocketing across the nation as well as in Alabama as shown in the graph below:



EMERGENCY APPLICATION

Section 410-1-10-.01 Emergency Review of the Alabama Certificate of Need Rules and Regulations provides that any person may apply for an emergency CON for the authorization of capital expenditures made necessary by unforeseen events which endanger the health and safety of the patients.

The Alabama Department of Public Health has developed risk levels based on a measurement system that shows the extent of the COVID-19 problem. **According to ADPH's COVID-19 Risk Indicator Dashboard, Baldwin County is in the highest risk category.**

Thomas Hospital believes that the convergence of the “flu season” and the COVID-19 pandemic will strain the hospital and quite possibly exceed its capacity. As such, Thomas Hospital respectfully requests the Certificate of Need Review Board to approve an emergency application for thirty (30) additional general acute care beds consistent with the Bed Availability Assurance for Acute Care (Hospitals) rules.

Since March of this year, Thomas Hospital has had over 1,500 confirmed COVID-19 patient days and is experiencing the escalating hospitalization seen statewide. The weekday occupancy rate for July was 78.0% as compared to 65.7% in June

Approval of the Emergency CON will allow Thomas Hospital to accelerate the design/renovation process and expedite the required Alabama Department of Public Health (ADPH) Technical Services Plan Review process as well as the ADPH Provider Services License Increase application.

Phase I will operationalize 14 additional acute care beds by the end of 2020

Phase II will operationalize the remaining 16 additional acute care beds in 2021

IV. COST

A. Construction (includes modernization expansion)

1.	Predevelopment	
2.	Site Acquisition	
3.	Site Development	
4.	Construction	
5.	Architect and Engineering Fees	152,000
6.	Renovation	2,511,576
7.	Interest during time period of construction	
8.	Attorney and consultant fees	45,000
9.	Bond Issuance Costs	
10.	Other _____	
11.	Other _____	
	TOTAL COST OF CONSTRUCTION	\$ 2,708,576

B. Purchase

1.	Facility	
2.	Major Medical Equipment	
3.	Other Equipment	1,122,938
	TOTAL COST OF PURCHASE	\$ 1,122,938

C. Lease

1. Facility Cost Per Year _____ x _____ Years =
2. Equipment Cost per Month _____ x _____ Months =
3. Land-only Lease Cost per Year _____ x _____ Years

TOTAL COST OF LEASE(s)
(compute according to generally accepted accounting principles)

Cost if Purchased

D. Services

1.	_____ New Service	
2.	X Expansion	\$ 1,279,864
3.	_____ Reduction or Termination	
4.	_____ Other	

FIRST YEAR ANNUAL OPERATING COST \$ 1,279,864

**E. Total Cost of this Project (Total A through D)
(should equal V-C on page A-4)**

\$ 5,111,378

IV. COST (continued)

- F. Proposed Finance Charges
1. Total Amount to Be Financed \$
 2. Anticipated Interest Rates
 3. Term of Loan
 4. Method of Calculating Interest on Principal Payment
-
-

V. ANTICIPATED SOURCE OF FUNDING

A.	Federal	Amount	Source
	1. Grants		
	2. Loans		
B.	Non-Federal		
	1. Commercial Loan		
	2. Tax-exempt Revenue Bonds		
	3. General Obligation Bonds		
	4. New Earning and Revenues	2,390,045	Project Earnings/Revenues
	5. Charitable Fund Raising		
	6. Cash on Hand	2,721,333	Gulf Health Hospitals, Inc.
	7. Other		
C.	TOTAL (should equal IV-E on page A-3)		\$ 5,111,378

VI. TIMETABLE

A.	Projected Start/Purchase Date	August 2020	
B.	Projected Completion Date	Phase I	December 2020
		Phase II	December 2021

PART TWO: PROJECT NARRATIVE

Note: In this part, please submit the information as an attachment. This will enhance the continuity of reading the application.

The applicant should address the items that are applicable to the project.

I. MEDICAL SERVICE AREA

- A. Identify the geographic (medical service) area by county (ies) or city, if appropriate, for the facility or project. Include an 8 ½ x 11” map indicating the service area and the location of the facility.

The medical service area, as defined by the State Health Plan is Baldwin County. Service area map attached.

- B. What population group(s) will be served by the proposed project? Define age groups, location and characteristics of the population to be served.

Baldwin County has consistently ranked as one of the fastest growing populations in the state. Four of the top five fastest growing cities in Alabama are in Baldwin County which are in one of the fastest growing MSA’s in the nation. The population growth rate is expected to continue:

Baldwin County Total Population and Projections

	2010	2020	2025	2030	2035	2040	Increase
Baldwin	182,265	222,554	242,345	261,777	281,200	300,899	118,634
Alabama	4,779,736	4,940,253	5,030,870	5,124,380	5,220,527	5,319,305	539,569

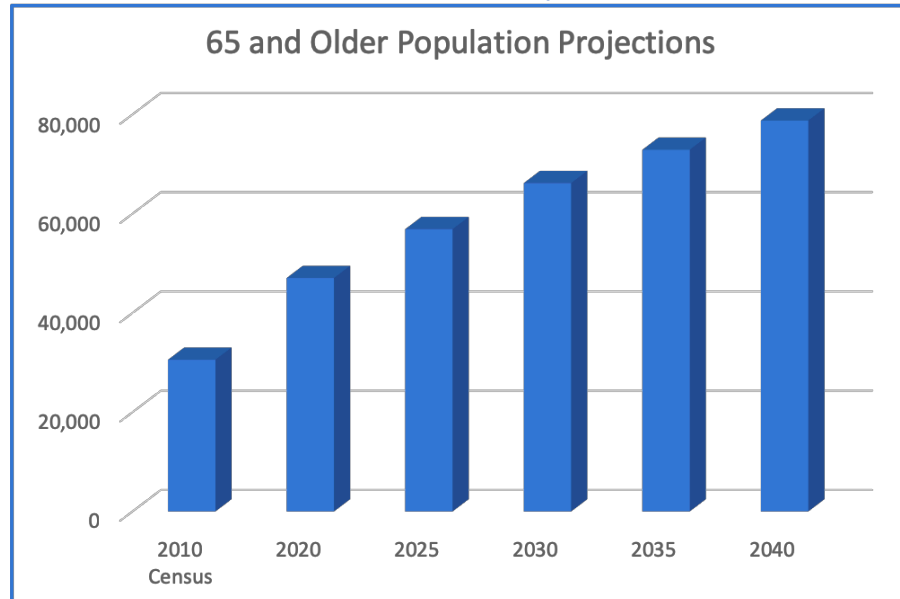
Center for Business and Economic Research, The University of Alabama, April 2018.

Not only is the projected population growth in Baldwin County the highest in the State at 65.1% but 20% of the entire projected increase in population in Alabama by 2040 will be in Baldwin County.

According to the Alabama Department of Public Health’s COVID-19 Risk Indicator Dashboard, Baldwin County is in the highest risk category.

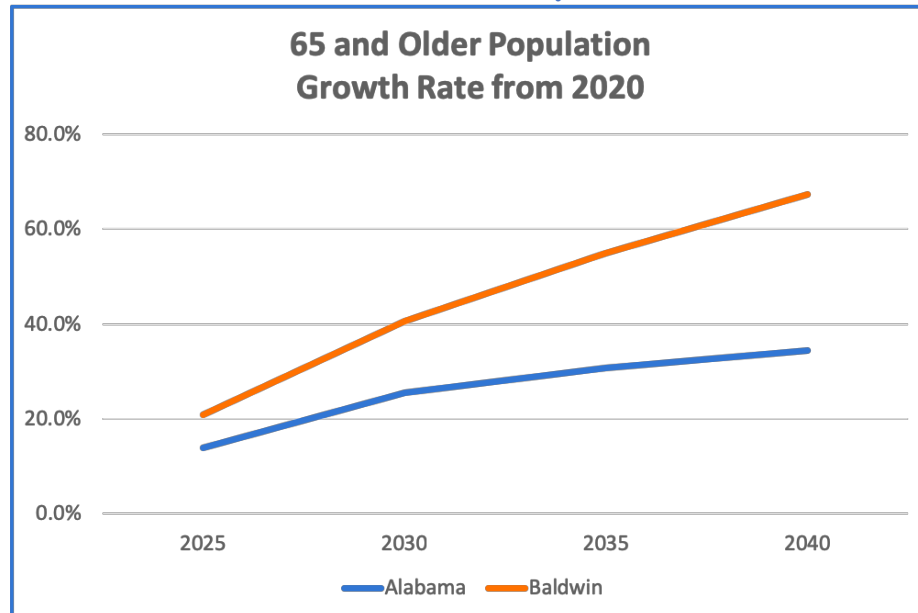
The primary population group to be served by the proposed project is the vulnerable demographic aged 65 and older.

Baldwin County



U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, April 2018

Baldwin County



U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, April 2018

- C. If medical service area is not specifically defined in the State Health Plan, explain statistical methodologies or market share studies based upon accepted demographic or statistical data available with assumptions clearly detailed. If Patient Origin Study data is used, explain whether institution or county based, etc.

Section 410-2-4-.02 Acute Care (Hospitals), (3) Methodology, of the Alabama State Health Plan specifically defines the planning area as the county.

- D. Are there any other factors affecting access to the project?

Please explain

(X) Geographic - Baldwin County is the largest geographic county in Alabama

(X) Economic – According to the U.S. Census Bureau’s, most recent Poverty Estimates published by the Center for Business and Economic Research, approximately 13.0% of the Baldwin County population lives at or below the poverty line.

(X) Emergency – According to the Alabama Department of Public Health’s COVID-19 Risk Indicator Dashboard, Baldwin County is in the highest risk category.

(X) Medically Underserved – Baldwin County is designated as a Medically Underserved Area (MUA) by the Health Resources and Services Administration.

II. HEALTH CARE REQUIREMENTS OF THE MEDICAL SERVICE AREA

- A. What are the factors (inadequacies) in the existing health care delivery system which necessitate this project?

Hospitalization rates across Alabama and the United States are reached record high levels as a result of the COVID-19 worldwide pandemic.

Thomas Hospital’s average daily patient census during the traditional flu season reaches capacity levels.

- B. How will the project correct the inadequacies?

Phase I of the proposed project will operationalize 14 additional medical/surgical beds by the end of 2020. Phase II will operationalize 16 additional medical/surgical beds in 2021

- C. Why is your facility/organization the appropriate facility to provide the proposed project?

Thomas Hospital has been serving Baldwin County for 60 years and is the choice for healthcare for many of the ever-growing population. The facility is positioned to add 14 additional medical/surgical beds by the end of this year and 16 more in 2021.

- D. Describe the need for the population served or to be served for the proposed project and address the appropriate sections of the State Health Plan and the Rules and Regulations under 410-1-6-.07. Provide information about the results of any local studies which reflect a need for the proposed project.

Section 410-1-6-.07 Access to the Facility or Service, of the Alabama State Health Plan – as noted earlier, Baldwin County has both Economic and Medically Underserved factors affecting access to care. Thomas Hospital will continue its policy of providing care regardless of the patient’s ability to pay. Thomas Hospital meets or exceeds all applicable Federal regulations and is compliant with all Medicare and Medicaid requirements for care.

- E. If the application is for a specialized or limited-purpose facility or service, show the incidence of the particular health problem.

Not Applicable

- F. Describe the relationship of this project to your long-range development plans, if you have such plans.

This project reflects Thomas Hospital’s continuing objective for meeting the healthcare need of the community.

III. RELATIONSHIP TO EXISTING OR APPROVED SERVICES AND FACILITIES

- A. Identify by name and location the existing or approved facilities or services in the medical service area similar to those proposed in this project.

The Alabama Department of Public Health Facility Directory of Hospitals in Baldwin County is attached.

- B. How will the proposed project affect existing or approved services and facilities in the medical service area?

This proposed project will complement the existing healthcare delivery system in Baldwin County by providing additional inpatient general acute care beds.

- C. Will there be a detrimental effect on existing providers of the service? Discuss methodologies and assumptions.

Given the historical patient care demands and continuing escalation of hospitalization rates due to the COVID-19 pandemic, Thomas Hospital does not anticipate any detrimental effect on other healthcare providers.

- D. Describe any coordination agreements or contractual arrangements for shared services that are pertinent to the proposed project.

This proposed project will incorporate all appropriate agreements and arrangements for shared services at Thomas Hospital.

- E. List the new or existing ancillary and/or supporting services required for this project and briefly describe their relationship to the project.

This proposed project will utilize all appropriate existing support services at Thomas Hospital including, Administration, Nursing Administration, Dietary, Security, Environmental Services, etc.

IV. POTENTIAL LESS COSTLY OR MORE EFFECTIVE ALTERNATIVES

- A. What alternatives to the proposed project exist? Why was this proposal chosen?

No appropriate alternatives exist for this project. This project was chosen to best position Thomas Hospital to meet the inpatient needs of the communities it serves.

- B. How will this project foster cost containment?

Cost containment will be maximized with this project through renovations within the existing facility to incorporate the additional beds.

- C. How does the proposal affect the quality of care and continuity of care for the patients involved?

This proposal will enhance the quality and continuity of care for patients by providing additional inpatient beds. In addition to the care provided, the additional inpatient beds will improve the continuity of care by increasing patient thru-put in areas such as Emergency and the Intensive Care Unit.

V. DESCRIBE COMMUNITY REACTION TO THE PROJECT (Attach endorsements if desired)

See attached Letters of Support to the Project

VI. NON-PATIENT CARE

If appropriate, describe any non-patient care objectives of the facility, i.e., professional training programs, access by health professional schools and behavioral research projects which are designed to meet a national need.

Not Applicable

VII. MULTI-AREA PROVIDER

If the applicant holds itself as a multi-area provider, describe those factors that qualify it as such, including the percentage of admissions which resides outside the immediate health service area in which the facility is located.

Thomas Hospital does not meet the Alabama CON Rules and Regulations definition of a multi-area provider however, Thomas Hospital does serve patients from all over Southwest Alabama.

VIII. HEALTH MAINTENANCE ORGANIZATION

If the proposal is by or on behalf of a health maintenance organization (HMO), address the rules regarding HMOs, and show that the HMO is federally qualified.

Not Applicable

IX. ENERGY-SAVING MEASURES

Discuss as applicable the principal energy-saving measures included in this project.

As a renovation of existing hospital space, this project will incorporate all of the existing energy saving measures employed at Thomas Hospital and will meet or exceed all appropriate building codes.

X. OTHER FACTORS

Describe any other factor(s) that will assist in understanding and evaluating the proposed project, including the applicable criteria found at 410-1-6 of the Alabama Certificate of Need Program Rules and Regulations which are not included elsewhere in the application.

410-1-6-.02 State Health Plan – this proposal is consistent with the Alabama State Health Plan Chapter 410-2-4-.02 Acute Care (Hospitals) (5) Bed Availability Assurance for Acute Care (Hospitals)

- 1. From October 28, 2019 to December 9, 2019, Thomas Hospital operated at an average weekday occupancy rate of 81.2%. From December 10, 2019 to January 23, 2019, Thomas Hospital operated at an average weekday occupancy rate of 80.2%. (see attached occupancy spreadsheets)*
- 2. Thomas Hospital is currently licensed through ADPH for 162 general acute care beds: CON authority for 150 general acute care beds and 12 inpatient rehabilitation beds. Thomas Hospital proposes to add 30 additional general acute care beds through this application.*
- 3. Thomas Hospital has not been granted an increase of beds under this section within the preceding twelve-month period.*
- 4. Thomas Hospital has been licensed for approximately sixty (60) years.*

410-1-6-.05 Need for the Project

- (a) this proposal is financially feasible**
- (b) data has been provided demonstrating need**
- (c) the project is consistent with the need for the community's overall health**
- (d) all existing non-patient care objectives of the facility will continue**
- (e) information will be provided to all appropriate regulatory state agencies**
- (f) the proposal is appropriately located within the hospital**

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As a renovation of existing hospital space, this project will incorporate all of the existing energy saving measures employed at Thomas Hospital and will meet or exceed all appropriate building codes.

X. OTHER FACTORS

Describe any other factor(s) that will assist in understanding and evaluating the proposed project, including the applicable criteria found at 410-1-6 of the Alabama Certificate of Need Program Rules and Regulations which are not included elsewhere in the application.

410-1-6-.02 State Health Plan – this proposal is consistent with the Alabama State Health Plan Chapter 410-2-4-.02 Acute Care (Hospitals) (5) Bed Availability Assurance for Acute Care (Hospitals)

- 1. From October 28, 2019 to December 9, 2019, Thomas Hospital operated at an average weekday occupancy rate of 81.2%. From December 10, 2019 to January 22, 2019, Thomas Hospital operated at an average weekday occupancy rate of 80.2%. (see attached occupancy spreadsheets)*
- 2. Thomas Hospital is currently licensed for 150 general acute care beds and proposes to add 30 additional general acute care beds through this application.*
- 3. Thomas Hospital has not been granted an increase of beds under this section within the preceding twelve-month period.*
- 4. Thomas Hospital has been licensed for approximately sixty (60) years.*

410-1-6-.05 Need for the Project

- (a) this proposal is financially feasible**
- (b) data has been provided demonstrating need**
- (c) the project is consistent with the need for the community’s overall health**
- (d) all existing non-patient care objectives of the facility will continue**
- (e) information will be provided to all appropriate regulatory state agencies**
- (f) the proposal is appropriately located within the hospital**

PART THREE: CONSTRUCTION OR RENOVATION ACTIVITIES

Complete the following if construction/renovation is involved in this project. Indicate N/A for any questions not applicable.

I. ARCHITECT **Neil King, AIA**

Firm **Evan Terry Associates, LLC**

Address **One Perimeter Park South, Suite 200S**

City/State/Zip **Birmingham, AL 35242**

Contact Person **Neil King, AIA**

Telephone **205-972-9100**

Architect's Project Number **4180**

II. ATTACH SCHEMATICS AND THE FOLLOWING INFORMATION

A. Describe the proposed construction/renovation

Interior renovation of the 2nd and 3rd floors of South tower. Generally, the work consists of all new finishes, removal of tubs in patient rooms which will be replaced with showers, renovation of nurse stations, enlarging of patient toilet rooms to create ADA toilets where possible, rework of the HVAC system on the 2nd floor installing a new AHU and MAU, replace non-functional nurse call system, replace lighting with LED, replace sheetrock and insulation on exterior walls

B. Total gross square footage to be constructed/renovated **14,000 sf**

C. Net useable square footage (not including stairs, elevators, corridors, toilets) **12,2352 sf**

D. Acres of land to be purchased or leased **0**

E. Acres of land owned on site **31**

F. Anticipated amount of time for construction or renovations **6 (months)**

G. Cost per square foot **\$ 365.10**

H. Cost per bed (if applicable) **\$ 170,379.26**

PART FOUR: UTILIZATION DATA AND FINANCIAL INFORMATION – NOT APPLICABLE

This part should be completed for projects under \$500,000.00 and/or those projects for ESRD and home health. If this project is not one of the items listed above, please omit Part Four and complete Part Five. Indicate N/A for any questions not applicable.

I. UTILIZATION	Years:	CURRENT		PROJECTED	
		20_____	20_____	20_____	20_____
A. ESRD					
# Patients		_____	_____	_____	_____
# Procedures		_____	_____	_____	_____
B. Home Health Agency					
# Patients		_____	_____	_____	_____
# of Visits		_____	_____	_____	_____
C. New Equipment					
# Patients		_____	_____	_____	_____
# Procedures		_____	_____	_____	_____
D. Other					
# Patients		_____	_____	_____	_____
# Procedures		_____	_____	_____	_____

II. PERCENT OF GROSS REVENUE

Source of Payment	Historical			Projected	
	20_____	20_____	20_____	20_____	20_____
ALL Kids					
Blue Cross/Blue Shield					
Champus/Tricare					
Charity Care (see note below)					
Medicaid					
Medicare					
Other commercial insurance					
Self pay					
Other					
Veterans Administration					
Workers' Compensation					
TOTAL					
	%	%	%	%	%

Note: Refer to the Healthcare Financial Management Association (HFMA) Principles and Practices Board Statement Number 15, Section II.

III. CHARGE INFORMATION

- A. List schedule of current charges related to this project.
- B. List schedule of proposed charges after completion of this project. Discuss the impact of project cost on operational costs and charges of the facility or service.

PART FIVE: UTILIZATION DATA AND FINANCIAL INFORMATION

This part should be completed for projects which cost over \$500,000.00 or which propose a substantial change in service, or which would change the bed capacity of the facility in excess of ten percent (10%), or which propose a new facility. ESRD, home health, and projects that are under \$500,000.00 should omit this part and complete Part Four.

I. PERCENT OF GROSS REVENUE

Source of Payment	Historical			Projected	
	2018	2019	2020	2021	2022
ALL Kids					
Blue Cross/Blue Shield	34.5%	34.3%	34.2%	34.2%	34.2%
Champus/Tricare	1.9%	1.9%	2.3%	2.3%	2.3%
Charity Care (see note below)	0.5%	0.5%	0.4%	0.4%	0.4%
Medicaid	5.5%	5.7%	5.5%	5.5%	5.5%
Medicare	30.2%	29.4%	28.3%	28.3%	28.3%
Other commercial insurance	20.9%	21.9%	23.0%	23.0%	23.0%
Self pay	3.5%	3.9%	3.9%	3.9%	3.9%
Other	2.4%	1.8%	1.9%	1.9%	1.9%
Veterans Administration					
Workers' Compensation	0.6%	0.6%	0.5%	0.5%	0.5%
TOTAL	100%	100%	100%	100%	100%

Note: Refer to the Healthcare Financial Management Association (HFMA) Principles and Practices Board Statement Number 15, Section II.

II. CHARGE INFORMATION

- C. List schedule of current charges related to this project.

Current charges based upon average prevailing global charges per day at \$4,857.

- D. List schedule of proposed charges after completion of this project. Discuss the impact of project cost on operational costs and charges of the facility or service.

Changes to proposed charges are not anticipated. This project should not have a material impact on operational costs.

III. INPATIENT UTILIZATION DATA

A. Historical Data

Give information for last three (3) years for which complete data is available.

OCCUPANCY DATA

Occupancy	Number of Beds			Admissions or Discharges			Total Patient Days			Percentage (%)		
	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019
Medicine & Surgery	121	121	135	7,384	8,055	8,702	31,206	33,398	36,364	70.7%	75.6%	73.8%
Obstetrics	15	15	15	1,224	1,237	1,294	3,422	3,514	3,556	62.5%	64.2%	64.9%
Pediatrics												
Rehabilitation			12			278			3,553			81.1%
Other	14	14	-	375	634	-	1,503	2,614	-	29.4%	51.2%	0.0%
TOTALS	150	150	162	9,003	9,926	10,274	36,131	39,526	43,473	66.0%	72.2%	73.5%

B. Projected Data

Give information to cover the first two (2) years of operation after completion of project.

OCCUPANCY DATA

Occupancy	Number of Beds		Admissions or Discharges		Total Patient Days		Percentage (%)	
	1st Year	2nd Year	1st Year	2nd Year	1st Year	2nd Year	1st Year	2nd Year
Medicine & Surgery	149	165	9,350	10,149	39,070	42,410	71.8%	70.4%
Obstetrics	15	15	1,320	1,346	3,627	3,700	66.2%	67.6%
Pediatrics								
Psychiatry								
Other Rehabilitation	25	25	585	596	7,473	7,623	81.9%	83.5%
TOTALS	189	205	11,254	12,091	50,171	53,732	72.7%	71.8%

NI. INPATIENT UTILIZATION DATA

A. Historical Data

Give information for last three (3) years for which complete data is available.

OCCUPANCY DATA

Occupancy	Number of Beds			Admissions or Discharges			Total Patient Days			Percentage (%)		
	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019
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Obstetrics	15	15	15	1,224	1,237	1,294	3,422	3,514	3,556	62.5%	64.2%	64.9%
Pediatrics												
Psychiatry												
Other	14	14	-	375	634	-	1,503	2,614	-	29.4%	51.2%	0.0%
TOTALS	150	150	150	9,003	9,926	9,996	36,131	39,526	39,920	66.0%	72.2%	72.9%

B. Projected Data

Give information to cover the first two (2) years of operation after completion of project.

OCCUPANCY DATA

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Medicine & Surgery	149	165	9,350	10,149	39,070	42,410	71.8%	70.4%
Obstetrics	15	15	1,320	1,346	3,627	3,700	66.2%	67.6%
Pediatrics								
Psychiatry								
Other Rehabilitation	25	25	585	596	7,473	7,623	81.9%	83.5%
TOTALS	205	205	11,254	12,091	50,171	53,732	72.7%	71.8%

IV. OUTPATIENT UTILIZATION DATA

A. HISTORICAL DATA

	Number of Outpatient Visits			Percentage of Outpatient Visits		
	2018	2019	2020	2018	2019	2020
Clinical	35,252	41,096	42,437	28%	31%	31%
Diagnostic	38,749	33,479	34,095	31%	25%	25%
Rehabilitation	41,254	50,022	51,269	33%	37%	38%
Surgical	9,963	9,473	8,493	8%	7%	6%

B. PROJECTED DATA

	Number of Outpatient Visits		Percentage of Outpatient Visits	
	2021	2022	2021	2022
Clinical	43,710	45,021	31%	31%
Diagnostic	35,118	36,171	25%	25%
Rehabilitation	52,807	54,391	38%	38%
Surgical	8,748	9,010	6%	6%

A. ORGANIZATION FINANCIAL INFORMATION

STATEMENT OF INCOME AND EXPENSE	HISTORICAL DATA (Give information for last 3 years for which complete data are available)			PROJECTED DATA (First 2 years after completion of project)	
	2018	2019	2020	2022	2023
Revenue from Services to Patients					
Inpatient Services	227,228,974	255,533,273	257,087,585	260,943,899	265,858,057
Routine (nursing service areas)					
Other					
Outpatient Services	318,859,013	350,126,942	354,673,120	359,993,217	365,393,115
Emergency Services					
Gross Patient Revenue	546,087,987	605,660,215	611,760,705	620,937,116	630,251,172
Deductions from Revenue					
Contractual Adjustments	362,853,562	395,598,762	391,836,271	397,713,815	403,679,522
Discount/Miscellaneous Allowances	3,091,126	4,861,351	6,640,648	6,740,258	6,841,362
Total Deductions	365,944,688	400,460,113	398,476,919	404,454,073	410,520,884
NET PATIENT REVENUE (Gross patient revenue less deductions)	180,143,299	205,200,102	213,283,786	216,483,043	219,730,288
Other Operating Revenue	1,768,534	1,836,547	1,749,011	1,775,246	1,801,875
NET OPERATING REVENUE	181,911,833	207,036,649	215,032,797	218,258,289	221,532,163
OPERATING EXPENSES					
Salaries, Wages, and Benefits	54,403,170	61,910,849	65,389,777	66,370,624	67,366,183
Physician Salaries and Fees	630,076	4,470,998	6,061,192	6,152,110	6,244,392
Supplies and other	37,852,400	42,111,501	43,063,055	43,709,001	44,364,636
Uncompensated Care (less recoveries) per State Health Plan 410-2-2-.06(d)	26,188,199	31,468,769	30,127,712	30,579,628	31,038,322
Other Expenses	42,024,104	44,013,641	45,258,641	45,937,521	46,626,583
Total Operating Expenses	161,097,949	183,975,758	189,900,377	192,748,884	195,640,116
NON-OPERATING EXPENSES					
Taxes					
Depreciation	9,922,081	10,695,675	10,384,449	10,767,225	10,925,328
Interest (other than mortgage)					
Existing Capital Expenditures	18,183,666	6,893,608	6,982,880	N/A	N/A
Interest	2,769,966	3,220,153	3,176,846	N/A	N/A
Total Non-Operating Expenses	30,875,713	20,809,436	20,544,175	10,767,225	10,925,328
TOTAL EXPENSES (Operating & Capital)	191,973,662	204,785,194	210,444,552	203,516,109	206,565,444
Operating Income (Loss)	(10,061,829)	2,251,455	4,588,244	14,742,180	14,966,719
Other Revenue (Expense) -- Net	5,318,589	(344,222)	(4,159,869)		
NET INCOME (Loss)	(4,743,240)	1,907,233	428,375	14,742,180	14,966,719
Projected Capital Expenditure	N/A	N/A	N/A		
Interest	N/A	N/A	N/A		

B. PROJECT SPECIFIC FINANCIAL INFORMATION

STATEMENT OF INCOME AND EXPENSE	HISTORICAL DATA (Give information for last 3 years for which complete data are			PROJECTED DATA (First 2 years after completion of	
	2018	2019	2020	2022	2023
Revenue from Services to Patients					
Inpatient Services	56,881,142.39	60,015,666.35	62,187,504.04	71,697,879.58	83,988,211.06
Routine (nursing service areas)					
Other					
Outpatient Services	2,495,837.30	3,346,726.58	2,910,450.57	3,355,547.67	3,930,750.08
Emergency Services					
Gross Patient Revenue	59,376,979.69	63,362,392.93	65,097,954.61	75,053,427.26	87,918,961.14
Deductions from Revenue					
Contractual Adjustments	39,453,621.21	41,386,380.66	41,695,616.58	48,072,154.41	56,312,603.30
Discount/Miscellaneous Allowances	336,102.84	508,580.26	706,636.76	814,703.18	954,358.25
Total Deductions	39,789,724.05	41,894,960.92	42,402,253.34	48,886,857.59	57,266,961.55
NET PATIENT REVENUE (Gross patient revenue less deductions)	19,587,255.64	21,467,432.01	22,695,701.27	26,166,569.67	30,651,999.59
Other Operating Revenue	-	-	-	-	-
NET OPERATING REVENUE	19,587,255.64	21,467,432.01	22,695,701.27	26,166,569.67	30,651,999.59
OPERATING EXPENSES					
Salaries, Wages, and Benefits	3,103,123.94	3,485,706.85	3,809,132.70	4,391,665.85	5,144,477.92
Physician Salaries and Fees	35,939.15	251,726.29	353,080.95	407,077.85	476,858.46
Supplies and other	2,159,078.02	2,370,963.24	2,508,540.31	2,892,173.01	3,387,944.51
Uncompensated Care (less recoveries) per State Health Plan 410.2.2.06(d)	1,493,759.05	1,771,755.76	1,755,021.33	2,023,417.88	2,370,268.81
Other Expenses	2,397,029.50	2,478,057.60	2,636,439.17	3,039,631.54	3,560,680.13
Total Operating Expenses	9,188,929.66	10,358,209.74	11,062,214.46	12,753,966.13	14,940,229.83
NON-OPERATING EXPENSES					
Taxes					
Depreciation	4,105	12,382	41,889	268,899	268,899
Interest (other than mortgage)					
Existing Capital Expenditures	43,219	363,632	19,237	N/A	N/A
Interest				N/A	N/A
Total Non-Operating Expenses	47,324	376,014	61,127	268,899	268,899
TOTAL EXPENSES (Operating & Capital)	9,236,254	10,734,224	11,123,341	13,022,865	15,209,128
Operating Income (Loss)	10,351,002.07	10,733,208.30	11,572,360.09	13,143,705.01	15,442,871.24
Other Revenue (Expense) – Net					
NET INCOME (Loss)	10,351,002.07	10,733,208.30	11,572,360.09	13,143,705.01	15,442,871.24
Projected Capital Expenditure	N/A	N/A	N/A	25,000	25,000
Interest	N/A	N/A	N/A		

STATEMENT OF COMMUNITY PARTNERSHIP FOR EDUCATION AND REFERRALS

A. This section is declaration of those activities your organization performs outside of inpatient and outpatient care in the community and for the underserved population. Please indicate historical and projected data by expenditures in the columns specified below.

Services and/or Programs	Historical Data (total dollars spent in last 3 years)			Projected Data (total dollars budgeted for next 2 years)	
	2017	2018	2019	2020	2021
Health Education (nutrition, fitness, etc.)	\$310,570	\$405,296	\$419,215	\$431,792	\$444,745
Community service workers (school nurses, etc.)					
Health screenings					
Other					
TOTAL	\$310,570	\$405,296	\$419,215	\$431,792	\$444,745

B. Please describe how the new services specified in this project application will be made available to and address the needs of the underserved community. If the project does not involve new services, please describe how the project will address the underserved population in your community.

This project will increase access for the underserved population in Baldwin County through the addition of 30 general acute care beds.

Please briefly describe some of the current services or programs presented to the underserved in your community.

Thomas Hospital conducts a Community Health Needs Assessment every 3 years and prioritizes needs impacting the community. Working with other charitable organizations, Thomas Hospital provides Community Health Education, Health Screenings, Family Support Groups and much more. Thomas Hospital participates in the Infirmiry Health’s Community Benefit Funding program which provides free/subsidized healthcare for the underserved. In addition, Infirmiry Health’s iHelp program provides financial, in-kind, and volunteer resources to partners in the community.

PART SIX: ACKNOWLEDGEMENT AND CERTIFICATION BY THE APPLICANT


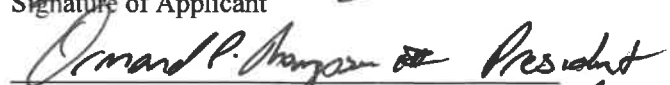

I. ACKNOWLEDGEMENT

In submitting this application, the applicant understands and acknowledges that:

- A. The rules, regulations and standards for health facilities and services promulgated by the SHPDA have been read, and the applicant will comply with same.
- B. The issuance of a certificate of need will depend on the approval of the CON Review Board, and no attempt to provide the service or incur an obligation will be made until a bona fide certificate of need is issued.
- C. The certificate of need will expire in twelve (12) months after date of issuance, unless an extension is granted pursuant to the applicable portions of the SHPDA rules and regulations.
- D. The certificate of need is not transferrable, and any action to transfer or assign the certificate will render it null and void.
- E. The applicant will notify the State Health Planning and Development Agency when a project is started, completed or abandoned.
- F. The applicant shall file a progress report on each active project every six (6) months until the project is completed.
- G. The applicant must comply with all state and local building codes, and failure to comply will render the certificate of need null and void.
- H. The applicants and their agents will construct and operate in compliance with appropriate state licensure rules, regulations, and standards.
- I. Projects are limited to the work identified in the Certificate of Need as issued.
- J. Any expenditure in excess of the amount approved on the Certificate of Need must be reported to the State Health Planning and Development Agency and may be subject to review.
- K. The applicant will comply with all state statutes for the protection of the environment.
- L. The applicant is not presently operating with a probational (except as may be converted by this application) or revoked license.

I. CERTIFICATION

The information contained in this application is true and correct to the best of my knowledge and belief.


Signature of Applicant
 President
Applicant's Name and Title
(Type or Print) *Sharon Fitzgerald*
31 day of July 20 20

Notary Public (Affix seal on Original)



Author: Alva M. Lambert

Statutory Authority: §§ 22-21-267, -271, -275, Code of Alabama, 1975

History: Amended: March 19, 1996; July 25, 2002; Filed: July 22, 2013; effective August 26, 2013.

ATTACHMENTS

SERVICE AREA MAP

BALDWIN COUNTY

Legend

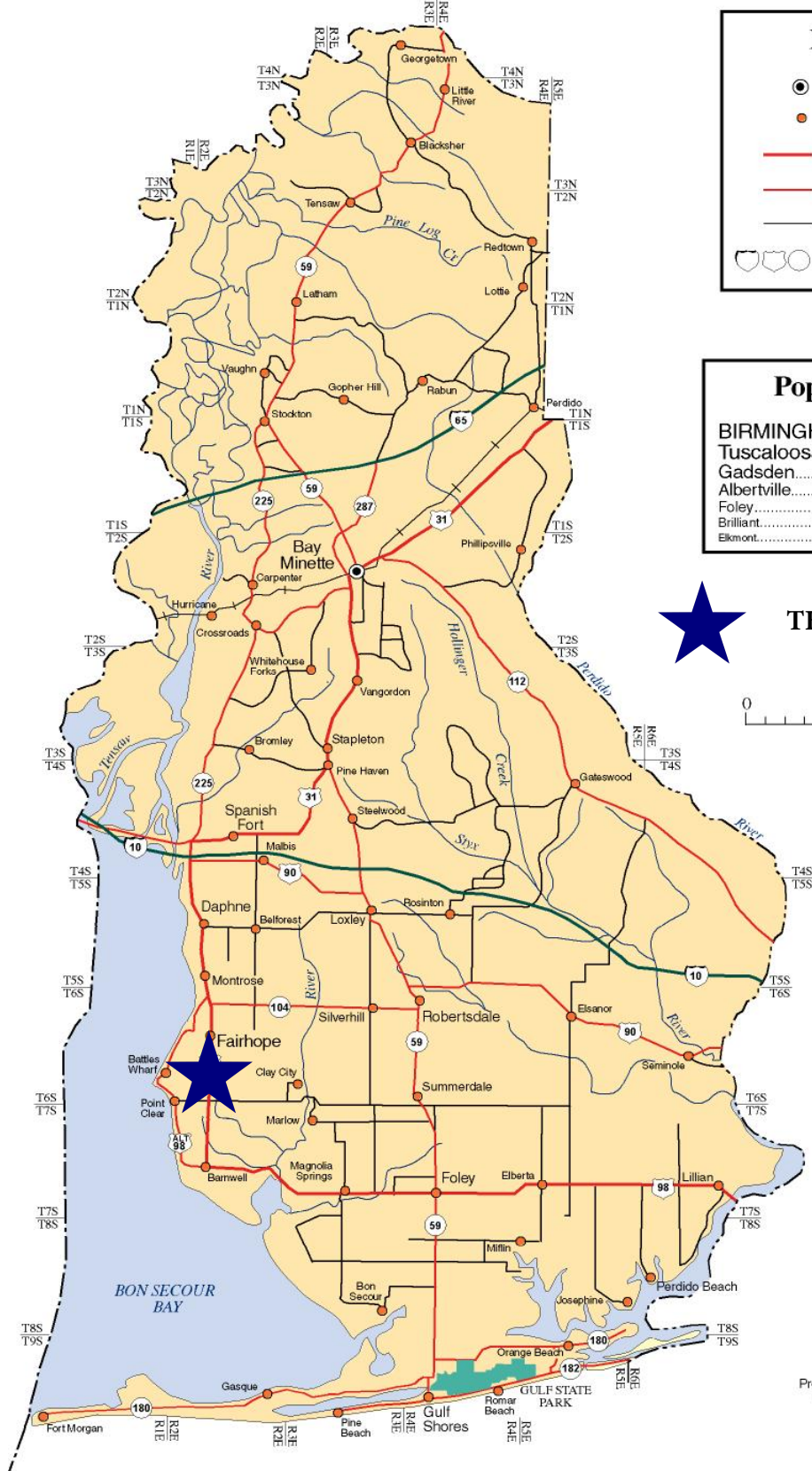
- County seat
- City, town or village
- Primary highway
- Secondary highway
- Other principal roads
- Route marker: Interstate;
○ U.S.: State

Population Key

BIRMINGHAM.....	100,000 to 500,000
Tuscaloosa.....	50,000 to 100,000
Gadsden.....	25,000 to 50,000
Albertville.....	5,000 to 25,000
Foley.....	1,000 to 5,000
Brilliant.....	500 to 1,000
Elkton.....	up to 500



THOMAS HOSPITAL



Produced by the Dept. of Geography
College of Arts and Sciences
The University of Alabama

**ALABAMA STATE HEALTH PLAN
BED AVAILABILITY ASSURANCE
FOR ACUTE CARE (HOSPITALS)**

3. Evidence that a plan adjustment would result in improvements in the quality of health care delivered to residents of an area. Many organizations, including the Division of Licensure and Certification within the Alabama Department of Public Health, the Professional Review Organization for the State, the Joint Commission on Accreditation of Health Care, and major third-party payers, continually address the issue of the quality of hospital care. Evidence of substandard care in existing hospital(s) within a county and/or evidence that additional hospital beds would enhance quality in a cost-effective way could partially justify a plan adjustment.

a. In applying these three (3) plan adjustment criteria, special consideration should be given to requests from hospitals which have experienced average hospital-wide occupancy rates in excess of 80% for the most recent two-year period. It is presumed that the patients, physicians, and health plans using a hospital experiencing high occupancy rates have rendered positive judgments concerning the accessibility, cost-effectiveness, and/or quality of care of that hospital. Thus, the 80% occupancy standard adds a market-based element of validity to other evidence, which might be given in support of a plan adjustment for an area.

b. Numbers of beds do not always reflect the adequacy of the programs available within hospitals. In applying the three plan adjustment criteria to specific services, consideration should be given to the adequacy of both numbers of beds and programs offered in meeting patient needs in a particular county.

(5) Bed Availability Assurance for Acute Care (Hospitals)

(a) On occasion, existing acute care hospitals are located in counties having significant population growth and/or hospitals with broad geographical service areas/statewide missions. These existing acute care hospitals are experiencing a shortage of acute care beds due to population growth and other demographic factors such as the aging baby boomers. The shortage of acute care beds is expected to only worsen. This shortage of acute care beds is causing patient transfers to be refused and ambulances to be turned-away (diverted) to more distant facilities or causing delays in transfers from the ER to an inpatient bed, which is not in the best interests of patients or the provision of quality and cost-effective health care. The Acute Care Bed Need Methodology is based on a county-planning area and is an average of all days of the month and all months of the year. It may not always adequately take into consideration the census level and acute care bed availability of an individual acute care hospital and the significant inpatient bed pressures on the existing hospital, patients, and medical staff.

(b) In order to assist those existing acute care hospitals that are experiencing high census levels, existing acute care hospitals may qualify to add acute care beds if the existing acute care hospital can demonstrate an average weekday acute bed (including

observation patients) occupancy rate/census (Monday through Friday at midnight, exclusive of national holidays) for two separate and distinct periods of thirty (30) consecutive calendar days of the most recent twelve (12) month period at or above the desired average occupancy rate of eighty percent (80%) of total licensed acute care beds for that hospital.

(c) For existing acute care hospitals achieving the occupancy rate in paragraph 2, those hospitals may seek a CON to add up to ten percent (10%) of licensed bed capacity (not to exceed 50 beds), rounded to the nearest whole, or alternatively up to thirty (30) beds, whichever is greater (which shall be at the applicant's option). Such additional beds will be considered an exception to the bed methodology set forth elsewhere in this Section, provided, however, that any additional beds authorized by the CON Board pursuant to this provision shall be considered for purposes of other bed need methodology purposes. In addition to such additional information that may be required by SHPDA, a hospital seeking a CON for additional beds under this section must provide, as part of its CON application the following information:

1. Demonstration of compliance with the occupancy rate in paragraph 2 (average of at least an 80% weekday occupancy rate for two (2) separate and distinct periods of thirty (30) consecutive calendar weekdays of the most recent 12-month period);

2. The application for additional acute care beds does not exceed ten percent (10%) of licensed acute care bed capacity (not to exceed 50 beds), rounded to the nearest whole, or alternatively up to thirty (30) acute care beds, whichever is greater.

3. The existing acute care hospital has not been granted an increase of beds under this section within the preceding twelve-month period, which time begins to run upon the issuance of a certificate of occupancy issued by the Alabama Department of Public Health; and

4. The hospital must have been licensed for at least one year as a general acute care hospital.

(d) Any acute care beds granted under this section can only be added at or upon the existing campus of the applicant acute care hospital.

(6) Planning Policy.

In a licensed general acute care hospital, the temporary utilization of inpatient rehabilitation beds, inpatient or residential alcohol and drug abuse beds, or inpatient psychiatric beds for medical/surgical purposes will not be considered a conversion of beds provided that the temporary utilization not exceed a total of twenty percent (20%) in any one specialty unit, as allowed by federal Medicare regulations in a facility's fiscal year.

THOMAS HOSPITAL OCCUPANCY DATA

THOMAS HOSPITAL OCCUPANCY DATA

Based on General Acute Care Services Only

1	10/28/19	Mon	122	12/10/19	Tues	133
2	10/29/19	Tues	117	12/11/19	Wed	140
3	10/30/19	Wed	130	12/12/19	Thur	134
4	10/31/19	Thur	127	12/13/19	Fri	119
5	11/1/19	Fri	111	12/16/19	Mon	133
6	11/4/19	Mon	126	12/17/19	Tues	148
7	11/5/19	Tues	118	12/18/19	Wed	142
8	11/6/19	Wed	119	12/19/19	Thur	120
9	11/7/19	Thur	115	12/20/19	Fri	114
10	11/8/19	Fri	117	12/23/19	Mon	107
11	11/11/19	Mon	132	12/24/19	Tues	88
12	11/12/19	Tues	135	12/26/19	Thur	98
13	11/13/19	Wed	129	12/27/19	Fri	100
14	11/14/19	Thur	117	12/30/19	Mon	126
15	11/15/19	Fri	109	12/31/19	Tues	108
16	11/18/19	Mon	114	1/2/20	Thur	111
17	11/19/19	Tues	133	1/3/20	Fri	104
18	11/20/19	Wed	130	1/6/20	Mon	124
19	11/21/19	Thur	133	1/7/20	Tues	124
20	11/22/19	Fri	118	1/8/20	Wed	119
21	11/25/19	Mon	128	1/9/20	Thur	113
22	11/26/19	Tues	133	1/10/20	Fri	119
23	11/27/19	Wed	113	1/13/20	Mon	132
24	11/29/19	Fri	96	1/14/20	Tues	125
25	12/2/19	Mon	119	1/15/20	Wed	124
26	12/3/19	Tues	120	1/16/20	Thur	116
27	12/4/19	Wed	123	1/17/20	Fri	111
28	12/5/19	Thur	136	1/21/20	Tues	124
29	12/6/19	Fri	112	1/22/20	Wed	133
30	12/9/19	Mon	123	1/23/20	Thur	121
			3655			3610
			81.2%			80.2%

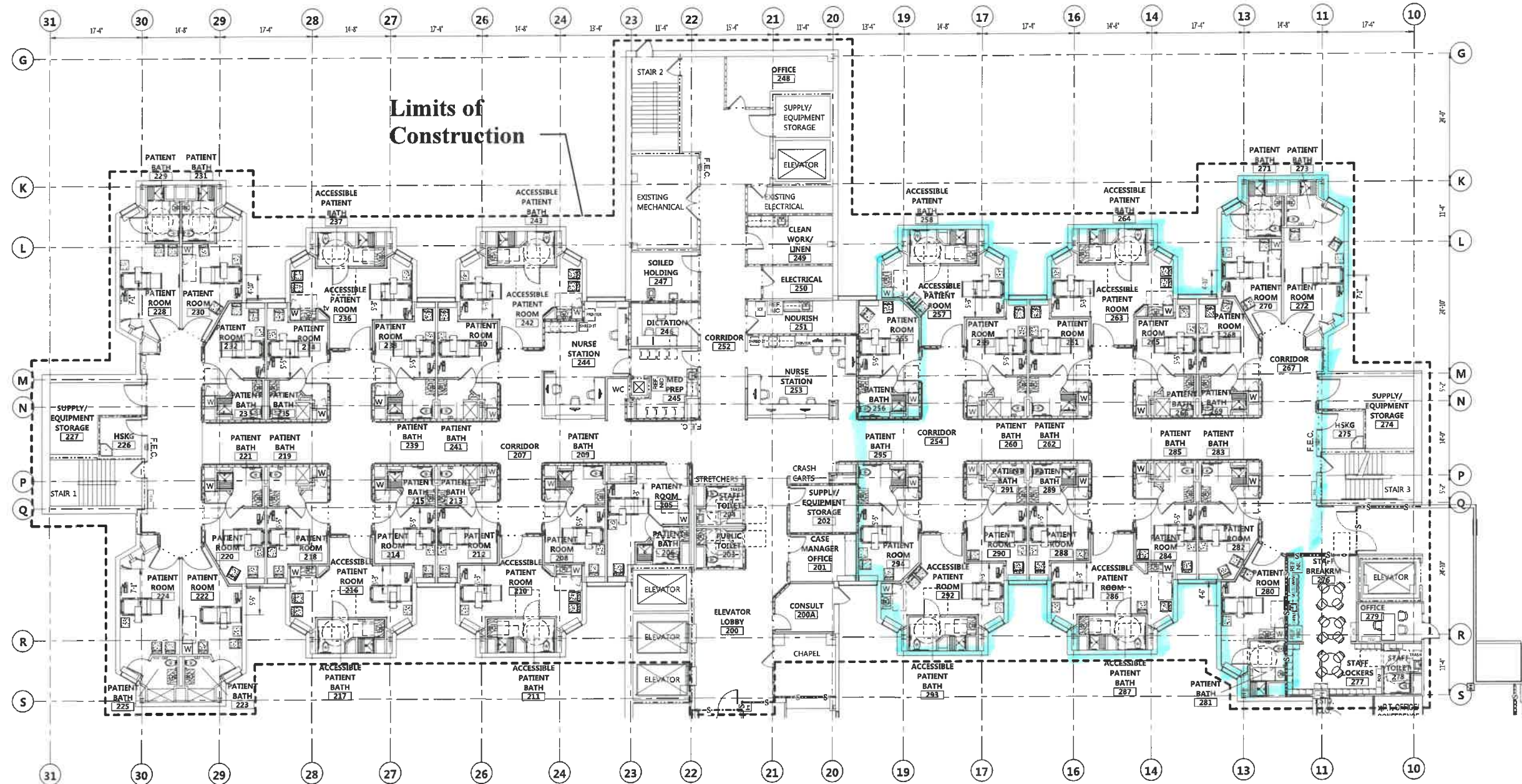
THOMAS HOSPITAL OCCUPANCY DATA

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8	11/6/19	Wed	119	12/19/19	Thur	120
9	11/7/19	Thur	115	12/20/19	Fri	114
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12	11/12/19	Tues	135	12/26/19	Thur	98
13	11/13/19	Wed	129	12/27/19	Fri	100
14	11/14/19	Thur	117	12/30/19	Mon	126
15	11/15/19	Fri	109	12/31/19	Tues	108
16	11/18/19	Mon	114	1/2/20	Thur	111
17	11/19/19	Tues	133	1/3/20	Fri	104
18	11/20/19	Wed	130	1/6/20	Mon	124
19	11/21/19	Thur	133	1/7/20	Tues	124
20	11/22/19	Fri	118	1/8/20	Wed	119
21	11/25/19	Mon	128	1/9/20	Thur	113
22	11/26/19	Tues	133	1/10/20	Fri	119
23	11/27/19	Wed	113	1/13/20	Mon	132
24	11/29/19	Fri	96	1/14/20	Tues	125
25	12/2/19	Mon	119	1/15/20	Wed	124
26	12/3/19	Tues	120	1/16/20	Thur	116
27	12/4/19	Wed	123	1/17/20	Fri	111
28	12/5/19	Thur	136	1/20/20	Mon	121
29	12/6/19	Fri	112	1/21/20	Tues	124
30	12/9/19	Mon	123	1/22/20	Wed	133
			3655			3610
			81.2%			80.2%

SCHEMATIC DESIGN

**Med Surg 35 Bed Relocation
Thomas Hospital**
Fairhope, AL

Construction Documents



Layout Plan - Partial Second Floor Plan
SCALE: 1/8" = 1'-0"

Evan Terry Associates LLC
Architect
1000 North Loop West, Suite 2000
Birmingham, AL 35202 (205) 972-2100

Project Title	LAYOUT PLAN PARTIAL SECOND FLOOR
Project No.	4102
ETA	10
DATE	9/6/19
Scale	1/8" = 1'-0"
Sheet No.	A2.10
Revision	10/28
Issue Date	September 6, 2019
Author	Evan Terry Associates, LLC 2019

ADPH DIRECTORY OF HOSPITALS BALDWIN COUNTY

EMERGENCY



ATTACHMENTS

Hospitals

Baldwin County

EastPointe Hospital
7400 Roper Lane
Daphne, AL 36526 (251) 450-5901
66 bed Specialized Psychiatric Hospital
Authorized bed capacity: 66
Licensee Type: Limited Liability Company
Administrator: J. Tuerk Schlesinger
Fac ID: H4913 License: Regular
Medicare: 014017

North Baldwin Infirmary
1815 Hand Avenue
P.O. Box 1409
Bay Minette, AL 36507 (251) 937-5521
78 bed General Hospital
Authorized bed capacity: 58
Licensee Type: Non-Profit Corporation
Administrator: Benjamin K. Hansert
Fac ID: H0201 License: Regular
Medicare: 01-0129

South Baldwin Regional Medical Center
1613 North McKenzie Street
Foley, AL 36535 (251) 949-3400
112 bed General Hospital
Authorized bed capacity: 112
Licensee Type: Corporation
Administrator: Daniel McKinney, CEO
Fac ID: H0202 License: Regular
Medicare: 01-0083
Deemed Status

Thomas Hospital
750 Morphy Avenue
P.O. Drawer 929
Fairhope, AL 36532 (251) 279-1501
150 bed General Hospital
Authorized bed capacity: 150
Licensee Type: Non-Profit Corporation
Administrator: Ormand Thompson
Fac ID: H0203 License: Regular
Medicare: 01-0100
Deemed Status

LETTERS OF SUPPORT



B and B Pecan Co.
16151 Greeno Road
Fairhope, AL 36532
251.928.9031 Phone
251.928.4889 Fax
www.pecangifts.com

June 5, 2020

Ms. Emily T. Marsal, Executive Director
State Health Planning and Development Agency
100 North Union Street, Suite 807
Montgomery, AL 36104

RE: Thomas Hospital

Dear Ms. Marsal:

I am pleased to offer my full support for additional inpatient beds at Thomas Hospital and respectfully request the Certificate of Need Review Board unanimously approve this needed project.

Thomas Hospital has served Fairhope and Baldwin County for 60 years. As the population of the largest geographic county in Alabama continues to grow, Thomas Hospital has always evolved to meet the healthcare needs of the residents and communities they serve. The main hospital campus in Fairhope offers the County's only open-heart surgery program and only accredited cancer program. In addition, Thomas Hospital offers outpatient services at Thomas Medical Center in Daphne, freestanding emergency services at Thomas Hospital Emergency in Malbis, as well as the Colony Inpatient Rehabilitation program.

Thomas Hospital is also an excellent corporate citizen providing a multitude of community services and programs throughout the area and sponsorship of numerous events that provide healthcare education and awareness.

Thank you for the opportunity to share my full support for Thomas Hospital.

Sincerely,

A handwritten signature in blue ink that reads "Clarence H. Bishop". The signature is written in a cursive style.

Clarence H. Bishop
Thomas Hospital Advisory Board



June 5, 2020

Ms. Emily T. Marsal
Executive Director
State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, AL 36104

Karin Wilson
Mayor

Council Members

Kevin G. Boone

Robert A. Brown

Jack Burrell, A.C.M.O.

Jimmy Conyers

Jay Robinson

Lisa A. Hanks, M.M.C.
City Clerk

Kimberly Creech
City Treasurer

RE: Thomas Hospital

Dear Ms. Marsal:

As Mayor, of the City of Fairhope, I am pleased to offer my full support for additional inpatient beds at Thomas Hospital and respectfully request the Certificate of Need Review Board unanimously approve this needed project.

Thomas Hospital has served Fairhope and Baldwin County for 60 years. As the population of the largest geographic county in Alabama continues to grow, Thomas Hospital has always evolved to meet the healthcare needs of the residents and communities they serve. The main hospital campus in Fairhope offers the County's only open-heart surgery program and only accredited cancer program. Thomas Hospital also offers outpatient services at Thomas Medical Center in Daphne, freestanding emergency services at Thomas Hospital Emergency in Malbis, as well as the Colony Inpatient Rehabilitation program.

Additionally, Thomas Hospital is an excellent corporate citizen providing a multitude of community services. They also provide programs throughout the area and sponsor numerous events that offer healthcare education and awareness.

Thank you for the opportunity to share my full support for Thomas Hospital.

Sincerely,

Karin Wilson
Mayor
City of Fairhope

101 North Section Street
P.O. Drawer 429

Fairhope, Alabama 36535

251-928-2156

251-928-6776 Fax

www.fairhopeal.gov

Phone: 251-928-2156



OFFICE OF THE MAYOR
MAYOR DANE HAYGOOD

June 8, 2020

Ms. Emily T. Marsal, Executive Director
State Health Planning and Development Agency
100 N. Union Street, Ste. 870
Montgomery, AL 36104

Dear Ms. Marsal,

On behalf of the City of Daphne, I wish to submit this letter to the Certificate of Need Review Board in order to express my support for the addition of 30 additional licensed beds being requested by Thomas Hospital.

Thomas Hospital has served Baldwin County for 60 years, and it has evolved to meet the healthcare needs of the residents and communities they serve. Yet the population growth along the Eastern Shore, as well as economic expansion, is expected to continue into the near future which will put further pressure on existing medical facilities.

The main hospital campus in Fairhope offers the County's only open-heart surgery program and only accredited cancer program. In addition, Thomas Hospital offers outpatient services at Thomas Medical Center in Daphne, freestanding emergency services at Thomas Hospital Emergency in Malbis, along with the Colony Inpatient Rehabilitation program. Thomas Hospital is an excellent corporate citizen providing a multitude of community services and programs throughout our area and sponsorship of numerous events that provide healthcare education and awareness.

Thank you for the opportunity to express our support for this effort on behalf of the citizens of Daphne.

Sincerely,

Mayor Dane Haygood



Dr. Swaid N. Swaid, Chairman
Certificate of Need Review Board
State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, AL 36104

RE: Thomas Hospital
Baldwin County

Dear Dr. Swaid:

As a physician serving this community, I would like to express my support for Thomas Hospital's plan to add inpatient beds at the Fairhope campus.

Seasonal fluctuations in hospital patient census is common. However, at Thomas Hospital, there is significant pressure on the facility occupancy especially during the winter months. The common flu often accounts for high patient census but now we are facing the "new-normal" impact of the COVID-19 pandemic. Thomas Hospital is actively preparing for the continued population growth of Baldwin County coupled with known and unknown effect of the virus with the proposed addition of 30 inpatient hospital beds.

This is a needed project and I encourage the Certificate of Need Review Board's approval.

Respectfully,

A handwritten signature in black ink, appearing to read 'Wendell Erdman', is written over a light blue horizontal line.

Wendell Erdman, M.D.
Medical Director - IMC Hospitalists

Richard A. Roh, MD*
Gary W. Nelson, MD*
Dylan R. Wells, MD*, FACOG
Mary D. Wells, MD*, FACOG
Leslie L. Evans, MD*, FACOG
Megan B. Dimoff, MD



FAIRHOPE
GYNECOLOGY & OBSTETRICS

19450 South Greeno Road
Fairhope, AL 36532
251-928-1222
FAX 251-928-2398
www.fairhopeobgyn.com
**Diplomates of American Board
of Obstetrics & Gynecology*

June 5, 2020

Ms. Emily T. Marsal
Executive Director
State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, AL 36104

RE: Thomas Hospital

Dear Ms. Marsal:

I am pleased to offer my full support for additional inpatient beds at Thomas Hospital and respectfully request the Certificate of Need Review Board unanimously approve this needed project.

Thomas Hospital has served Fairhope and Baldwin County for 60 years. As the population of the largest geographic county in Alabama continues to grow, Thomas Hospital has always evolved to meet the healthcare needs of the residents and communities they serve. The main hospital campus in Fairhope offers the County's only open-heart surgery program and only accredited cancer program. In addition, Thomas Hospital offers outpatient services at Thomas Medical Center in Daphne, freestanding emergency services at Thomas Hospital Emergency in Malbis, as well as the Colony Inpatient Rehabilitation program.

Thomas Hospital is also an excellent corporate citizen providing a multitude of community services and programs throughout the area and sponsorship of numerous events that provide healthcare education and awareness.

Thank you for the opportunity to share my full support for Thomas Hospital.

Sincerely,

A handwritten signature in black ink, appearing to read 'Richard A. Roh, M.D.', written in a cursive style.

Richard A Roh, M.D.
Member of Board of Directors Thomas Hospital

WILKINS, BANKESTER, BILES & WYNNE

A PROFESSIONAL ASSOCIATION

LAWYERS

60 N. Section Street
Post Office Box 1367
Fairhope, Alabama 36533
Telephone 251-928-1915
Fax 251-928-1967

TAYLOR D. WILKINS, JR.
MARION E. WYNNE, JR.
MARCUS E. MCDOWELL
J. THOMAS PILCHER, IV
N. TREY CANIDA
JEFFRY N. GALE

BAY MINETTE OFFICE
201 E. Second Street
Post Office Box 400
Bay Minette, Alabama 36507
Telephone 251-937-7024
Fax 251-937-6190

CLAUDE E. BANKESTER (1928-1993)
KREG L. MORRIS (1969-2001)
BAYLESS E. BILES (Retired, 2015)

June 5, 2020

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State Health Planning and Development Agency
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Letter to Ms. Emily T. Marsal
June 5, 2020
Page 2 of 2

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Thank you for the opportunity to share my full support for Thomas Hospital.

Sincerely,

A handwritten signature in blue ink that reads "Marion E Wynne" followed by a horizontal line.

Ms. Emily T. Marsal
Executive Director
State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, AL 36104

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Thank you for the opportunity to share my full support for Thomas Hospital.

Sincerely,



S. Starke Irvine

Broker/Developer



809-A Daphne Ave
Daphne, AL 36526

starkeirvine@gmail.com

251-621-1337