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appendices
1. Indicate the contractual entity to be held responsible for the performance of all aspects of this contract. Provide name of firm(s), address(es), contact person(s), email address(es), and telephone number(s). Provide number of employees on staff.

The contractual entity to be held responsible for the performance of all aspects of this contract is MCG Health, Inc. d/b/a Georgia Regents Medical Center (“GRMC”), which includes a 478-bed hospital and clinics, housing the region’s only Level I Trauma Center.

However, Georgia Regents is comprised of many organizations. All of the cooperating organizations are enthusiastically committed to this proposal and as such will be referenced within the document. For clarity, the following organizational designations are included:

- **Georgia Regents University (“GRU”)** is used when referring to GRMC’s academic partner, one of only four public research institutions in the state and the only public academic health center. GRU consists of nine colleges and schools and includes the Medical College of Georgia.

- **Children’s Hospital of Georgia (“CHOG”)** is a 154-bed facility and the only one of its kind in the area dedicated exclusively to children. It staffs the largest team of general pediatricians, adolescent medicine physicians, and pediatric specialists in the region. It is the only facility in the area with a full range of pediatric subspecialists and is designated as the state’s regional perinatal center.

- **Georgia Regents Medical Associates (“GRMA”)** is used when referring to the affiliated faculty physician practice, which is the largest multi-specialty physicians practice group outside of Atlanta.

“GRHealth” is used when referring to the combination of all cooperating health care organizations including GRMC, CHOG, and GRMA.

<table>
<thead>
<tr>
<th>FY2013 EMPLOYEES</th>
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<tr>
<td>GRU FACULTY &amp; STAFF</td>
<td>6,418</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>9,993</strong></td>
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GRMC intends to form a new legal entity to own and operate the Columbia County hospital (“Newco”), and would in turn transfer the hospital to Newco upon its completion. GRMC may joint venture a minority equity interest in Newco with a project partner(s), but would retain control of Newco.

**CONTACT INFORMATION**
MCG Health, Inc. d/b/a Georgia Regents Medical Center
1120 15th Street
BI 2065
Augusta, GA 30912

**PRIMARY CONTACT**
Shawn Vincent
svincent2@gru.edu
706.721.8096

2. **Provide a brief overview of the key elements of your proposal and history of your company. Highlight any features or areas that differentiate your services and products from competitors.**

Our vision is to create a **Columbia County Health Campus** focused on an integrated experience – education, research, health, wellness, disease prevention, early detection, and treatment that delivers world class compassionate healthcare, drives economic growth and amplifies the reputation of Columbia County as a leading region for innovation, business development and technology. A fundamental element is creating a Columbia County community teaching hospital that will be the cornerstone of the new Health Campus and play a significant role as a contributor to the economic, social, cultural and physical “health” of Columbia County and its residents.

**Columbia County Health Campus**

care provider
business partner
employer
educator
advocate
gathering place

These are some of the critical roles we envision the Columbia County Health Campus will assume.

The key elements of our proposal include:
- No capital cost for the community teaching hospital to Columbia County.
- The creation of a state-of-the-art community teaching hospital that is a model/showplace.
- The creation of a Health Campus that integrates education, research, health, wellness, disease prevention, early detection, and treatment.

The Vision Statement in the Columbia County Growth Management Plan ([1](http://www.dca.state.ga.us/development/planningqualitygrowth/programs/documents/ColumbiaCo.Cag.pdf)) is a declaration of deliberate intent to improve the lives and living environment for its citizens. **We embrace this vision and welcome the opportunity to partner with the county to utilize our healthcare offerings as a cornerstone of this growth management plan.**

The County’s purposeful attention and investments have been successful in making the County a destination of choice for families, retirees, businesses, and high-tech companies, all while being good stewards of taxpayers’ resources. The broad continuum of attractive offerings will be significantly and remarkably enhanced through the development of a **Health Campus** of the future.

The state-of-the-art Health Campus will be a **model and showcase** for delivering world-class healthcare and education through the development of a community teaching hospital, an associated medical office building, and a satellite teaching campus. We believe we are uniquely qualified to leverage this combination of offerings to attract future business growth to Columbia County for research and biotech.
We will create a world-class healthcare service continuum by building on and leveraging the strengths of our partnerships, corporate structures, and cooperative organizations to extend the delivery of our tripartite mission of education, research, and clinical care to provide high-quality, community-based, healthcare while creating opportunities for the County to be a destination of choice for high quality services. While this will obviously serve the needs of the citizens by providing access to healthcare and education services much more directly and conveniently than ever possible, it will also serve as a fundamental economic development opportunity making the already attractive locale of Columbia County even more so.

In submitting this response, we are partnering with our affiliated university, Georgia Regents University (GRU), our affiliated faculty physicians and health care providers (GRMA) as well as our unique and strategic corporate partners, Royal Philips [2] and Cerner Corporation [3], to transform healthcare in Columbia County and beyond.

**Georgia Regents University**, home of the Medical College of Georgia, is one of only four public comprehensive research institutions in the state of Georgia, the state’s only public academic health center, and health sciences university with a state-wide footprint including four satellite campuses (Athens, Albany, Savannah and Rome) and 118 educational programs in liberal arts, business, education and the health sciences. Founded in 1828, the university includes nine colleges and schools with nearly 10,000 students, 1,000 full-time faculty members and 5,000 staff members. It houses the nation’s 13th-oldest and 6th largest medical school, the state’s sole dental college, an aligned and integrated health system, a growing intercollegiate athletics program, the highly respected Hull College of Business, and the diverse Pamplin College of Arts, Humanities and Social Sciences. The university and associated health system has a multi-billion dollar economic impact with statewide, national and international reach. More than 2,800 of our active faculty and staff live in Columbia County generating more than $200M in payroll annually. In addition we have more than 5,800 alumni, 2,600 students and almost 500 retirees that call Columbia County home. The Medical College of Georgia includes a partnership campus in Athens, Ga., and satellite campuses in the Georgia cities of Albany, Rome and Savannah.

**GRHealth** is a world-class health care network, offering the most comprehensive primary, specialty and subspecialty care in the region. GRHealth provides skilled, compassionate care to its patients, conducts leading-edge clinical research, and fosters the medical education and training of tomorrow’s health care practitioners. GRHealth is made up of not-for-profit corporations that manage the clinical operations associated with Georgia Regents University. GRHealth includes the 478-bed Georgia Regents Medical Center; the Georgia Regents Medical Office Building, with more than 80 outpatient practice sites in one convenient setting; the Critical Care Center, etc.

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2 Appendix A: Background Summary of Philips Alliance Partnership and Corporate Overview
3 Appendix B: Background Summary of Cerner Partnerships
hunting a 13-county regional Level I trauma center; the 154-bed Children’s Hospital of Georgia; and a variety of centers and units such as the Neuroscience Center, Cancer Center, Sports Medicine Center and Cardiovascular Center.

**Royal Philips (Philips)** is a diversified health and well-being company, focused on improving people’s lives through meaningful innovation in the areas of Healthcare, Consumer Lifestyle and Lighting. Headquartered in the Netherlands, Philips posted 2012 sales of $33.7 billion and has approximately 116,000 employees with sales and services in more than 100 countries. Their service headquarters for the Americas based in Alpharetta with over 1,000 employees. The company is a leader in cardiac care, acute care and home healthcare, energy efficient lighting solutions and new lighting applications, as well as male shaving and grooming and oral healthcare.

Philips and GRMC established a 15-year alliance to enable increasingly patient-focused approaches to care and to create an innovative business model for better, faster and less expensive healthcare. The alliance is a first of its kind health care delivery model in the United States in which Philips will provide strategic planning, technology innovation and operational support for improved patient outcomes.

This alliance offers Columbia County an industry leading site where manufacturers and the Health Campus will work together every step of the way in planning, design, workflow, decision support and services to deliver high quality care throughout an entire health system.

**Cerner Corporation (Cerner)**, headquartered in Kansas City, MO, is a leading supplier of health care information technology solutions, services, devices and hardware, with more than $2.7 billion in revenue and 13,000 employees. The company’s mission is to contribute to the systematic improvement of health care delivery and the health of communities. Cerner’s solutions optimize processes and help eliminate errors, variance, and waste for health care organizations ranging from single-doctor practices to entire countries, for the pharmaceutical and medical device industries, and for the field of health care as a whole. These solutions are licensed by approximately 10,000 facilities around the world.

GRMC has been a Cerner partner for over a decade, leveraging Cerner’s Millennium architecture to run clinical, financial and management information systems. GRHealth and Cerner look to innovate together and use health IT as a strategic enabler to advance the health and care in communities they serve.

**DIFFERENTIATING FACTORS**

There are several differentiating factors that make us uniquely qualified and capable of partnering with Columbia County to fulfill its vision. The unique combination of all of these cooperating partners results in GRU|GRHealth’s capability to partner with Columbia County to create a novel, innovative and comprehensive **Columbia County Health Campus**.

- GRU|GRHealth is uniquely positioned as Georgia’s only public academic health center, providing unmatched clinical care to patients of all ages across the state, region, country and world.
- GRHealth operates the Children's Hospital of Georgia, which is the only facility in the area dedicated exclusively to children. It staffs the largest team of general pediatricians, adolescent medicine physicians, and pediatric specialists in the region. It is the only facility in the area with a full range of pediatric subspecialists and is designated as the state’s regional perinatal center.
- GRHealth currently operates the region’s only Level I trauma center serving 13 counties.
- GRHealth currently operates a unique and comprehensive telemedicine network at the forefront of transforming treatment of strokes, one of the three most compelling healthcare conditions affecting Columbia
SECTION II - REFERENCES

1. List five (5) organizations (public, private, and/or government) that have used or currently use your facilities or that you currently do business with. Include entity name (if applicable), contact name, email address, and telephone number. Include a brief description of equipment and services provided.

GIW Industries, Inc.
Dennis Ziegler, President and CEO
dziegler@giwindustries.com
(706) 343-0506

At Georgia Iron Works, we currently contract with the GRU College of Nursing to deliver a Disease Management and Wellness program to improve overall health and wellness of our workforce and to decrease health care costs for both our employees and the company. GRU staff provides preventive and acute health care services and follow-up on site at Georgia Iron Works locations in Grovetown, GA, Thomson, GA, and Mullberry, FL on a regular basis.
Georgia Department of Corrections
Brian Owens, Commissioner
owensb00@dcor.state.ga.us
478-992-5253

Georgia Correctional HealthCare provides comprehensive healthcare to 48,000 inmates across the state and currently manages the healthcare units at 60 correctional facilities.

Wilkes County Hospital Authority
Mrs. Jane Echols RN, BSN, CCRN
CEO, Wills Memorial Hospital
jechols.wmh@gmail.com
706-678-9212

We have had a formal relationship with the University and Health System for over a decade that supports a variety of clinical services including cardiac care, ophthalmology, radiology and surgery. In addition, the faculty and staff from GRU and GRHealth provide ongoing consultative services related to our clinical and community services, ranging from JCAHO management, patient chart reviews, patient-and-family-centered care approach and participation at local community and business health fairs.

Cerner, Inc.
Neal Patterson, Chairman and CEO
npatterson@cerner.com
Debbie Yantis, VP and General Manager
dyantis@cerner.com
(816) 201-1600

At Cerner, we are committed to our decade-long relationship with GRMC. GRMC uses a wide variety of Cerner solutions to automate and remove waste, variance, and error from its IT operations. Solutions include electronic medical records (EMR) in both the hospital and clinic settings, electronic medication administration records (eMAR), care documentation, billing automation, clinical trial records and laboratory software, among others.

Royal Philips
Steve Laczynski, Executive Vice President & President of the Americas, Philips Healthcare
stein.laczynski@philips.com
978-659-4856

A technology, innovation and research partner with a 15 year and $300+ million alliance partnership.
SECTION III - COST INFORMATION

1. **ALL COSTS SUBMITTED IN A SEPARATE, SEALED ENVELOPE WITHIN THE PROPOSED RESPONSE.** If you are requesting any funding from Columbia County, the amount should be specified here to include a breakdown of proposed expenditures in which the County is expected to participate.

As discussed more fully in response to Question 6 in the Scope of Work, we are proposing an approach to the Certificate of Need (“CON”) process that does not require capital funding from Columbia County based upon the teaching hospital and/or trauma exception to the numeric need requirement. The ability to offer Columbia County the zero capital cost option is limited to GRMC as explained in more detail within the Scope of Work response.

SECTION IV - CONTRACT / REQUEST FOR PROPOSAL ACCEPTANCE

1. **Acknowledge that your company agrees to all terms and conditions as listed in the attached draft contract. Indicate any changes your company deems necessary so we may consult with our Attorney in advance of award.** If any company should disagree with the terms and conditions set forth in the attached contract, Columbia County reserves the right to consider their proposal non-responsive. As this is not the “final” contract it does NOT need to be signed at this time.

GRMC agrees to all terms and conditions listed in the attached draft contract. However, some of the terms contained within the draft contract would not seem applicable to the arrangement contemplated under the RFP. Specifically, Articles 3 and 10 do not seem applicable, and Articles 12 and 13 may need to be revised given the significant investments of both parties. Finally, we would ask that for any notices given to Georgia Regents Medical Center, a copy is also sent to GRHealth, Office of Legal Affairs, 1120 15th Street, BA-8255, Augusta, GA 30912.

2. **Indicate if you agree with all terms and conditions listed within this RFP.**

GRMC agrees with all the terms and conditions contained within Section E, Terms and Conditions, of RFP#2013-058: Columbia County Community Healthcare Facility.

SECTION V - ADDITIONAL INFORMATION

1. **Include a statement indicating that your firm will comply with all requirements detailed in the Scope of Work.**

GRMC will comply with all requirements detailed in the Scope of Work, provided that each service described in this proposal is approved by Columbia County and a CON is obtained for both the hospital itself and for any services for which service-specific CON rules apply.

2. **Provide any other innovative and original ideas above and beyond the scope of work that is requested.**

As mentioned above, our strategic vision for Columbia County is to build a state-of-the-art Health Campus. We will do this through a unique set of offerings that integrate the use of technology to advance education, research and patient care. This can only be achieved by having a broad spectrum of partners that include an academic medical center, a research university, the largest physician practice group outside of Atlanta, and global business partnerships such as
sections i - v

those we have with Philips and Cerner. GRU | GRHealth has a proven track record of high profile state-wide collaborations that have served to save the state money, increase access, and provide high quality services. A few of the most notable examples are included below.

collaborating partners

**Georgia Department of Corrections:** GRU | GRHealth provides health care services to more than 60 prison facilities across the state.

**Roosevelt Warm Springs:** GRHealth manages the medical hospitals of Roosevelt Warm Springs Institute for Rehabilitation, in order to enhance the delivery of care at its rehabilitation and long-term acute care hospitals.

**Georgia War Veterans Nursing Home (GWVNH):** GRU | GRHealth operates the 192-bed skilled nursing care facility which provides medical and nursing services to Georgia’s aged and infirmed veterans. GWVNH also serves as a teaching facility to acquaint medical, pharmacy and allied health students with the medical conditions and diseases of the aged. This provides students with practical experience and helps them gain expertise in treating the disabled and the elderly.

**Behavioral Health:** GRU manages Augusta’s East Central Regional Hospital, provides all psychiatric services for the Augusta State Medical Prison and the Richmond County Jail, and provides child and adolescent psychiatric services for numerous community agencies through the area and state. GRHealth’s Emergency Department provides emergency psychiatric services to well over 300 individuals per month.

The result will be a model and showcase for delivering world-class healthcare and education through the development of a hospital, an associated medical office building, and a satellite teaching campus that could be used not just for education of health professions but also for learners interested in the 118 degree programs offered by GRU as well as for the Columbia County School System (CCBOE) to increase high school students’ access to healthcare and business pathways for the CCBOE Career Technical Agriculture Education (CTAE) programs.

We believe we are uniquely qualified to leverage this combination of offerings to attract future business growth for research and biotech.

3. Indicate if your company has registered with Bid Express.com. Bid Express information is attached for your convenience.

GRMC has registered with Bid Express.com.

4. Indicate if you have registered with Columbia County’s Online Bid/RFP website. Columbia County distributes bid, RFP, and Addenda documents via our website. In order to automatically receive them in the future, please register your company on our system via the following link: http://www.columbiacountyga.gov/bid/ Click on “New Vendor Registration” and proceed through the steps. Hint: Select as many commodity codes as possible to boost your chances of receiving relevant bids / RFPs that match the products or services your company offers.

GRMC has registered with Columbia County’s Online Bid/RFP website.

5a. Georgia Security and Immigration Compliance Act (see below). Complete Contractor Affidavit (required) and Sub-Contractor Affidavit (if applicable).

See Appendix L.
5b. Columbia County is subject to the requirements of the Georgia Security and Immigration Compliance Act. Accordingly, the requirements of O.C.G.A. §13-10-91 and Georgia Department of Labor Rule 300-10-1-.02 are conditions that must be included in any contract.

5c. Compliance with these requirements shall be attested by the execution of the Contractor Affidavit which can be obtained from Procurement, and shall become a part of the awarded contract.

5d. In the event the Contractor employs or contracts with any subcontractor(s) in connection with the awarded contract, the Contractor shall secure from such subcontractor(s) attestation of the subcontractor’s execution of the Subcontractor Affidavit which can be obtained from Procurement, and shall also become a part of the awarded contract and also a part of the contractor/subcontractor agreement.

5e. Contractor shall maintain records of such attestation for inspection by Columbia County at any time. Contractor shall be required to provide copies to Columbia County upon request.

5f. Failure to comply with these rules will result in the rejection of the bid/ RFP and/or termination of any awarded contract where it is subsequently determined that there has been a violation of any provision of the Act or implementing rules and regulations.
1. A HEALTHCARE DESTINATION OF CHOICE. Our strategic vision is to create a Columbia County Health Campus focused on an Integrated Experience – education, research, health, wellness, disease prevention, early detection, and treatment that delivers world class compassionate healthcare, drives economic growth and amplifies the reputation of Columbia County as a leading region for innovation and technology. Creating a Columbia County community teaching hospital will be a cornerstone element of the new Health Campus and play a significant role as a contributor to the economic, social, cultural and physical health of Columbia County and its residents. Care provider, business partner, employer, educator, advocate, and gathering place – these are some of the critical roles we envision the community teaching hospital will assume.

We will build a state-of-the-art Health Campus that will be a model and showcase for delivering world-class healthcare and education through the development of a community teaching hospital, an associated medical office building, and a satellite teaching campus. We believe we are uniquely qualified to leverage this combination of offerings as a building block for a potential research/business park to provide the basis for future growth related to research and biotech.

We will create a world-class healthcare service continuum by building on and leveraging the strengths of our world-wide partnerships, corporate structures, and cooperative organizations to extend the delivery of our tripartite mission of education, research and clinical care to provide high quality, community based, healthcare while creating opportunities for the County to be a destination of choice for high quality services. While this will obviously serve the needs of the citizens by providing access to healthcare and education services much more directly and conveniently than ever possible, it will also serve as a fundamental economic development opportunity making the already attractive locale of Columbia County even more so.

DELIVERING WORLD CLASS COMPASSIONATE HEALTHCARE

This vision is anchored by a 144-private room community teaching hospital-of-the-future and a full suite of educational and preventative services focused on high incidence/high impact community services for County residents of all ages, and that is partnered with a university and an academic health center, in providing high quality, cost efficient and seamless complex and advanced care. The facility will be a community teaching hospital that operates on an open medical staff model, thereby allowing all community physicians an opportunity to be an active member of the medical staff. In fact, it is our expectation that the majority of physicians that would work at this site would be traditional community based physicians, versus traditional faculty members associated with our academic health center, Georgia Regents
University and GRHealth. This Columbia County Health Campus will address public health concerns; health maintenance, prevention and education needs; the outmigration of County residents for acute, chronic, elective and emergent services and the associated unnecessary travel costs for patients and families; and greatly advance the County’s economic growth agenda.

GRU|GRHealth will develop a Health Campus that is at the forefront of the healthcare industry. The site will incorporate the most advanced technology available, and be built with the appropriate flexibility to accommodate technology and patient care standards of the future. The very nature of the design will enable innovation creating the best environment for care and the most optimum experience for patients. By partnering with world class partners such as Philips and Cerner, we will be able to incorporate emerging technology that will completely revolutionize the entire continuum of care.

Considering most hospitals in the US were built 50 or more years ago, long before today’s standard technology, an inordinate amount of inefficiencies are present. These inefficiencies can result in delays for patient care and a less-than-optimum patient experience. Imagine having all equipment integrated so data can easily be shared from device-to-device, system-to-system, all to improve the patient experience and improve outcomes. This interconnectivity will be the basis for a personalized, portable, Electronic Health Record and allow care givers to be more efficient and make timely and appropriate decisions for their patients. The development and use of “smart rooms” for patients will be unlike anything available in the state, and perhaps the country where patients are continuously monitored, results are automatically reported, alerts and interventions are immediate, medical records from the patient’s history are available, and local providers have access to specialists near and far.

This seamless medical record connectivity would extend to the proposed medical office building, as well as other hospitals and physician offices through our advanced Electronic Health Record, Picture Archiving and Communications System (PACS) used in diagnostic imaging, and GRChIE [5], our statewide health information exchange. Through our unique and exclusive partnership with Philips, these systems will be integrated with therapeutic monitoring and diagnostic equipment.

Additionally, the interior and exterior environment will be engineered through innovative design techniques applying a new dynamic use of lighting which will incorporate the latest research associated with lighting and its impact on a patient’s healing and well-being.

As a leader in the adoption of telemedicine and a current provider of these services to stroke patients in approximately 30 hospitals across the region and Southeast, we will leverage that experience to provide local access to regional, national and international specialists.

Driving Economic Growth

Columbia County has played a vital role in the CSRA for more than 230 years and has stepped forward as leader in...
multiple areas over the past several decades. The solid foundation that has been established by the local leadership has resulted in the creation of a top tier school system which not only attracts approximately 700 new students to its 31 schools annually, but it has also attracted young professional families, as well as a diverse business base to the County. The County embraces its natural resources anchored by one of the largest man-made lakes east of the Mississippi, Clarks Hill with over 1,200 miles of shoreline around the 71,000 acre lake. This affection for outdoor activity has inspired residents to take advantage of healthy activities, such as cycling, hiking, water skiing and golf. The high standard of living is one of the reasons that Columbia County was recently named the 45th fastest growing county in the US, as well as one of the top 50 places to live. The County’s residents will greatly benefit from the County’s strategic management of resources by adding a Health Campus to the intentional mix of offerings.

Columbia County will benefit in terms of positive economic impact from the staffing plan for the new Health Campus. Newly hired personnel will likely result in relocations that support the County’s economy through the purchase of homes, services, and other goods. Currently ~ 2,800 employees, including 750 physicians who work at GRHealth | GRU, reside in Columbia County with an average base salary of $70,000 per year amounting to approximately $200 million in total payroll. The opening of the Columbia County Health Campus will increase the number of well-paid professionals who make the County their home. In addition, some current GRU GRHealth staff may seek a transfer to the new hospital, leveraging their experience in selected specialties and a complex patient care setting, while allowing those employees to work closer to where they reside, ultimately reducing their commuting expense and adding to their discretionary spending income.

This proposal also addresses the County’s objective to support the growing population and opportunities generated by the emerging development related to the NSA and CyberCommand’s presence at Fort Gordon. We believe the County’s existing close and strategic relationship with Fort Gordon will be augmented by the nature of our partnership with the Fort. During times when Fort Gordon’s physicians are deployed to support our nation’s needs, GRU GRHealth provides physicians to sustain Army residency program training and support Army physicians who require increased numbers of patients to maintain proficiency in some specialties. We are also a TRICARE provider, delivering over $15M worth of medical service to TRICARE entitled patients in calendar year 2012.

To support both our vision and the County’s needs, we also intend to be conscientious and attentive partners for the County’s top tier school system. The Columbia County Board of Education has placed appropriate emphasis on career pathway development opportunities to promote student achievement and workforce development options. While distance and lack of convenient access currently restricts the number of high school students who can rotate through existing area facilities while they are pursuing their educational pathway and earning their healthcare related certificates, our vision would be to pursue a close working relationship with the local Board of Education to expand access to these rotations at the new Health Campus. This educational experience is critical to growing and keeping a healthcare workforce for the County, but also in providing an appropriately challenging educational experience to a collective student body as capable and accomplished as are those of the Columbia County school system. The addition of this Health Campus operated by a group experienced and interested in providing such educational experience will expand opportunities to provide the growing number of students who are interested in pursuing these types of experiences.

In addition to creating a destination Health Campus for excellent patient care and clinical teaching, this proposal includes creating a “healthy community” through a holistic model for health and care across venues including the home, school,
and other locations throughout Columbia County. This is important to managing the health status of Columbia County residents today and in the future. This proposal leverages the research and clinical excellence of GRU|GRHealth (including its Institute of Public and Preventive Health) and utilizes multiple Philips and Cerner technologies to focus on the community, patients, physicians and other healthcare providers to provide higher quality of care and optimal health outcomes.

A partnership between GRU|GRHealth and Columbia County provides the County with the opportunity to emerge as a state and national leader in healthcare delivery. GRU|GRHealth will develop a high profile hospital of the future that we can leverage with our partners to be a show site for their national and international clients. The proposed Columbia County Health Campus will be an integral and active participant in a regional and state-wide delivery system and have the responsibility of growing and supporting a mission of high quality care and service to its community.

There are several unique advantages that GRU|GRHealth provides as the County’s preferred partner for a proposed Health Campus. We will file a CON application with DCH utilizing the teaching hospital and/or trauma exceptions related to numeric need as we are the state’s only public academic medical center and serve as the Level I trauma network for 13 surrounding counties. This approach offers a significant advantage to the County because it would not require the County to make a contribution of 20 percent of the community hospital project cost. Unlike other area providers, we are a net importer of care, treating patients from all 159 counties of Georgia, all 46 counties of South Carolina, all 50 states and multiple international countries. GRU|GRHealth is recognized as an international leader in Patient-and-Family-Centered Care and has received many accolades over the years by our peers in the healthcare industry. GRU|GRHealth has a proven track record recruiting physicians, nursing, allied health and support staff to the region. In fact, we have faculty providing services at several area hospitals, as well as hospitals throughout the state. As one of the four public statewide research universities and the only public academic health center, we offer a significant array of research and educational programs that will benefit the citizens of Columbia County, as well as the region.

Our vision is ambitious, but achievable. Our vision offers the County much more than a typical community hospital. It allows the County to have a state of the art Health Campus with comprehensive clinical and educational services to treat the citizens of the County locally, by world class physicians and allied health professionals. It capitalizes on the strength of one of the CSRA’s largest economic engines, as well as the state’s only public academic medical center. Our vision allows GRU|GRHealth to leverage its relationship with world-class partners to build and sustain the most technologically advanced hospital, now and into the future.
DO YOU CURRENTLY HAVE A HOSPITAL PLAN FOR COLUMBIA COUNTY?

2. Yes. GRU|GRHealth has a hospital plan that leverages current conditions and cultivates unique partnership relationships to the advantage of Columbia County residents. This plan positions the County to develop a state-of-the-art Health Campus, attract and grow new businesses, recruit and retain skilled workers and families, and promote a high quality of life.

This innovative plan, developed with the benefit of our distinctive affiliations (Georgia Regents University, Georgia Regents Medical Center, Georgia Regents Medical Associates, Philips, Cerner), is described in this proposal. It envisions a corporate structure and regulatory plan, financial plan, healthcare facilities plan, clinical services plan, technology plan, and staffing plan that, through strategic partner and County engagement, aligns investments to ensure congruent support in order to create a leading healthcare delivery system, enhance economic vitality and increase Columbia County’s overall competitive advantage in the global economy.

This plan for Columbia County will meet the population demands for a community teaching hospital that addresses future healthcare concerns, represents significant economic impact through workforce development initiatives and the attraction and retention of businesses. A formal partnership with Georgia Regents University and Georgia Regents Health System propels the County as a state and national leader in healthcare delivery and enhances it as a destination of choice for education, research and health care.

The inaugural strategic plan for GRU|GRHealth, Transition Forward, describes a vision that forms the foundation for the University and Health System, and imperatives for academic excellence, economic development, world class research, clinical excellence and accessibility, and accountability, efficiency and innovation. The concept for a Columbia County Health Campus is reflected in Transition Forward — specifically to:

- Develop a healthcare system that meets the future needs of communities.
- Provide service to local communities.
- Lead in education and training.
- Stimulate translational and trans-disciplinary research that meets the needs of communities.

GRU|GRHealth’s vision “to be a top-tier university that is a destination of choice for education, healthcare discovery, creativity, and innovation,” includes the following strategic priority which supports the theme of this proposal and the partnership to develop the Columbia County Health Campus.

Provide service to the local, state, national, and global communities (by)... partnering with our constituent communities and regional healthcare assets to leverage coordinated inter-professional care and empirically-based expertise... Provide expert and collaborative consultation and service to our constituencies... Expand public and preventive health and health policy programs and develop an infrastructure to support innovative patient-oriented care and research... Advance the Institute of Public and Preventive Health to support clinical, translational health, public health, and prevention research... Support and facilitate inter-professional, team-based, patient- and family-centered education, care, and research... Identify under-served disease populations, and link clinical service lines with existing areas of research to address local and regional health disparities.

http://www.gru.edu/transitionforward
DO YOU CURRENTLY OWN OR HAVE AN OPTION ON REAL ESTATE FOR PROPERTY IN COLUMBIA COUNTY TO BUILD A HOSPITAL?

3. Yes, we own land in the County. A wholly-owned subsidiary of Georgia Regents Medical Associates, PPG Properties, LLC (“PPG Properties”), owns a 58 acre parcel of land in Columbia County, located off Washington Road (Parcel Number 066 009 in the records of Columbia County).

However, to develop the Health Campus envisioned it would not be adequate. Therefore, we will partner with Columbia County to identify a mutually acceptable parcel of real property on which to develop and construct the new Columbia County Health Campus.

After award of this proposal and as a result of concerted planning with the County, we believe we can jointly identify a preferred property for the development of the proposed Columbia County Health Campus. At that point, GRMC will negotiate acceptable terms to include a possible tax-free exchange of real estate.

WHAT SIZE HOSPITAL WOULD YOU PROPOSE FOR COLUMBIA COUNTY (THIS SHOULD INCLUDE TOTAL SQUARE FOOTAGE, NUMBER OF FLOORS, NUMBER OF BEDS, ETC.)?

4. GRU|GRHealth proposes a comprehensive Health Campus to serve the future for Columbia County. This will include a 144 all-private bed, full service, acute-care, community teaching hospital with a Level II Trauma Center (with helipad), a Level II Neonatal Intensive Care Nursery plus an adjacent medical office building. Based on our current understanding of the medical services needed, the Hospital will be 4 stories tall with approximately 435,000 square feet of total floor area. It will include advanced patient- and family-friendly diagnostic and therapeutic capabilities, both inpatient and outpatient care services, a full range of pediatric care, as well as administrative and operational services to meet the needs of Columbia County residents. The adjacent Medical Office Building will be 4-stories tall with approximately 95,000 overall gross square feet for general and specialty patient care services. This Health Campus will include parking for roughly 1,000 cars in conveniently located surface lots. A preliminary space program summary for the Columbia County hospital and medical office building is included in the Appendix.

GRHealth’s proposed comprehensive healthcare facility for Columbia County will include a full range of diagnostic and therapy services including a large emergency department to serve both adult and pediatric patients, endoscopy labs, cardiology catheterization labs, and the technology of the future in its medical imaging and diagnostic equipment. A complete surgical suite with at least four operating rooms and support facilities will be provided. To maintain all of these patient focused services, all required administrative and operational support facilities,
PATIENT AND FAMILY CENTERED DESIGN PRINCIPLES

This Columbia County Health Campus will include a medical helipad, enabling the transfer of critical care patients from surrounding counties to this new-state-of-the-art facility. Although this Columbia County Health Campus will be fully capable of handling critical care and intensive care patients, this helipad will also allow for easy transfer of patients requiring access to specialty services when needed.

We understand in order to achieve the best medical outcomes, patients and their families must be actively engaged in the decisions about their healthcare and must have enhanced access to information and resources. For this reason, we believe the new Columbia County Health Campus must be developed around the concept of “Patient-and-family-centered care.” Patient-and-Family-Centered Care is an approach to the planning, delivery, and evaluation of healthcare that is grounded in mutually beneficial partnerships among healthcare providers, patients, and their families. Patient and Family centered physicians recognize the vital role that families plan in ensuring the health and well-being of infants, children, adolescents, and family members of all ages. We understand how emotional, social, and developmental support are all integral components of healthcare.

At GRU|GRHealth, every construction project has a team of patient and family advisors that give input into the design, layout and materials selection. We will utilize this same approach in the design of this Columbia County Health Campus. We will engage patients and family members from the community throughout our design process, just as we have done in the past. We understand that patient-and-family-centered care is an approach to healthcare that not only affects the design of the facility but also shapes policies, programs, and staff day-to-day interactions. Patient-and-Family-Centered Care redefines relationships in healthcare. Most importantly, it leads to better health outcomes, wiser allocation of resources, and greater patient and family satisfaction.

The design of the patient-and-family-centered care environment will be led by architects and designers certified by the Planetree Visionary Designer Network. This certification process establishes specialists in evidence-based healthcare design, sustainability, community outreach, and most importantly, a focus on the Planetree philosophy and its core components of healing design. This philosophy includes commitment to key aspects such as respect for privacy, quieter environments, welcoming a patient’s family and friends, valuing human beings over technology, enabling patients to fully participate as care partners.

Creating a community teaching hospital that embodies the concept of patient-and-family-centered care can be a challenge. “The community” does not have a door you can knock on, a phone you can call, or an address you can write to. Rather, the community is made up of a vast array of stakeholders: grandparents, parents, and grandchildren; healthy, thriving residents and residents struggling with disease; English speakers and speakers of foreign languages; and all of the businesses and civic organizations these residents create and shape. Appealing to all of these populations is a challenging, but worthy goal. As such, inclusion of community stakeholders early in the planning process is essential for meeting these diverse needs and perspectives.
GRHealth and its partners will blend experiences to design and build the next Health Campus dedicated to improving the care people receive. As an example of this ambition, Philips has assembled a team of experts and researchers with one aim in mind: to create a better healthcare experience for patients, staff, and family members. As recent as April 2013, Philips conducted a global review of best practices in and case studies of community teaching hospital design, as well as similar focused reviews on Emergency Department trends, Imaging Departments, and Medical Office Buildings. These reviews have been shared with GRHealth and will help guide the hospital design. In addition, Philips executed a series of community outreach activities for one of its customers building a community teaching hospital with the stated objective of engaging the community in the design process to ensure it fits the character and needs of the community today and 20 years into the future when healthcare delivery will be quite different. We believe a similar methodology using the same team of experts and researchers will significantly differentiate our proposed approach. This effort has one aim in mind: to create a better healthcare experience for patients, staff, and family members of the proposed Columbia County Health Campus.

SMART PATIENT ROOMS; DESIGNED FOR A TEACHING HOSPITAL

By integrating community input with these principles of evidence-based design, GRU|GRHealth will merge these beliefs and preferences with the latest medical technologies and industry best practices to provide Columbia County with the finest medical and healthcare available. The facility will be fully equipped with state-of-the-art lecture capture systems and technology control centers to facilitate the didactic and simulation for the academic programming that will take place at the Columbia County Health Campus. The design of these instructional rooms will include adaptable education spaces for flexibility in learning new procedures and skills in inter-professional teams.

In applying this concept of patient-and-family-centered care to the design and layout of the patient room, a new model emerges. The universal hospital room of the future features a patient centered design amid zones specifically considered for caregivers and families. Technology is seamlessly integrated into the architecture and also into the care process to provide the information and instruments required to efficiently manage the ever-changing complexity of delivering a high quality inpatient care experience.

The overall design of hospital rooms has changed very little over the past several decades. In the 1950’s there was a transition away from wards to the semiprivate rooms. Since then, projects have eliminated a bed and moved in computerized equipment, but the physical space is not all that much different.

From a facilities standpoint, all of the patient rooms will be designed and constructed utilizing the concept of a private universal patient room. This will provide ultimate flexibility to meet fluctuating changes in utilization demands. Each room will be designed to transform from a general patient room to a critical care room. Transitions from adult to pediatric care pods can easily be adjusted as needed to meet the shifting population demands of Columbia County residents. This flexibility will also accommodate the ever-changing requirements of incorporating new healthcare technologies, such as electronic intensive care units (eICU) and electronic medical record viewing capabilities on patient monitors. Flexibility is the key.

The design of smart patient rooms for the 21st century is a comprehensive rethinking of the patient environment. Bringing together the physical space with the latest technology and advances in healthcare processes, but also includes
human factors into a holistic, systematic solution for providing the healthcare of the future. This rethinking on the patient environment will improve efficiencies and allow caregivers more time for patient attention. Patients and their families get more access to information and resources through the technology. This patient room of the future will be a safe, private and comfortable place, conducive to healing. These rooms will streamline the delivery of healthcare and improve patient outcomes.

ENERGY SMART DESIGN

As part of GRU|GRHealth’s ambition to be a worthy partner of both the local and global community, GRU|GRHealth is committed to sustainable and energy efficient design, proposing to design and build the hospital and medical office building to meet the requirements of the United States Green Building Council’s LEED certification program and Georgia’s Peach Standards. The design of the hospital and medical office building will complement the surrounding area and serve as a focal point for the community.

DESCRIBE YOUR ESTIMATED FINANCIAL INVESTMENT TO COMPLETE THIS PROJECT?

5. **Hospital:** GRMC will provide 100 percent of the estimated financial investment required for the construction of hospital portion of the project (see response to Question number 6 below). Construction costs are estimated to be approximately $155 million. The **Total Project Cost** to construct and outfit the hospital is estimated to be approximately $280-$310 million. The capital cost to Columbia County for the community teaching hospital is zero.

**Medical Office Building:** GRMC, either itself or in conjunction with a joint venture partner or developer, and in collaboration with GRMA, interested community providers, and other interested healthcare related tenants, will provide 100 percent, or approximately $30-$35 million, of the estimated financial investment needed for the medical office building portion of the project.

Costs included above, for both the Hospital and the Medical Office Building include the **Total Project Cost**, less any real estate transactions. **Total Project Costs** are comprised of all costs associated with building the facility which include, but are not limited to the following: site development, construction of the building, permitting, road/sewer impact fees, utility tap fees, CON fees, legal fees, survey & soils investigation, utility company service fees, fixtures, furnishings, equipment, signage & wayfinding, information technology costs (network electronics, infrastructure connection to the existing fiber network, nurse call systems, audio/visual systems, emergency radio systems, patient monitoring, infant security, general security systems, and applications to include electronic medical records systems), architect and engineering fees, and program management fees. Contingency is included in the **Total Project Cost** due to the fact that the site is yet to be negotiated with Columbia County.

DO YOU HAVE FUNDS READILY AVAILABLE TO COMPLETE THIS PROJECT? WOULD YOU EXPECT COUNTY PARTICIPATION IN FINANCING? IF SO, HOW?

6. **Yes,** GRMC has funds that are readily available to complete this project.

GRMC intends to fund the capital costs associated with completing construction of a hospital and adjacent medical office building through cash on hand, public or private debt instruments, or some combination of these sources. In addition, GRMC may joint venture a minority interest in Newco, a corporation established to own and operate the hospital and/or medical office building, and funding for a portion of those capital costs would originate from the joint venture partner(s).
A CON is required before establishment of a new hospital [Rule 111-2-2-.20(1)(a)]. Need for a new hospital is based on a numerical need methodology for the target services area, which includes contiguous counties. There would be no quantitative need in Columbia County because the new hospital analysis would consider all the beds in Richmond County. [Rule111-2-2-.20(3)(b)(1)] However, the Department of Community Health (“DCH”) may allow exceptions to the need methodology and adverse impact standards for facilities meeting these criteria:

- An existing facility designated as a trauma center;
- An existing teaching hospital; or
- A sole community provider and more than 20% of the capital costs are financed by the County governing authority of the home county or the governing authority of a group of counties.

[Rule 111-2-2-.20(3)(c)].

GRHealth’s proposal is premised upon the teaching hospital and/or trauma exception, rather than the 20 percent exception. As a result, the capital cost for the community teaching hospital to Columbia County will be zero.

The ability to offer Columbia County the teaching hospital, zero cost option is limited to Georgia Regents Medical Center (see Question 11).

GRHealth will work closely with the County to develop a mutually acceptable financing structure for the project that will maximize the opportunity to gain approval of the project and to ensure the long-term success of the entire healthcare facility.

7. Based on an analysis of the needs for a Columbia County Health Campus, industry benchmark standards and current staffing ratios, we will employ between 750 and 900 employees to support a 144-bed hospital at full capacity. Additional incremental staffing is anticipated to support the medical office building adjacent to the hospital. A detailed staffing plan will be developed based on the specialties to be provided, Patient-and-Family-Centered Care principles, and support services that are essential to high quality patient care delivery and satisfaction. We will phase in the recruitment of the 750 to 900 positions that will be needed to staff the hospital based on its opening schedule and operating occupancy.

GRU|GRHealth and its affiliated partners have a proven track record for recruiting adult and pediatric specialty and general personnel at statewide clinical sites. As the state’s only public health sciences university to identify graduates who can satisfy the critical positions within the new hospital, GRU|GRHealth will also work with area colleges and schools that graduate healthcare providers to successfully recruit graduates for the hospital, including physician extenders, nursing, and allied health professionals. In addition to providing physician educational opportunities, GRU|GRHealth envisions the community teaching hospital in Columbia County to become a clinical practice site for nursing and allied health students, many of whom could gain employment in Columbia County upon completion of their training. Based on the medical specialties to be initially addressed at the Health Campus, the positions in the following projected areas will need to be established:
Columbia County will benefit in terms of positive economic impact from the Health Campus staffing plan since newly hired personnel will likely result in relocations that support the County’s economy through the purchase of homes, services, and other goods. Currently approximately 2,800 employees, including 750 physicians who work at GRU|GRHealth, reside in Columbia County with an average base salary of $70,000 per year. The opening of the Columbia County Health Campus will increase the number of well-paid professionals who make the County their home.

In addition, some current GRU|GRHealth staff may seek a transfer to the new hospital, leveraging their experience in selected specialties and a complex patient care setting, while allowing those employees to work closer to where they reside, ultimately reducing their commuting expense and adding to their discretionary spending income.

8. **Upon approval from the Department of Community Health, it will take approximately 28 to 30 months to complete the construction of the hospital and related facilities. GRHealth anticipates design of the facility would occur during Department of Community Health approvals.**

GRHealth will prepare final construction documents and a facility plan such as that included in the attached appendices \(^9\) including expected milestone completions. GRHealth will consider phasing the development of the
hospital and medical office building to meet Columbia County’s needs and based on the progress of clinical program and service development.

**DOES YOUR SOLUTION OFFER A TRAUMA CENTER DESIGNATION? WHAT LEVEL IS BEING PROPOSED?**

9. GRHealth will develop a Level II Trauma Center for adults and children with an on-site helipad for the new Health Campus.

According to the American Trauma Society[^10], a Level II Trauma Center is able to initiate definitive care for all injured patients. Elements of Level II Trauma Centers include[^11]:

- 24-hour immediate coverage by general surgeons, as well as coverage by the specialties of orthopedic surgery, neurosurgery, anesthesiology, emergency medicine, radiology and critical care.
- Trauma prevention and continuing education programs for staff.
- A comprehensive quality assessment program.

The Columbia County Trauma Center will become part of a broader network of 13 counties in Georgia and 4 additional counties in South Carolina receiving seamless continuity of care and enabling uniform patient hand-offs and connectivity through a single Electronic Medical Record (EMR) in collaboration with the Level I Trauma Center located at GRHealth in Augusta. GRHealth has provided more than 30 years of continued services to critically ill trauma patients including those from Columbia County, and will use that experience to further serve the residents of Columbia County.

While multiple providers may qualify for trauma reimbursement, GRHealth is the only designated Level 1 trauma center in the region.

When caring for critically ill trauma patients, time to definitive care is a critical determinant of outcomes. The Golden Hour is recognized as a national benchmark identifying the need and time for patients to reach appropriate care. As the only designated Level I Trauma Center in the CSRA, GRHealth will work with our EMS partners (for which we currently provide medical direction; See response to Question 16) to refine protocols to ensure ambulance patients are triaged and transported to the most appropriate site to address their needs, both immediate and ongoing. With an on-site helipad and our partnership with aeromedical EMS providers, the Columbia County Trauma Center will be able to receive and transfer out appropriate patients via EMS Helicopeter shortening the time to definitive trauma care.

For the majority of trauma patients from Columbia County and the surrounding counties, Columbia County’s Trauma Center will be able to initiate treatment for critically ill patients immediately. Treating locally and onsite will be the preference, however, for the few patients whose healthcare needs exceed the Level II capabilities, the full range of specialists and subspecialists of our cooperating partners, including the nearby Level I center, will provide the appropriate degree of support and attention necessary to support the best possible outcome.

An example of the benefits of the Level I/Level II partnership is the care of pediatric trauma patients. Because severe pediatric trauma is not frequent, many clinicians are unfamiliar with pediatric physiology and the pediatric response to trauma. The Children’s Hospital of Georgia (CHOG), provides emergency services to pediatric patients on a 24/7 basis and also has available specialists in the care of the pediatric patient with trauma. In cases where pediatric trauma is

[^10]: http://www.amtrauma.org/
[^11]: Appendix F: Elements of Level I & II Trauma Centers
being treated in the Columbia County healthcare facility, CHOG specialists will be available to help direct the care of the pediatric patient.

**DEFINE YOUR ABILITY TO BE CONSIDERED A CRITICAL ACCESS HOSPITAL AS DEFINED BY STATE RULES.**

10. **GRU|GRHealth does not propose to construct a critical access hospital in Columbia County. Medicare regulations limit the size of a critical access hospital to no more than 25 acute care beds. Columbia County is an urban county with a population greater than 35,000 [Rule 111-2-2-.20(2)(l)], and the minimum bed size for a hospital in an “Urban County” is 100 beds [Rule 111-2-2-.20(3)(a)].**

GRU|GRHealth believes that to provide the type of comprehensive, advanced, quality community healthcare best suited to address the needs of residents of Columbia County and surrounding areas, a hospital larger than 25 acute care beds is fully warranted and appropriate.

**DEFINE YOUR ABILITY AND INTENTIONS TO BE OR BECOME A TEACHING HOSPITAL AS DEFINED BY STATE RULES. IF SO, SUBMIT A DETAILED DESCRIPTION OF THE TEACHING ACTIVITIES PROPOSED AND THE NUMBER OF POTENTIAL LEARNERS IN EACH PROGRAM. (PHYSICIAN, NURSING, ALLIED HEALTH, ETC.)**

11. **GRMC has a long history as a teaching hospital.** GRU|GRHealth has decades of experience as a teaching hospital and is such because we are the state's only public academic health center and health sciences university. We have participated in the training of thousands of doctors, dentists, nurses and allied health professionals. GRU|GRHealth will extend this experience to develop a Health Campus that will integrate our traditional delivery of our tripartite mission of education, research and clinical care and create a new model of health sciences education focused on inter-professional training of pre-licensure physicians, nurses, and allied health professionals.

**As the state's only public academic health center,** GRU|GRHealth is at the forefront of education, leading-edge research, advanced clinical care, life sciences, public health, and disease prevention that place it in a unique position to create a teaching hospital in Columbia County. The Columbia County Health Campus will have an exclusive affiliation with GRU|GRHealth, and its nine colleges and schools.

**GRMC IS THE ONLY TEACHING HOSPITAL IN THE CSRA**

GRMC is the only “teaching hospital” that can serve Columbia County residents within the meaning of the Short Stay Bed Rule and its exception to numeric need. The governing regulations for the Short Stay Bed Rule define a teaching hospital as follows:

“Teaching hospital” means a hospital designated as a teaching hospital by the Georgia Board for Physician Workforce (GBPW), which serves as a sponsoring or major participating hospital for a program of graduate medical education accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) and maintains a written affiliation agreement with an accredited medical school located in Georgia or is owned and operated by an accredited medical school in Georgia.” Ga. Comp. R. & Regs. 111-2-2-.20(2).

GRMC offers 40 accredited residency programs with the second highest number of approved residency positions in the
State of Georgia as well as the second highest number of Medical Graduates in the State. **GRMC is the only hospital in the CSRA with AMA and ACGME**[^12] accredited residency programs, and the only hospital in the area that meets these criteria.

**GRMC is also the only hospital in CSRA that is recognized by the Georgia Board for Physician Workforce as a teaching hospital and the only hospital in the area that receives teaching hospital funding from the GBPW.** The Appendix[^13] contains a Data Brief from March 2013 addressing the number of approved/accredited residency positions, the total number of filled residency positions, and total GME graduates in 2012 for the State of Georgia.

### Training of Physicians

The **Medical College of Georgia (MCG)** at GRU currently has more than 450 residents and fellows training in 42 programs, in addition to approximately 880 medical students and 20 M.D./Ph.D. students. These students are engaged in every aspect of medical care, from frontline wellness care to complex care for adults and children. GRU|GRHealth intends to expand its teaching and residency programs upon opening a new Health Campus in Columbia County.

### Training of Nurses

As the University System of Georgia’s flagship nursing school, nurse scientists, practitioners and educators work collaboratively with more than 800 students in the GRU **College of Nursing** to address the healthcare needs of the public. The College of Nursing was the first in the state to offer their academic programs both via distance education as well in off-site teaching venues. Our experience in managing instruction through innovation and technology, while allowing students to reside “close to home” supports local communities in the retention of a much needed healthcare workforce.

### Training of Allied Health Professionals

As the only allied health sciences professions program in Georgia affiliated with an academic health center, the GRU **College of Allied Health Sciences** provides clinical opportunities for more than 550 students in programs for allied health professionals, including physician assistants, physical therapy practitioners, occupational therapy specialists, medical laboratory science professionals, and nuclear medicine, respiratory therapy and radiation therapy specialists.

### Columbia County Students

GRU|GRHealth’s ability to use the Health Campus as a learning environment will benefit more than the educational mission of the university and the healthcare mission of the hospital. The Health Campus will offer a unique opportunity for partnership with the **Columbia County Board of Education** to extend our existing relationship with Greenbrier and

[^12]: [http://www.acgme.org/ads/Public/Programs/Search?stateId=11&orgCode=&city=](http://www.acgme.org/ads/Public/Programs/Search?stateId=11&orgCode=&city=)  
[^13]: Appendix G: Data Brief from March 2013 from the Georgia Board for Physician Workforce
scope of work

Lakeside high schools and broaden the opportunities to support the County’s Career and Technical Education pathways to meet the needs of a growing county. GRU|GRHealth has a long-standing affiliation with A.R. Johnson Health Sciences Magnet School, Davidson Fine Arts Magnet School, and C.T. Walker Middle School that could serve as a model for a similar affiliation with Columbia County schools.

PATIENTS AS TEACHERS

The new Health Campus will train healthcare providers through workplace experience with a key focus on the long-standing GRU|GRHealth’s nationally recognized strengths in patient- and family-centered care. Inter-professional teams will focus on educating premier healthcare professionals in areas ranging from care coordination, the “nurse navigator” role, and functions of post hospitalization self-care education, and medication management, skill building, specialty care referrals, and home care follow up.

Because inpatient units and outpatient services at the Columbia County Health Campus will be designed for maximum patient- and family-centered care and optimal nursing and inter-professional care efficiencies, all clinical settings will take into account current research and practice for patient monitoring, safety, quality, satisfaction and personnel effort/safety (e.g., distance, weight lifting, etc.). Literature is replete with data indicating that this type of learning environment translates to superior patient care outcomes. Training will occur under the guidance of licensed and credentialed GRU faculty (both full-time and part-time community members) in accordance with the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) and discipline-specific accreditations, such as the Liaison Committee on Medical Education (LCME).

MORE THAN JUST HEALTHCARE EDUCATION

The Columbia County Health Campus will allow GRU|GRHealth to expand its educational impact for the benefit of Columbia County and the State of Georgia. As a global destination for health sciences, liberal arts, business and education degree programs, GRU’s academic portfolio includes a multitude of degree and certificate offerings that can serve as a pathway to medical and ancillary health workforce careers and much more for Columbia County residents today and in the future. Many of the University’s academic programs align with GRU|GRHealth corporate partnerships with international companies such as Philips, Cerner and others. In addition, GRU’s planned program growth will continue to bolster the collaborative relationships that exist between GRU and GRHealth, Columbia County, Fort Gordon, the NSA, and Savannah River Site.

GRU demonstrates a distinctive record of linking education, outreach via K-12, internships, translational research, grant and contract opportunities as well as clinical outcomes in virtually all health, life and behavioral sciences. GRU programs are aligned to the University’s existing partnerships with the military and Veterans Administration in such areas as the management of Post-Traumatic Stress Disorder (PTSD) patients and ongoing research on community impact, public health needs, outcome analysis, and healthcare error prevention.

Future growth and demographic changes in Columbia County warrant workforce careers and pathways that only a comprehensive research university can provide. GRU’s array of 118 baccalaureate, graduate, doctoral, and advanced certification and continuing professional education academic programs coupled with a new Health Campus, are uniquely positioned to provide Columbia County residents with vital educational opportunities through its colleges, and schools:

- **The College of Allied Health Sciences** is on the leading edge of national trends, offering interdisciplinary and distance education to meet the needs of the nation’s population as it ages and increasingly struggles with chronic disease and disability.
- **The College of Dental Medicine** is the state’s only dental school and is expanding to provide oral health professional education and training for over 400 dental students and 60 residents per year in general and specialized areas
such as pediatrics, dental hygiene, screening, wellness screening.

- **The College of Education**, recently named one of the state’s top universities for teacher education and cited by the National Council for Accreditation of Teacher Education as a national model of excellence, offers undergraduate and graduate programs in Teacher Education; Counselor Education, Leadership, and Research; and Kinesiology and Health Science, leading individuals to careers as teachers, counselors, exercise and wellness specialists, school administrators and education-related specialists.

- **The College of Nursing** is the state’s largest producer of nursing graduates at all levels, and offers a student-centered approach to nursing education reinforced by clinical and advanced simulation learning experiences.

- **The College of Science and Mathematics** is comprised of teachers and scholars in the area of Biological Sciences; Chemistry; Mathematics; Physics; and Psychology, providing undergraduate and graduate experiences that promote scientific inquiry and discovery and create opportunities for intellectual growth and community involvement.

- **The Medical College of Georgia** is the nation’s 13th oldest medical school, with the ninth largest entering medical school class in the nation and offers clinical training at more than 135 sites across the state. Comprised of more than 20 academic departments with 42 endowed chairs and three academic centers and institutes, MCG provides students exposure to the full spectrum of medicine, from tertiary/quaternary level of care to small town solo practices. One in five Georgia physicians went to medical school at MCG or competed their training at Georgia Regents Health System.

- **The Katherine Reese Pamplin College of Arts, Humanities & Social Sciences** has the largest concentration of undergraduate students at Georgia Regents University and offers a broad array of courses and degree programs in Art; Communications; English and Foreign Languages; History, Anthropology and Philosophy; Music; Political Science; and Sociology, Criminal Justice and Social Work.

- **The James M. Hull College of Business** is ranked by The Princeton Review among the best 294 business schools in the nation and is one of 555 business schools worldwide accredited by the Association to Advance Collegiate School of Business.

- **The Graduate School** offers more than 40 doctoral, specialist, and master’s degree programs and graduate certificate programs and provides outstanding training, research, clinical and educational opportunities to students and scholars to advance in their field and impact their community and the world.

The proposed Columbia County Health Campus will provide outreach to distant (global) enrollments for health degree advancement programs (i.e. associate to baccalaureate or baccalaureate to masters/doctoral training for nurses, physician assistant, rehabilitative therapists, laboratory science technology, respiratory therapy, and other allied health professionals). These programs create a more appropriately trained workforce thereby enhancing patient care outcomes for Columbia County residents. Post licensure certifications in specific sub-specialty areas (i.e. nursing and allied health sciences), as well as re-licensure certifications, will also occur in the Columbia County Health Campus.

The technology infrastructure at the proposed site will offer the ability to deliver quality local and global education and training. GRU’s existing programmatic strengths, coupled with current academic and corporate global partnerships on every continent in the world, will offer increased value to the Columbia County Health Campus in terms of branding, patient referrals, innovation, collaboration, technology transfer, and revenue generation through new contracts, research funding and relationships with corporations and foundations.
12. As a community teaching hospital, the Columbia County Health Campus will follow financial policies commensurate with the Federal Patient Protection and Affordable Care Act and Georgia Medicaid requirements for hospitals participating in the Indigent Care Trust Fund program. Additionally, emergency services will be provided in accordance with the Federal Emergency Medical Treatment and Active Labor Act, which requires Medicare participating hospitals to provide emergency care without regard to ability to pay. As a community teaching hospital with an open medical staff, access to indigent care provided outside of these programs and regulations will largely be subject to the financial policies of individual physicians or physician groups practicing at the hospital.

As Georgia’s only public academic health center, GRHealth faculty practicing through the faculty practice plans (including medical, nursing, dental, and allied health), are committed to providing specialized healthcare services not otherwise available to citizens of Georgia in their home communities. As such, GRU|GRHealth provides indigent care over and above requirements set forth under Federal and State rules, primarily in areas of specialized care not available in many communities around Georgia.

For the last three fiscal years, GRHealth has provided $112 million in indigent care, measured at cost.

GRHealth will not request direct financial support for indigent care from Columbia County. However, according to the American Community Survey by the US Census Bureau in 2012, the Columbia County population whose income in the past 12 months is below the poverty level and also who do not have health insurance is approximately 12 percent. In that regard, GRU|GRHealth will request that there be a willingness and forum for partnership with Columbia County that will likely lead the County co-invest in public and preventative health, mental health, occupational health and other initiatives with the aim of providing integrated, high quality, low cost care to the citizens of Columbia County regardless of ability to pay.

13. The Columbia County Health Campus will be established as an inclusive environment that will benefit both local and regional medical organizations and providers, while minimizing any potential detrimental impact to existing healthcare facilities in the surrounding area. GRHealth was the first in the region to embrace an open medical staffing model and will extend that model to the Columbia County Health Campus to allow all physicians in the community to apply for privileges at the new hospital, with a goal of the majority of the medical staff being comprised of private community providers. The hospital governing body and local providers will be engaged in defining the specific membership and clinical requirements with a focus on ensuring the highest quality of care at the Columbia County Health Campus. These quality indicators likely will include requiring a physician to be Board Certified/Board Eligible, and certain specialties may require advanced training documentation, such as a Fellowship in their field of practice.

The open staffing model will allow all qualified physicians to benefit from using the services available at the new state-
of the art facility to best meet the needs of their patients. These services could include inpatient admissions, inpatient and outpatient surgery, laboratory, diagnostic and health and wellness services. GRU | GRHealth will ensure a seamless integration between area faculty providers and the local medical community through ongoing collaboration in the operations of and strategic planning for the new healthcare facility.

GRU | GRHealth has a proven track record of collaborating with local healthcare providers to provide service as well as consume the services of others.

- **Doctors Hospital/HCA**: GRHealth provides a full-time Urology oncology physician, as well as Neurology call coverage services. GRHealth utilizes Burn Services from Doctors Hospital.

- **Trinity Hospital/CHS**: GRHealth provides Cardiology, Emergency Medicine, Gastrointestinal Medicine, Sleep Lab, Lithotripsy and onsite inpatient Hospitalist services. GRHealth also utilizes services including Home Health, Wound Care and Hospice services from Trinity.

- **Aiken Regional Medical Center/UHS**: Bariatrics, Pediatrics and Neurology services; GRU|GRHealth faculty will treat close to 15,000 pediatric patients at Aiken Regional Medical Center this year.

- **University Hospital**: GRU has an academic affiliation with University Hospital to train OB/GYN residents, and GRU provides radiation safety services.

In addition to these relationships, we provide pediatric and neonatal transport throughout Georgia and South Carolina. We are active participants in several local, regional and statewide organizations that are focused on building collaborations between providers to improve care to our citizens. For example, we play a significant role in the Greater Augusta Health Network, which includes all area hospitals, as well as several community clinics, Greater Augusta Pediatric Collaborative, which includes 53 community based pediatricians in the CSRA, the Pediatric Healthcare Improvement Coalition, which includes more than a dozen hospitals and health systems throughout the state that are focused on pediatric care in Georgia.

Additionally, GRU already has established relationships enabling our students to rotate through 36 clinical sites in Columbia County. We anticipate the ability to leverage those relationships to extend services to the new Health Campus as well as augment our educational relationships with new community based providers.

GRU | GRHealth also have multiple formalized collaborative relationships throughout the state. For example, we provide full-time Neurology coverage at St. Joseph Chandler Health System in Savannah, multiple Pediatric clinics, in-patient care through Pediatric Hospitalists at Phoebe Putney Health System in Albany, satellite campuses in Albany, Savannah, Rome and a medical partnership with UGA in Athens.

GRU | GRHealth will continue to work with the eight rural and critical access hospitals in our region to provide clinical services, education and support related to their respective missions. Wills Memorial Hospital in Washington, GA is a great example of how we can assist critical access hospitals in our region. For more than a decade we have provided
educational and consultative services, as well as surgical, radiology, pathology, cardiology, ophthalmology, and tele-stroke services at their facility. This allows the local residents to be treated in their home community by outstanding GRMA physicians, while also allowing the hospital to generate additional revenue from services performed at their facility. Many of these patients would have been sent to another community to receive these type of services.

In addition to developing the community teaching hospital, as previously mentioned, GRHealth plans to construct a medical office building as part of the overall Columbia County healthcare facility plan. This advanced facility will provide additional opportunities for collaboration with area health service providers, and facilitate an inclusive environment for the provision of outpatient services by existing County providers in close proximity to the hospital. The medical office building would allow for local physicians to participate in the ownership of the building, should they determine that they want to open up a branch of their practice in the building. This not only allows for a consistent revenue stream from an investment perspective, but it allows the physicians to have control of their office space design, finishing and convenient access to the hospital and other providers.

IF APPLICABLE, HOW WILL YOUR SOLUTION HAVE A POSITIVE IMPACT ON THE COST, QUALITY, AND ACCESS TO HEALTHCARE IN COLUMBIA COUNTY?

14. We propose to go beyond simply constructing and operating a healthcare facility, instead developing an integral component of a comprehensive regional healthcare campus that is responsive to the needs of the citizens of Columbia County and beyond – today and in the future.

The proposal will have a significant and positive impact on:

- **Improving access** for Columbia County residents to an expanded range of clinical programs and services, reducing their need to seek care in other counties.
- **Enhancing the quality** of healthcare services provided in the County through the coordination of healthcare in the region, by virtue of being an integral component of a larger comprehensive academic health center.
- **Decreasing the real cost**, as well as the opportunity cost, of healthcare delivery, through increased accessibility and convenience for the residents of the County.

IMPROVING ACCESS

Access to healthcare in Columbia County will be improved through the recruitment of community based physicians as well as the placement of academically oriented clinicians in the County, all of whom can partner with GRU|GRHealth and its affiliated partners to provide clinical services and educational opportunities. Through its affiliation with the state’s only public academic health center, Columbia County healthcare providers will have access to the most complete range of specialists and translational clinical trials — including personalized cancer care, the fastest growing cardiac care program in the region, comprehensive stroke care, subspecialty pediatric care, the region’s only Level I trauma center, and advanced surgical and transplant services, among others.

Because GRU|GRHealth is an academic health center with three missions – education, research, and patient care – clinicians take a team approach to wellness, prevention, medicine and healthcare, with patients being an important member of the team. This team approach means patients get better care and better outcomes because of the number of individuals bringing their skills to bear to solve each patient’s medical problems.
ENHANCING QUALITY

GRU|GRHealth’s approach to healthcare affirms the role of patients and their families as equal members of the care team. The more involved a family, the more healthcare quality and safety improve, increasing patient satisfaction.

GRHealth providers are pioneers in the concept of Patient-and Family-Centered Care (PFCC), an approach that removes barriers and creates collaborative partnerships between healthcare providers, patients, and their families. Accordingly, GRHealth’s PFCC approach to care follows these four principles:

- Treat patients and families with dignity and respect.
- Provide clear, comprehensive information in ways that are useful and empowering.
- Create opportunities for patients and families to participate in ways that enhance their control and independence.
- Ensure that collaboration is inherent in all policies, programs, education and the delivery of care.

By combining a community-based healthcare facility with a tertiary/quaternary system through an efficient provider and telemedicine hub and an existing and extensive fiber optic network, patients will experience significant improvements in their outcomes through more rapid diagnosis as well as an improved ability to follow and quantitate therapeutic interventions. Additionally, patients will have easy and immediate access to the requisite higher levels of care – particularly relevant to care related to trauma, perinatal services, pediatric specialties, stroke, cardiovascular disease, and cancer.

POSITIVELY IMPACTING THE COST OF HEALTHCARE

In addition to improving access to quality, primary and specialized services, GRU|GRHealth’s proposal will positively impact the cost of healthcare by reducing duplication of services and by virtue of advanced, operationally efficient, energy conscious facility design. GRHealth’s innovative alliance with Philips and Cerner not only increases patient and family satisfaction but lowers the overall cost of healthcare by creating this unique opportunity to design and operate a model healthcare facility for the future.

Philips is on the leading edge of healthcare facility design, creating a holistic and optimally efficient environment for an array of inpatient and outpatient services. The groundbreaking GRHealth-Philips alliance [16] brings unconventional opportunities for innovation to improve patient outcomes and experiences. In the existing GRHealth facility, collaborations to implement an ambient lighting solution has been shown to decrease patient anxiety during imaging procedures. Philips also has invested in research regarding using lighting to provide an environment more conducive to healing, thereby reducing a patient’s length of stay in the hospital.
The Columbia County Health Campus is in a unique position to benefit from the GRHealth-Philips alliance, because it would be a clinical and environmental “learning lab” that will set the world-wide standard for innovative health facility design. In addition, area citizens will benefit from reduced travel costs, less disruption to their families, and minimized time away from work. Individuals, families, and employers will see improved health outcomes in general and consequently reduced economic burden.

Each patient’s health history, laboratory tests and imaging results will be immediately accessible through an Electronic Health Record (EHR) that can be accessed by Columbia County citizens as well as members of the medical staff wherever the patient is seen. This access will enhance the care of the patient and allow for more rapid diagnosis and treatment, reduction in duplicative tests, and improved efficiency, effectiveness, and quality of care. Cerner, a partner in this proposal, has a long track record in community-based programs and is also GRHealth’s partner in the statewide electronic information exchange, GRChIE [17].

15. Consistent with GRU|GRHealth’s mission and strategy of delivering innovative solutions across the continuum of care, the implementation and expansion of telemedicine and communication solutions in Columbia County is core to the technology strategy and care delivery model plan for the new Health Campus and throughout the Columbia County community and broader region. By leveraging the County’s broadband infrastructure, we will be able to accelerate the implementation of these telemedicine services and offer a broader array of such services to the community and region from a hub in Columbia County.

GRU|GRHealth and its partners currently utilize and are developing leading edge telemedicine solutions to improve outcomes and the quality of life for patients and the broader community by providing new ways for patients to access and receive care. GRU|GRHealth delivers care supported by advanced telemedicine technologies, clinical services, informatics solutions and its nationally recognized PFCC Program. The Columbia County Health Campus will become the basis for building a state-of-the-art healthy community that utilizes technology support for the home, school and other locations throughout Columbia County.

Leveraging the infrastructure and resources of Columbia County is central to enabling this vision for new care delivery models now and into the future. In addition to enabling more advanced levels of care at the proposed Columbia County healthcare facility, the combined impact of the County’s Broadband infrastructure and GRU|GRHealth’s advanced telemedicine solutions and service will empower Columbia County patients and those in extended geographic areas to greater self-care, while delivering improved access and higher quality care in the most cost-effective manner. The County’s broadband capabilities will enable the acceleration and broader reach of telemedicine, complex radiologic images and home health solutions immediately into the patients’ and healthcare network.
Examples of leveraging these capabilities include the deployment of:

- **Hospital and Community Telehealth Programs.** Telehealth programs will be provided over broadband internet, without the need for dedicated networks. The infrastructure will support high definition, multiple-user teledicine engagements among patient, clinician and family members. Cerner will provide innovative electronic visit and secure messaging capabilities, and is currently developing integrated video visit capabilities supporting mobile and desktop interactions. These visits will provide a connection between specialists from other geographies and hospital clinicians, as well as hospital clinicians with patients in any care setting. GRHealth will have the capability to reach individuals anywhere in the County with tailored telehealth programs for specific geographic settings, demographics and health conditions.

- **Home Health Solutions.** GRHealth will provide advanced solutions for care in the home through its strategic partners. This includes capabilities for real-time care documentation and monitoring of home health visits and adherence to post discharge protocols through mobile platforms that connect over Broadband internet directly to the patient’s health record. Health measurement and tracking devices in the home are also connected to the patient’s health record. In addition, this same technological capabilities stream device, population, and health record data into disease-specific registries and algorithms, allowing for risk detection and stratification down to the individual. This will allow clinicians to intervene as an individual’s health status declines, even outside of the four walls of the hospital, thus enabling them to remain at home in the Columbia County community longer.

- **Personal Health Records (PHR).** GRHealth will communicate with patients on a personalized basis through the patient’s PHR. The PHR is accessible by the patient and clinician over the Broadband internet on mobile or desktop applications. Cerner’s PHR platform allows GRU|GRHealth to provide health risk assessments and two-way online communication with the patient. Wellness programs will be tailored to the individual, leveraging educational content and health coaches to drive knowledge building and behavior change. For instance, if an individual has been newly diagnosed with type 2 diabetes, the clinician can provide education on the chronic condition, effective daily testing procedures, and a list of organizations or groups who provide support and discussion forums for those with the condition. All programs are directly tied to the patient’s health record across the continuum of care venues and accessible by care givers of all types.

- **Advanced Health Information Exchange.** within the CSRA and state through GRACHIE (Georgia Regional Academic Community Health Information Exchange), a partnership between GRHealth and the Central Georgia Health System. GRACHIE is a network that currently shares over 500,000 patient records for secure access by authorized physicians and other medical care providers. Established in 2011 with GRHealth as one of its founding partners, the GRACHIE community is growing and currently serves 17 regional hospitals and healthcare providers and recently received a grant from the Department of Community Health - Georgia Health Information Network Capacity Building Grant Program.
• **Advanced PACS Architecture:** Philips and GRHealth are currently deploying one of the largest and most advanced and comprehensive web-based picture archiving and communication (PACS) systems in the nation. The unique architecture enables all digital distribution of imaging information leveraging existing broadband while also providing physicians the ability to conduct advanced clinical evaluations and analysis over that same broadband network. Physicians across the community and network will have instant access to diagnostic-quality images anytime, anywhere.

The County’s existing infrastructure will also enable GRU|GRHealth and its partners to develop a hub in Columbia County from which to extend shared initiatives to build a state and regional telemedicine care network. GRU|GRHealth envisions the possibility to attract medical and IT professionals to the community in order to deliver care and deploy these telemedicine solutions.

The operation of a standard set of hospital applications (i.e. electronic health record, registration, scheduling and billing software) and telephony will also benefit from the use of broadband. Using the broadband, GRU|GRHealth will be able to deliver applications from multiple data centers to the Columbia County Health Campus. This will allow us to lower the cost of managing the applications while increasing the reliability and supportability of applications for the Health Campus.

Access to a reliable broadband network will also greatly benefit the expanding academic mission of GRU|GRHealth. As the State’s only academic health center and one of four research universities, we will continue to provide educational support to individuals well outside of our immediate geographic market. The use of this technology platform will allow us to have improved connectivity to our students, regardless of their physical location, whether it is in Atlanta or Shanghai University of Traditional Chinese Medicine, by the Hanban in Beijing, China. As we continue to expand our computer and information sciences program, having access to broadband will prove beneficial, in particular when collaborating with area organizations on advanced educational opportunities, such as the NSA and Ft. Gordon.

**DESCRIBE YOUR CURRENT INVESTMENT IN THE HEALTHCARE NEEDS OF RESIDENTS IN COLUMBIA COUNTY?**

16. GRU|GRHealth has a long history of partnering with community physicians, and was the first hospital in the community to create an open medical staff model. Georgia Regents Medical Associates is the largest multispecialty group of physicians in the state outside of Atlanta with more than 700 faculty residing in the County.

The open staffing model will allow all qualified physicians to benefit from using the services available at the new state-of-the-art healthcare facility to best meet the needs of their patients. These services could include inpatient admissions, inpatient and outpatient surgery, laboratory, diagnostic and health and wellness services. GRU|GRHealth will ensure a seamless integration between area faculty providers and the local medical community through ongoing collaboration in the operations of and strategic planning for the new healthcare facility.

In addition to 36 clinical teaching sites located across the County, GRU|GRHealth and its affiliated partners currently provide the following distinctive services to meet the healthcare needs of Columbia County residents:
# scope of work

<table>
<thead>
<tr>
<th>HEALTH</th>
<th>MEDICAL SERVICE</th>
<th>GRU</th>
<th>GRHEALTH DISTINCTIVE ATTRIBUTES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>emergency services</strong></td>
<td>Level I Trauma Center</td>
<td>* The most advanced trauma center in the 13 county region and one of only five in the state.</td>
<td></td>
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<tr>
<td></td>
<td>National Disaster Training Center</td>
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<td></td>
<td>Regional Trauma and Disaster Relief Center</td>
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<td></td>
<td>Hosts of the US Military Emergency Medicine Residency</td>
<td>* FBI Training</td>
<td></td>
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<tr>
<td><strong>women's &amp; children's services</strong></td>
<td>Children's Hospital of Georgia</td>
<td>* 2nd largest children's hospital in the state</td>
<td></td>
</tr>
<tr>
<td></td>
<td>High Risk Obstetrics</td>
<td>* State-designated regional perinatal center</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Level IV Neonatal Intensive Care</td>
<td>* Most advanced designation</td>
<td>* One of 2 programs in Georgia</td>
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<tr>
<td><strong>cardiovascular services</strong></td>
<td>Accredited Chest Pain Center (CPC)</td>
<td>* First in Region</td>
<td>* One of only 21 in Georgia</td>
</tr>
<tr>
<td><strong>cancer services</strong></td>
<td>Integrated, multidisciplinary program tied to academic and research missions</td>
<td>* Access to clinical trials unavailable at other regional hospitals</td>
<td>* Unequaled scope of services in the region</td>
</tr>
<tr>
<td></td>
<td>Pursuing NCI Comprehensive Cancer Center designation, with significant financial support from State</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>neurosciences service</strong></td>
<td>Designated Comprehensive Stroke Program</td>
<td>* Only program in Georgia</td>
<td>* One of 33 programs nationally</td>
</tr>
<tr>
<td></td>
<td>Stroke Network</td>
<td>* 11 hospitals throughout the state are linked to stroke coverage at GRU</td>
<td>* Pioneered network development and REACH Technology</td>
</tr>
<tr>
<td><strong>transplant services</strong></td>
<td>Bone Marrow Transplant Program</td>
<td>* One of 4 programs in Georgia and the only program outside of Atlanta</td>
<td>* One of 157 programs nationally</td>
</tr>
<tr>
<td></td>
<td>Kidney Transplant Program</td>
<td>* One of 4 programs in Georgia and the only program outside of Atlanta</td>
<td>* One of 244 programs nationally</td>
</tr>
<tr>
<td></td>
<td>Pancreas Transplant Program</td>
<td>* One of 3 programs in GA and the only program outside of Atlanta</td>
<td>* One of 135 programs nationally</td>
</tr>
</tbody>
</table>
GRU|GRHealth currently provides a continuum of world-class healthcare services, ranging from advanced subspecialty clinical services to a full range of educational, community and preventative health services for the residents of Columbia County. Columbia County residents account for nearly 1,000 inpatient admissions and 82,000 outpatient visits annually to GRHealth according to Georgia Hospital Association statistics and internal data.

Additionally, our faculty physicians currently fill critical roles at most of Columbia County’s emergency services.

Since 1998, physicians from GRU|GRHealth have provided subject matter expertise, consultation and medical direction services to the citizens of Columbia County. In the late 1990’s, our faculty coordinated with representatives from EMS and Fire services to create first responder services and protocols that has saved countless lives and improved the quality of life of the County’s citizens. Since then we have continued to work in collaboration with the Columbia County EMA, Emergency Medical and Fire Services in the County to continue to improve the emergency care for Columbia County’s citizens.

Our EMS Physicians respond in a GRU|GRHealth vehicle to the scene of accidents and the homes of Columbia County citizens to provide medical direction and expert emergency medical care at no costs. By providing medical direction services to the AirLife Georgia 10 and the AirMed EMS Helicopter services, we have worked to improve the quality of care delivered to the sickest and most injured victims in Columbia County requiring aeromedical evacuation. Our support of the Columbia County Special Response Team (SRT) has spanned more than a decade and a half. Our emergency physicians have provided countless hours of emergency medical training to the Sheriff’s Department and provide on-scene medical support for SRT Operations. In the event of a disaster our emergency physicians can respond to the scene to provide an advanced level of care and expertise to care for victims from the event.

Additionally, GRHealth is designated as a Regional Coordinating Hospital or Specialty Coordinating Hospital by the Georgia Hospital Association. This designation indicates that we are a hospital that has contracted to assist other hospitals in its region through coordination of patient transfers and coordination of shared personnel, equipment and other essential resources or services during a disaster or evacuation. There are only 14 Regional Coordinating Hospitals located in across the state. We serve as the coordinating hospital for a 12 county region.
GRU|GRHealth is committed to positively impacting patient access, morbidity and mortality by matching the healthcare needs of Columbia County residents, both today and as demographic shifts occur in the future, with appropriate clinical services so that residents from Columbia County can be treated locally in Columbia County. We also believe the strength of our collaboration and collective offerings will be an attractive option for a wide range of patients from both the local and more distance areas. The net effect of this effort will be to create a clinical program which will not only meet the needs of Columbia County but make the new facility a “destination for medical care” for the entire area.

GRU|GRHealth will offer a comprehensive continuum of care to meet the needs of its citizens by augmenting the services we will offer with strategic partnerships with community based providers.

WHAT MEDICAL SPECIALITIES WOULD BE SPECIFICALLY ADDRESSED IN THIS HOSPITAL (OB/GYN, HEART, CANCER, NEUROLOGY, CHILDREN’S MEDICINE, GERONTOLOGY, SPORTS MEDICINE, ORTHOPEDICS, OCCUPATIONAL HEALTH, ETC.)?

17. GRU|GRHealth will offer comprehensive healthcare services with complete trauma care, emergency care, urgent care, outpatient services and in-patient facilities. The new Columbia County Health Campus will include OB/GYN, Heart, Cancer, Neurology, Children’s Medicine, Gerontology, Sports Medicine, Orthopedics, and Occupational Health. Additionally, we will provide Digestive Health, Imaging, General Surgery, Ophthalmology, Otolaryngology, Plastic Surgery and Urology services.

OB/GYN

Currently there are approximately 2,500 births per year to women who are residents of Columbia County. GRHealth will provide labor and delivery services in the Columbia County hospital to accommodate up to 3,500 deliveries per year to meet the anticipated increase in population of the county, as well as to allow patients from other counties to use this state-of-art facility. There will also be appropriate supporting nursery services. Mothers whose pregnancies are considered high risk will receive specialized care. GRHealth is the state designated perinatal center for the East Central Region.
scope of work

of Georgia and has subspecialists to provide the most complex obstetrical consultative care. With appropriate consulta-
tion, most complex obstetrical issues can be managed so the baby can be delivered by the mother’s regular obstetrician
at her local hospital. Initial plans include developing a Level II nursery at the Columbia County community teaching
hospital with the intent that the nursery capability will be increased to achieve Level III status as the delivery service
grows. From well-women care, low risk pregnancies and basic gynecological exams to gynecological cancer, pelvic
reconstruction and reproductive endocrinology, the GRU|GRHealth Department of Women’s Health will offer compre-
hensive and personalized care.

HEART
GRHealth’s Heart & Cardiovascular Services program offers the broadest range of services for adults and children in
this region and is the only facility outside Atlanta with this array of programs. It is noteworthy that the American Heart
Association invests approximately $8 million annually in GRU’s physicians and researchers for cardiac care education and
research to insure the availability of the latest treatments and opportunities to participate in clinical trials. A dedicated
team of cardiologists and surgeons provide care to patients with the most complex heart and vascular issues. In addition
to nationally renowned specialized services, GRHealth is well positioned to provide services ranging from acute care to
elective interventions to cardiac prevention and rehabilitation services for Columbia County residents. We will employ
these resources, in conjunction with community physicians, to provide these services in Columbia County. A complete
array of diagnostic and therapeutic services will be available on-site. To address patients with chest pain and associated
cardiac disease, our proposal includes a cardiac catheterization laboratory at the Columbia County Health Campus with
intervention capability.

CANCER
The Health Campus will include programs tailored to have the greatest impact on cancer prevention and reduction of
morbidity and mortality. The GRU Cancer Center is currently in the process of securing designation and recognition as
an NCI designated Cancer Center. Not only will there be top-quality clinical treatment, but also unparalleled access to
experimental therapeutics and clinical trials. Using a patient-focused multi-disciplinary team approach, the patient’s care
will be streamlined and most of the care provided on-site. From prevention to the most sophisticated interventions,
patients will be to schedule appointments with a variety of specialists, from surgeons to oncologists to therapists in a
single day as treatment is a team endeavor.

NEUROLOGY
As a regional referral center for the southeastern United States, the Georgia Regents Neuroscience Center of Excel-
lence includes the area’s largest, most diverse team of adult and pediatric neurologists and neurosurgeons, including
renowned experts in Parkinson’s disease, ALS, MS, functional and cerebrovascular neurosurgery, complex spine surgery
and advanced comprehensive stroke care. This expertise, again in conjunction with community physicians, will be avail-
able in the proposed Health Campus. GRHealth is one of the first centers in the nation and the first in Georgia to achieve
designation by The Joint Commission as a Comprehensive Stroke Center and has created and operationalized a program
whereby the patient can be diagnosed on presentation to their community teaching hospital, treatment initiated quickly
to reduce morbidity and mortality, and the patient often retained in the hospital where they presented. The inclusion
of the Columbia County Health Campus into the GRU|GRHealth comprehensive stroke program will be a benefit to area
patients as it is well recognized that rapid accessibility to stroke services improves outcomes.

CHILDREN’S MEDICINE
It is not possible to address the healthcare needs of a population without addressing the needs of the pediatric popula-
tion. Fortunately most illness in our pediatric population is acute, self-limited and usually responsive to appropriate
treatment. Given that emergency and trauma care was addressed in previous sections, it is important to note that we
will also include provisions for pediatric urgent and prompt care working with community physicians. For those pediatric
conditions which require subspecialty care, we will utilize the resources of the Children’s Hospital of Georgia (CHOG), the second largest children’s hospital in the state. Opened in 1998, CHOG is the only facility in the area dedicated exclusively to children. It offers the largest team of general pediatricians, adolescent medicine physicians, and pediatric specialists in the region. It is the only facility in the area with a full range of pediatric subspecialists. Pediatrics-trained physicians will be available on-site and will provide their expertise on a 24/7 basis thus facilitating the treatment of the pediatric patient in this facility.

GERONTOLOGY

Our proposal includes clinical services for the geriatric patient. As the population ages, healthcare providers must adapt their care to meet the special needs of this maturing population who are at greater risk and respond differently to both acute and chronic conditions. Having experts available in a variety of medical and surgical specialties, and the resources of an academic health center as support, provides GRHealth with a unique ability to care for these often fragile patients. An equally important component of the care of the geriatric patient is wellness programs. Important for the entire population, but an integral part of geriatric care, our objective will be to develop wellness program in partnership with community partners who will address prevention and/or management of disease and will be tailored to enhance the quality of life.

SPORTS MEDICINE AND ORTHOPEDICS

For diseases, injuries and conditions of the musculoskeletal system, including the joints, ligaments, tendons and nerves for patients of all ages, Georgia Regents Orthopedics provides quality care and follow-up services using an interdisciplinary approach. In addition, whether an elite athlete, weekend warrior or active senior, no matter the injury, board-certified physicians, licensed physical therapists and certified athletic trainers of Georgia Regents Sports Medicine work together to diagnose and treat athletic injuries, using nonsurgical options whenever possible, to enhance athletic performance. Using these experts, as well as physicians from the community, our proposal calls for active programs in both sports medicine and orthopedics which will be available in the propose facility. Programs will be focused on the acute injury, chronic programs, and rehabilitation. Again we will participate with community partners and draw on the expertise as the only program in the area which has an undergraduate program in physical therapy.

OCCUPATIONAL HEALTH

GRU|GRHealth will support the needs of the local community and businesses in improving occupational health by incorporating programs including accident prevention more specifically tailoring solutions through consultation with the employers in Columbia County to gain expertise in what is needed in Columbia County. As an example of the types of services we already provide, Georgia Iron Works (GIW) has contracted with the College of Nursing to deliver a Disease Management and Wellness program to improve overall health and wellness of the workforce and to decrease health care costs for employees and for GIW. We provide preventive and acute health care services and follow-up at the GIW site in Grovetown, GA, 4.5 days per week; at the GIW site in Thomson, GA, once per week; and at the GIW site in Mullberry, FL on a quarterly basis.

As part of the wellness program, employees complete a health risk assessment each year (including biometrics) and establish wellness plan with the NP which is individually crafted based on each employee’s risks and life style. The NP provides follow-up with employees through-out the year. We encourage employees to establish their own primary care provider and work in conjunction with them for follow-up lab work and routine follow-up monitoring as needed. Some employees who do not have an established health care home, however, and we serve as the primary health care provider for them.

The GIW project provides students from the undergraduate and graduate nursing programs with clinical opportunities including the coordination of the Annual Health Fair for the Grovetown and Thomson sites which incorporates faculty from the College of Allied Health Sciences as active participants.
Health care (insurance) costs for GIW have decreased since the partnership began. The availability of health care services on-site has decreased the need for employees to be absent from work to go to health care provider for symptoms of illness, for follow-up lab work, etc. Health care costs to the employees has decreased as the care provided at the GIW Care Center is free to the employees so they save the co-pay that they would normally need to pay for each appointment.

EMERGENCY DEPARTMENT

The Columbia County Health Campus will have an Emergency Department (ED) with the capacity to provide care to 50,000 adult and pediatric patients per year. Currently there are more than 27,000 visits to emergency rooms in local hospitals by Columbia County residents; therefore, a large ED is warranted to accommodate growth as well as patients from other counties who will prefer to use this facility rather than travel elsewhere. This ED will be connected to the GRU|GRHealth emergency services department through the fiber optic network for support and consultation services.

DIGESTIVE HEALTH

An experienced team of gastroenterologists and hepatologists offer a range of tests and therapeutic procedures not available at other area facilities for both simple and complex digestive health disorders. The GRHealth Digestive Health Center serves as a regional referral center for physicians throughout the region. The Center includes the area’s only neurogastroenterologist, a specialist in the complex interaction between the central nervous system and the digestive tract. GRHealth operates one of only 10 motility clinics in the nation to be designated as a “Center of Excellence” by the American Neurogastroenterology and Motility Society.

HOSPICE/PALLIATIVE CARE

Equally important in terms of acute and chronic care is the care required by patients who must learn to live with chronic illnesses often associated with pain. Our intent is, in addition to pain management, to provide palliative care services in the proposed facility. Although there will be an in-patient component, the majority of care will be in the ambulatory setting but will use the facilities of the hospital as well as the MOB. Allied health professionals will be an integral component of these services. Of equal import is the care at the end of life which must focus on pain control and dignity. Our intent is to partner with local high-quality hospice services to provide these services in the ambulatory setting and to develop in-patient hospice using the model which we have developed over the past two years at GRU|GRHealth which makes hospice services available to in-patients.

In addition, the Columbia County Health Campus will have an array of surgical specialties available including general surgery, ophthalmology, otolaryngology, plastic surgery, reproductive health, and urology. Particularly important will be a robust imaging program, enhanced by our existing partnership with Phillips which is the first of its kind worldwide. We believe it is critical to provide the imaging services to support the intended hospitalized patients as well as those who can be treated as out-patients. Naturally, we will integrate the reporting system into an electronic health record so that results of testing will be available to the physician in very short order.

The Health Campus will provide care for ill patients but will also become a center for wellness and the prevention of disease. Our GRU Institute of Public and Preventive Health (IPPH) is dedicated to health promotion and disease prevention. IPPH research faculty members investigate: cardiovascular, stroke, cancer, asthma, diabetes, obesity, injury prevention, infectious disease, maternal and child health and environmental health. In keeping with the Institute’s approach, relationships have been established or will be established with community stakeholders such as healthcare providers (e.g., Public Health Department); community based organizations (e.g., YMCA); educational institutions (e.g., Columbia County School System); civic organizations (e.g., American Health Association); faith-based organizations (e.g., Interfaith Community Clinic) and local churches (e.g., Mt. Enon Baptist Church); local businesses (e.g., John Deer, Georgia Iron
Our vision is to build a truly “smart” Health Campus within a fully networked community and integrated health network that will be at the forefront of the healthcare industry and a regional, national and international model of the hospital and community of the future.

We will achieve this by immediately incorporating the most advanced medical technology and informatics solutions available that enable us to deliver higher levels of clinical services to patients at the Health Campus, throughout the community and directly in their homes. Moreover, we will build facilities, care delivery models and operational structures with the appropriate flexibility and intelligence to keep the community and Health Campus at the leading edge of technology and patient care standards into the future.

GRU|GRHealth is uniquely able to deliver on this vision because of our teaching and research missions along with our relationships with other leading research institutions in addition to our strategic partnerships with premier international medical device technology and informatics companies like Philips and Cerner. GRU|GRHealth are national leaders in the advancement and delivery of leading-edge preventative, diagnostic and therapeutic clinical services. As a hub for care innovation, the Columbia County Health Campus would have access to and be a showcase for these advanced patient care services developed through the research and academic resources that only GRU|GRHealth can bring to Columbia County. Our partnerships with Philips and Cerner significantly expands those resources and capabilities only we can bring and enables us to continuously develop and deploy new medical technology and clinical informatics solutions to the campus and community.

The technologies and solutions we intend to deliver to Columbia County and the Health Campus focus on three areas: Intelligent Patient Care Solutions, Integrated Telehealth Solutions and Advanced Imaging and Therapeutic Technology.

### INTELLIGENT PATIENT CARE SOLUTIONS

These solutions incorporate fully connected and networked Electronic Health Records (EHR), enterprise patient monitoring, advanced clinical care solutions and highly innovative care delivery technology. The impact is to create new types of patient care models in an environment that promotes higher levels of patient care and a positive experience for patients, family and care providers. Examples of these advanced technology solutions include:

Integrated Campus-Wide Patient Monitoring solutions that are seamlessly integrated, networked and deployed to meet the specific acuity levels and clinical care requirements in any care setting across the hospital campus. This ensures...
critical patient information is continuously available and allows for faster decision making at the point of care.

- **Single Health Record** – Cerner’s Millennium EHR platform allows for a single source of truth for a patient’s health record across all care venues, including the acute, ambulatory, post-acute care facility, or home. This allows for patients to be treated and monitored by clinicians who have all relevant information available to them at the point of care.

- **Population Health** – Cerner offers the capability to stream device, population and health record data into disease-specific registries and algorithms, allowing for drive risk detection and stratification down to the individual. This will allow clinicians to intervene as an individual’s health status declines, even outside of the four walls of the hospital.

**Advanced Clinical Care Solutions:** The technologies and solutions deployed across all care settings in the Columbia County campus will have advanced clinical applications that bring built-in intelligence and interactive tools designed to assist healthcare teams in facilitating and delivering care and cross referencing, presenting and analyzing complex clinical information for each patient.

- **IntelliSpace PACS** – Through our relationship with Philips, we deployed a web-based, unified repository of cross-disciplinary images and videos will allow clinicians access to the images whenever and wherever they are needed. The design of this PACS architecture combined with the broadband network of Columbia County will deliver the power of radiology to the point of patient care. Clinicians within the hospital campus and referring physicians in the community and across the state will have access to instant diagnostic-quality images anytime, anyplace.

- **eICU and eAacute** – eICU is a clinically proven solution that reduce severity adjusted mortality and length of stay in the ICU through a sustainable acute care model for 24/7 support of patients in health system ICUs. eAcute extends the eICU care model to telemetry and medical/surgical patient populations.

- **Clinical Decision Support** – Through advanced algorithms, data mining and clinical decision support applications deployed to Columbia County, care providers on the campus and across the community will be able to better predict and provide the most appropriate care for each individual patient.

**Innovative Care Delivery Solutions:** In extending our focus on patient-and-family-centered care, we will deploy a range of advanced services and technical solutions that both enhance the overall patient and family experience but also enable us to provide higher levels of care. A few of these innovations we can deliver to Columbia County include:

- **Ambient Room Solutions** – These solutions are designed as patient-friendly, people-focused hospital environments that are designed to the specific clinical requirements of each care setting while also allowing for highly interactive patient experience. This “Ambient Experience” seamlessly integrated architecture, lighting and medical technology that improves comfort, communication and the experience for both patients and care providers.

- **Interactive Patient TV** – Patients receive engagement at the bedside through interactive patient education, communication and entertainment for a better patient experience and quicker recovery.

- **Real Time Location Services** – This software provides location awareness of patients, staff, and assets for visibility and analytics. It saves times and allows staff to focus on care delivery and the patient experience.

- **“Smart” Patient Rooms** – These are rooms that use Evidence Based design principles to integrate technologies and material finishes for the most optimal clinical workflow setting and patient and family experience. In addition, patient care settings are fully integrated with building management systems to control room lighting, temperature, etc. to improve patient and care team experience.
INTEGRATED TELEHEALTH SOLUTIONS

Core to the telemedicine strategy in Columbia County will be a unique comprehensive and modular Telehealth approach addressing challenges of quality and cost of care inside and outside the hospital. This approach allows GRHealth to connect and combine select programs based on the evolving needs of the community and specific patient populations. In addition, GRHealth is also able to deploy innovative solutions for the home that connect patients in the community to their Columbia County healthcare providers, and supports and empowers independent living for seniors and the chronically ill. This advanced technology application allows patients in the community to remain in their homes or in independent living within the community longer. Specific examples of combined technology and care services that are part of the integrated telehealth solutions that could be deployed are:

- **REACH and eConsultant** – Enables GRHealth to extend physician consultations to care teams in Columbia County or across the state or region regardless of geography. Potential applications of the solution include but are not limited to: Telestroke, Telepsych, Teletrauma, Teleoncology, Telecardiology, and Telewound.

- **Home Monitoring** – Through its relationship with Philips, GRHealth has access to the leading medical alert service in North America. Philips Lifeline supports independent living for seniors and the chronically ill by connecting them to suitable support from neighbors, friends, family caregivers or emergency services in the community. GRU|GRHealth and Columbia County will be at the forefront of continued innovation in this area including Lifeline’s new AutoAlert function, the only medical alert pendant that can automatically call for help if a fall is detected and the user can’t push their button because they are disoriented, immobilized or unconscious.

- **Medication Dispensing Service** – Helps reduce the risk of medication errors by providing the right dose of medicine at the right time. The Philips Medication Dispensing Service can help those with complex medication schedules remain independent at home while providing caregivers with peace of mind knowing that their loved ones are taking the right medication. This service delivers a 98.6 percent dispensing adherence level among monitored subscribers.

- **Transitional Care Services** – Helps ensure post-discharge instructions are being followed, follow up visits are occurring and medicines are obtained and taken. Transitional Care provides timely recovery and resolution of any identified complaints, clinical or coordination issues.

ADVANCED IMAGING AND THERAPEUTIC TECHNOLOGY

In addition to the deployment of these many patient and information technology solutions, our relationship with Philips enables GRHealth to utilize advanced imaging and therapeutic technology in support of all service line areas to be provided across the campus. Moreover, through this relationship we are able to ensure that the technology is maintained at the highest performance levels at all times and is supported by the ongoing educational and operational improvement programs that leverage the global research, consulting and clinical resources of Philips. By extending these technologies and this relationship to Columbia County, we are able to even more fully realize our vision to create a national and global hub of healthcare innovation in Columbia County.

HOW WILL YOU RECRUIT, TRAIN, AND RETAIN DOCTORS FOR YOUR FACILITY?

19. Columbia County is recognized both in the CSRA as well as outside the area as an attractive place to live and raise a family. The excellent school system coupled with a high quality of life makes it an exceptional place for many professionals and will stimulate the recruitment process of physicians. The addition of a state-of-the-art healthcare facility in Columbia County where recruited physicians can practice and train, combined with a favorable payer mix for clinicians,
GRU|GRHealth currently attracts physicians from all over the world to provide clinical care, teach and conduct research, and will employ the same successful strategies for recruiting, training and retaining physicians for this healthcare facility in Columbia County. First, the number of area patients treated at the new healthcare facility will result in a need for realignment of selected area physicians and their clinical focus. Since many of these physicians already have established practices, GRU|GRHealth’s strategy will be to encourage the migration of physicians with established high quality practices and similar long-term objectives of providing quality health and medical care to Columbia County residents to this Health Campus.

Second, even with an anticipated clinical professional and personnel alignment, GRU|GRHealth anticipates the need to identify and recruit additional physicians to the new healthcare facility in Columbia County to ensure an appropriate mix and number of primary care physicians and specialists to support the healthcare needs of County residents.

To meet this additional recruitment need, GRU|GRHealth will establish an Office of Professional Recruitment to augment the organizations’ existing group of recruitment professionals. Working together with Columbia County and other local providers, GRU|GRHealth will identify the needed physician specialties and then determine whether to recruit the physician as a member of the faculty at GRU with a clinical focus at the new facility or to recruit the physician to develop a private clinical practice within the Columbia County community.

The recruitment of physicians to Columbia County will be facilitated by the presence of the Medical College of Georgia at Georgia Regents University, the ninth largest medical school in the country that is growing to a school with a medical class of 300 students per year. And with more than 400 residents in postgraduate training at GRU|GRHealth in 42 disciplines, a substantial number of trainees will be completing their training each year and actively looking for a permanent position. Already one in five Georgia physicians went to medical school at MCG or completed their training at GRU|GRHealth—a high proportion that will increase in the future. Training physicians in local communities such as Columbia County increases the overall number of trained physicians in Georgia, and it is well-recognized based on national data that an important determinant of where physicians practice is where they completed their residency.

The increased likelihood that new physicians will practice in the geographic area where they received training, coupled with the interest in many recent medical school graduates to retain an academic focus to their practice and GRU|GRHealth’s ability as an academic health center to support their practice, gives GRU|GRHealth a unique ability to ensure an adequate, high-quality medical staff for a Columbia County Health Campus.

An additional incentive for the recruitment and retention of physicians to Columbia County will be the rotation of students and residents through Columbia County clinical facilities as part of their medical education. These rotations will allow GRU|GRHealth to expose future physicians to the existing practices in the community and the hospital and will allow them to “try it on for size” in terms of how they would fit into both the local community as well as the medical staff. By making these experiences enjoyable and stimulating, these opportunities will be invaluable as a recruitment tool and augment the recruitment of the necessary medical staff.

This recruitment opportunity in Columbia County also meets an important goal for the entire State – namely expansion of primary care residency experiences across Georgia.
WHAT UNIQUE OPPORTUNITIES WOULD YOU BRING TO COLUMBIA COUNTY IF YOU ARE THE SUCCESSFUL PROPOSER?

20. We are excited about this opportunity to partner with Columbia County to develop a state of the art Health Campus to revolutionize healthcare and improve the citizens’ quality of life. Revolutionary healthcare requires revolutionary people, thoughts, and facilities. The County’s vision has set the foundation for this unique collaborative approach outlined in this proposal. We are ready to partner with you to take this next step.

This proposal offers unique advantages to the residents of Columbia County:

- The Columbia County Health Campus created through the partnership with GRU|GRHealth will keep patients in Columbia County by becoming a net importer of care into Columbia County, starting by ensuring County residents are treated locally when appropriate.

- Partnering with GRU, the state’s only public academic health center and health sciences university will enable the offering of unique programs, services and expertise across the broad spectrum of education, research and patient care. As such, Columbia County will have unprecedented access to services related to each of our missions.
  - GRU|GRHealth is building for the future through research, education and clinical service. A nearly 100 percent increase in external grant funding over the past 10 years and more than 25 clinical trials provides unparalleled access to leading-edge health and medical research that is already available to the County and will only be enhanced through the development of the new Health Campus.
  - Medical, nursing, dental and allied health professional training programs will establish a pipeline of future physicians and healthcare providers that will benefit the County with an economic and healthcare quality impact exceeding that of a community teaching hospital alone.

- GRU|GRHealth represents the largest multispecialty group in the state, outside of Atlanta. As such, we have the unmatched ability to rapidly support a new hospital with a requisite physician base and a long history of partnering with community physicians and local hospitals.

- GRU|GRHealth is an international leader in “high touch healthcare,” specifically Patient- and Family-Centered Care. We train others across the country and internationally and are successful in achieving material improvements in quality, safety and service. GRU|GRHealth will bring its revolutionary approach to healthcare to Columbia County and the new facility will be at the forefront of patient satisfaction and service.

- While focusing on high touch, GRU|GRHealth also has a strong commitment to high tech. GRU|GRHealth is committed to technological innovation and leadership and has strong relationships and collaborative partnerships with technology providers including a decade long partnership with a leading electronic medical record company, Cerner and long-term arrangement with Philips, a leading innovator in healthcare technology and equipment.

- GRU|GRHealth has financial strength and state support that will raise the County’s profile across the state and provide the ability to develop a self-sustaining presence in Columbia County.

- GRU|GRHealth has a proven track record of success in developing statewide partnerships in healthcare delivery and education. These include more than 600 training programs, relationships with all area health systems, and affiliations with the Georgia Department of Corrections, Veterans Administration Healthcare administration, the Georgia War Veterans Nursing Home, and Roosevelt Warm Springs Institute for Rehabilitation and Georgia Vocational Rehabilitation Agency. Each of these relationships will be leveraged to benefit the new Columbia County Health Campus.

By combining the resources of Columbia County with the leading academic health system in the region, GRU|GRHealth envisions a nucleus of innovation in Columbia County that creates the future of healthcare to meet today’s demands and tomorrow’s promise of improved care.
Appendix A – Background Summary of Philips Alliance Partnership and Corporate Overview

Medical equipment manufacturers operate largely on a very traditional vendor-customer model driven largely by the need to hit sales goals. But a breakthrough deal between a private company and a not-for-profit is transforming that model.

Royal Philips and Georgia Regents Health System, Georgia’s academic health system affiliated with Georgia Regents University, signed a 15-year, $300+ million alliance in June 2013 that shifts the focus towards increasingly patient-centered approaches to care that will decrease costs while increasing quality, satisfaction, and clinical outcomes. Inherent to this model is the self-imposed pressure by the partners for more end-to-end patient care solutions rather than the prototypical drive to sell more equipment.

Also embedded in the agreement are shared risks and rewards built around public quality and cost measures. With the Affordable Care Act basing more care provider payments on keeping patients healthier, it is incumbent upon the two organizations to deliver positive, measurable, and sustainable results.

Through the first-of-its-kind delivery model in the United States, Philips will provide GRHS with a comprehensive range of consulting services, advanced medical technologies, and operational performance, planning, and maintenance services with a pre-determined monthly payment.

In addition, about a dozen Philips employees are working in-house at GRHS with clinicians, staff, and patient advisers to improve outcomes and deliver more effective, cost-efficient care to the six million citizens across Georgia and South Carolina in the health system service area.

The alliance is also intended to help transform the health system into an international destination for patient care services, research, and education.

Philips Healthcare is a division of Koninklijke Philips Electronics N.V. with healthcare revenues of 6+ billion Euros and 31,000 employees in 63 countries. Our goal at Philips is to maintain and improve our position as a world leader in the areas of healthcare, lifestyle and wellness. Philips is committed to supplying innovative technologies and services that
enable Highmark healthcare professionals to deliver clinical excellence. Our solutions range across multiple product lines including: radiology and fluoroscopy, ultrasound, magnetic resonance, computed tomography, nuclear medicine, positron-emission tomography, patient monitoring, defibrillation and a series of health informatics solutions.

At Philips, we believe in partnerships and that our success depends on the long-term success of our partners. We seek to enhance the clinical services delivered by our partners by going beyond a traditional equipment supplier relationship to assist them in delivering positive clinical outcomes and patient satisfaction.
## appendices

### Strong assets underpin our portfolio

<table>
<thead>
<tr>
<th>Innovation capabilities</th>
<th>Technology, know-how and strong IP positions (59,000 registered patents)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global footprint</td>
<td>Loyal customer base in 100+ countries&lt;br&gt;35% of group revenues from growth geographies¹</td>
</tr>
<tr>
<td>People</td>
<td>Employee Engagement Index² exceeds high performance benchmark value of 70%&lt;br&gt;Culturally diverse top-200 leadership team</td>
</tr>
<tr>
<td>Domain leadership</td>
<td>Global market leader in Lighting&lt;br&gt;Top 3 Healthcare player&lt;br&gt;Leading Consumer Lifestyle brands e.g. Philips, Sonicare, Avent, Saeco</td>
</tr>
<tr>
<td>Solid balance sheet</td>
<td>A3 rating by Moody’s and A- by Standard &amp; Poor’s</td>
</tr>
<tr>
<td>Philips Brand</td>
<td>World’s 1st most valuable brand 2012 compared to the 65th in 2004. For the first time in history, our brand value reached a level of more than 9 billion USD</td>
</tr>
</tbody>
</table>

### Strong Market and Leadership Positions

<table>
<thead>
<tr>
<th>Imaging Systems</th>
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</thead>
<tbody>
<tr>
<td>#1 Interventional X-Ray cardiovascular</td>
</tr>
<tr>
<td>#1 Image-Guided interventions</td>
</tr>
<tr>
<td>#2 Ultrasound worldwide</td>
</tr>
<tr>
<td>#1 Overall system performance IMV ServiceTrak</td>
</tr>
<tr>
<td>#1 CT MDBioline</td>
</tr>
<tr>
<td>#1 MR Ingenia and Ultrasound iU22 Best in KLAS</td>
</tr>
<tr>
<td>#1 NPS Interventional X-Ray-India, North America, Japan, and China</td>
</tr>
<tr>
<td>#1 NPS Ultrasound-NorthAmerica, United Kingdom, and China</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Care and Clinical Informatics</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1 Patient monitoring</td>
</tr>
<tr>
<td>#1 AEDs</td>
</tr>
<tr>
<td>#1 Digital telemetry</td>
</tr>
<tr>
<td>#1 Non-invasive ventilation</td>
</tr>
<tr>
<td>#1 Enterprise Imaging North America and LatAm</td>
</tr>
<tr>
<td>#1 Cardiology Imaging North America</td>
</tr>
<tr>
<td>#1 Clinical Informatics Brazil</td>
</tr>
<tr>
<td>#1 NPS Patient Monitoring-North America, United Kingdom, Germany, China, and India</td>
</tr>
<tr>
<td>#1 NPS PCCI-global</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Healthcare Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1 Sleep therapy</td>
</tr>
<tr>
<td>#1 Respiratory care</td>
</tr>
<tr>
<td>#1 Home monitoring telecare North America</td>
</tr>
</tbody>
</table>

Source: National benchmarks, CIOIR, NEMA, iFIS Market Intelligence (ultimate), IMV rated ServiceTrak, Frost and Sullivan, HHI-TBS, PCCI market insight. Market Size data excludes Customer Service
Philips Healthcare

<table>
<thead>
<tr>
<th>Philips Healthcare</th>
<th>Geographies^2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imaging Systems</td>
<td>Western Europe</td>
</tr>
<tr>
<td>Home Healthcare Solutions</td>
<td>North America</td>
</tr>
<tr>
<td>Patient Care and Clinical Informatics</td>
<td>Other Mature Geographies</td>
</tr>
<tr>
<td>Customer Services</td>
<td>Growth Geographies</td>
</tr>
</tbody>
</table>

38% 15% 22% 25% 19% 44% 13% 24%

$13B sales in 2012

37,000+ People employed worldwide in 100 countries

8% of sales invested in R&D in 2012

450+ Products & services offered in over 100 countries

Philips Healthcare Guiding Statement

We are dedicated to creating the future of health care and saving lives.

We develop innovative solutions across the continuum of care in partnership with clinicians and our customers to improve patient outcomes, provide better value and expand access to care.
Appendix B – Background Summary of Cerner Partnership

Cerner Corporation at a Glance

- Founded in 1979 and headquartered in Kansas City, MO
  - Founders Neal Patterson (Chairman and CEO), Cliff Illig, and Paul Gorup still hold leadership positions with the company
- Largest Standalone health care IT company in the world
  - First product was PathNet, software to automate in-patient labs
  - Today, solutions span the care continuum as well as the clinical (e.g. Millennium PowerChart – Electronic Medical Record) and non-clinical (e.g. Revenue Management) needs of our clients
  - Cerner also provides a wide span of IT services for clients

- High-level business metrics:

- Respected as one of the world’s most innovative companies
Cerner continues to innovate in many areas, including interoperability, Smart Rooms, revenue management, and population health solutions.
Cerner Client Success Stories

Building on a decade-long relationship with GRMC, Cerner is strategically partnered with GRMC to innovate and advance patient health and care. Below we share success stories from other Cerner clients with similar strategic visions and successes.

University of Missouri Health System and Cerner Tiger Institute
http://www.youtube.com/watch?v=8cWy7sZ5Y-w&list=PL3F8A219ADE24E6B3

Naples Community Health System
http://www.youtube.com/watch?v=eoiLyJfX4&list=PL3F8A219ADE24E6B3

Winona Health
http://www.youtube.com/watch?v=qlvjyU5mSY&list=PL3F8A219ADE24E6B3&index=56

Fort HealthCare
http://www.youtube.com/watch?v=8p4xf6rwOx0
http://www.youtube.com/watch?v=zpr9FroW2j8&list=PL3F8A219ADE24E6B3&index=37

Indiana University
http://www.youtube.com/watch?v=8YMox1EsmkI&list=PL3F8A219ADE24E6B3
Appendix C – REACH

The GRU Neuroscience Center has the largest hub and spoke rural telestroke system in the U.S. This system, known as the REACH system, was pioneered at MCG-GRU and provided the first clinical use of telemedicine to provide state-of-the-art stroke care to a rural-underserved population. While Georgia is the 9th most populous state, much of the population resides in rural regions encompassing 159 counties (second only to Texas for the number of counties) with little access to current stroke care therapies. To meet these clinical needs, we developed the REACH system telemedicine network in 2003 through a web-based telestroke program known as REACH that now serves 27 spoke hospitals linked to the Hub, GRMC (Figure 1). Nearly half of the patients we treat with intravenous (IV) tPA in our rural hospitals are African American. Based in Alpharetta, Georgia, REACH provides the technology infrastructure to more than 140 hospitals in the U.S. including such academic health systems such as Penn State, MUSC, University of Pennsylvania, Oschner, Northwestern, and Beth Israel-Deaconess in Boston.

Importantly, REACH can serve as a telemedicine platform for other neurological diseases and non-neurological diseases. It provides a “Trojan horse” to get GRMC specialists inside hospitals in Georgia, South Carolina and beyond.

Figure 1: Multi-Hub and Spoke Telestroke Network
Appendix D – Preliminary Space Program Summary for the Columbia County Hospital and Medical Office Building

<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>Square Footage</th>
<th>Gross Square</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostics and Therapeutic Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Laboratory</td>
<td>5,950</td>
<td>8,444</td>
</tr>
<tr>
<td>* Emergency Department (39 exam rooms)</td>
<td>13,019</td>
<td>21,872</td>
</tr>
<tr>
<td>* Endoscopy (GI Lab) (2 Endo + 2 shell)</td>
<td>3,996</td>
<td>6,042</td>
</tr>
<tr>
<td>* Invasive Cardiology (2 Cath Lab + 2 shell)</td>
<td>5,461</td>
<td>9,480</td>
</tr>
<tr>
<td>* Medical Imaging (2 Rad, 2 Rad-Fluoro, 2 MRI, 2 CT, 1 Spec Proc.)</td>
<td>12,752</td>
<td>20,709</td>
</tr>
<tr>
<td>Non-Invasive Cardiology/Diagnostics</td>
<td>2,173</td>
<td>3,359</td>
</tr>
<tr>
<td>Pre-Op / Staging (16 Positions)</td>
<td>4,488</td>
<td>5,430</td>
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<tr>
<td>Post Anesthesia Care Unit (16 Positions + 1 exam)</td>
<td>3,316</td>
<td>4,012</td>
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<tr>
<td>Pre-Admission Testing</td>
<td>1,227</td>
<td>1,755</td>
</tr>
<tr>
<td>* Surgical Suite (4 ORs + 4 Shell)</td>
<td>14,747</td>
<td>20,000</td>
</tr>
<tr>
<td>Respiratory Care</td>
<td>1,574</td>
<td>2,272</td>
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<tr>
<td><strong>Total - Diagnostics and Therapeutic Services</strong></td>
<td>68,712</td>
<td>108,975</td>
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<tr>
<td>Patient Care Services</td>
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<td></td>
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<tr>
<td>Critical Care Unit - 24 ICU/CCU Beds + 12 Med/Surg Beds</td>
<td>15,106</td>
<td>24,531</td>
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<tr>
<td>Inpatient Physical Therapy</td>
<td>566</td>
<td>764</td>
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<tr>
<td>Medical/Surgical Patient Care Unit (36 Beds)</td>
<td>15,671</td>
<td>25,449</td>
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<tr>
<td>Medical/Surgical Patient Care Unit #2 (38 Beds)</td>
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<tr>
<td>Medical/Surgical Patient Care Unit #3 (12 Beds)</td>
<td>6,502</td>
<td>10,559</td>
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<tr>
<td>Neonatal Intensive Care Unit - (10 Beds)</td>
<td>5,599</td>
<td>7,525</td>
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<tr>
<td>Newborn Holding Nursery (8 bassinets)</td>
<td>1,420</td>
<td>1,562</td>
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<tr>
<td>Perinatal Services (24 LDR Beds)</td>
<td>20,174</td>
<td>32,783</td>
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<tr>
<td><strong>Total - Patient Care Services</strong></td>
<td>80,708</td>
<td>128,593</td>
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<tr>
<td>Administrative Services</td>
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<tr>
<td>Administration</td>
<td>3,114</td>
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<td>Admissions / Registration</td>
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<td>Human Resources</td>
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<td>761</td>
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<tr>
<td>Nursing Administration</td>
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<td>673</td>
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<tr>
<td>Medical Records (Hospital Information Management)</td>
<td>2,850</td>
<td>3,202</td>
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<tr>
<td>Spiritual Care</td>
<td>1,720</td>
<td>2,291</td>
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<tr>
<td><strong>Total - Administrative Services</strong></td>
<td>13,868</td>
<td>17,713</td>
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# Appendices

<table>
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<tr>
<th>DEPARTMENT</th>
<th>Square Footage</th>
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<td>Operational Services</td>
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<td>Information Systems/Telecommunications</td>
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<td>Public Lobby</td>
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<td>Volunteer Services</td>
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<td>Sterile Reprocessing</td>
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<td>Dietetics and Nutrition Services</td>
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<td>Environmental Services</td>
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<td>Material Management</td>
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<td>Medical Staff Facilities</td>
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<td>Pharmacy</td>
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<td>Plant Operations/Dio-Med</td>
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<tr>
<td>Security</td>
<td>600</td>
<td>600</td>
</tr>
<tr>
<td><strong>Total - Operational Services</strong></td>
<td><strong>47,027</strong></td>
<td><strong>55,050</strong></td>
</tr>
</tbody>
</table>

**TOTAL HOSPITAL NET SQUARE FOOTAGE**  
219,315

**TOTAL HOSPITAL GROSS SQUARE FOOTAGE**  
315,332

**Hospital Building Floor Multipliers**

- Perimeter enclosure @ 4% 12,413
- Interdepartmental Circulation & Elev./Shfts @ 18% 55,800
- Mech. & Elect. Shafts @ 3% 9,310
- Data/Comm. Rooms @ 1% 3,103

**Hospital Building Floor Gross Area (FGSF)**  
351,018

**Hospital Building Gross Area Multipliers**

- Fan Rooms, Cent. Elect. & Cent. Energy Plant @ 10.0% 39,102
- Central Telecomm. Equipment 1.0% 3,910

**TOTAL HOSPITAL BUILDING GROSS AREA (BGSF)**  
434,030

*Several program elements are higher than a program we would typically use for this size hospital.*
### Medical Office Building

<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>Square Footage</th>
<th>Gross Square</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic and Physician Offices</td>
<td></td>
<td>$5,000</td>
</tr>
<tr>
<td><em>Total - MOB</em></td>
<td></td>
<td>$5,000</td>
</tr>
</tbody>
</table>

Hospital Parking: 4 spaces per bed
MOB Parking: 5 spaces per 1,000 SF
Site Minimum Acreage: 60 acres
Appendix E – Proposed Construction Timeline
Appendix F – Elements of Level I & II Trauma Centers

A Level II Trauma Center is able to initiate definitive care for all injured patients. Elements of Level II Trauma Centers Include:
- 24-hour immediate coverage by general surgeons, as well as coverage by the specialties of orthopedic surgery, neurosurgery, anesthesiology, emergency medicine, radiology and critical care.
- Tertiary care needs such as cardiac surgery, hemodialysis and microvascular surgery may be referred to a Level I Trauma Center.
- Provides trauma prevention and to continuing education programs for staff.
- Incorporates a comprehensive quality assessment program.

Level I Trauma Center is a comprehensive regional resource that is a tertiary care facility central to the trauma system. A Level I Trauma Center is capable of providing total care for every aspect of injury – from prevention through rehabilitation.

Elements of Level I Trauma Centers Include:
- 24-hour in-house coverage by general surgeons, and prompt availability of care in specialties such as orthopedic surgery, neurosurgery, anesthesiology, emergency medicine, radiology, internal medicine, plastic surgery, oral and maxillofacial, pediatric and critical care.
- Referral resource for communities in nearby regions.
- Provides leadership in prevention, public education to surrounding communities.
- Provides continuing education of the trauma team members.
- Incorporates a comprehensive quality assessment program.
- Operates an organized teaching and research effort to help direct new innovations in trauma care.
- Program for substance abuse screening and patient intervention.
- Meets minimum requirement for annual volume of severely injured patients.

Source: http://www.amtrauma.org/resources/trauma-categorization/index.aspx
American Trauma Society, 201 Park Washington Court Falls Church, VA 22046

Georgia Designation of Trauma Centers

Level I Trauma Facility – is the highest level of trauma center designation and offers the greatest level of comprehensive trauma care, from prevention through rehabilitation. Level I facilities have the major responsibility for leading in trauma education, research and planning. Most facilities that meet Level I criteria will be academic facilities and have active surgical residency programs. Level I facilities are expected to meet other specific criteria as set forth by the Office of Preparedness/Trauma and utilizing the document, “Resources for Optimal Care of the Injured Patient”, published by the American College of Surgeons. Meeting specific criteria enables its qualification by DCH/Division of Public Health/Office of Preparedness/Trauma as a Level I facility.
Level II Trauma Facility – generally can provide the same level of clinical care as a Level I, but usually does not have the focus on research, education and systems planning. Some patients with very complex injuries may require transfer to a Level I center. Level II facilities are expected to meet other specific criteria as set forth by the Office of Preparedness/Trauma and utilizing the document, “Resources for Optimal Care of the Injured Patient”, published by the American College of Surgeons. Meeting specific criteria enables its qualification by DCH/Division of Public Health/Office of Preparedness/Trauma as a Level II facility.

Source: Georgia Department of Community Health, Division Of Public Health, Office of Preparedness/Trauma, 40 Pryor Street, 4th Floor • Atlanta, GA 30303
Appendix G – Georgia Board for Physician Workforce Data Brief from March 2013

Georgia Board for Physician Workforce

Graduate Medical Education in Georgia

Percent Change in Graduate Medical Education Funding FY 2010–FY 2013

- Existing GME programs have experienced a 17.6% decrease in state funding since 2009.
- 50% of the graduates from Georgia’s GME programs had practice plans to stay in Georgia.
- The national average for retention of GME grads is 48%.
- 29.5% of GME grads going for additional training plan to return to Georgia to practice (56.1% were undecided).

How many PGY-1 residency training (GME) positions are there in Georgia? What percentage of PGY-1 positions are matched by graduates of Georgia’s medical schools?

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Total Number of PGY-1 Year Residency Positions Approved</th>
<th>Total Number of PGY-1 Year Residency Positions Filled</th>
<th>Number of PGY-1 Positions Matched by GA Medical School Graduates</th>
<th>Percent of PGY-1 Filled Positions Matched by GA Medical School Graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine*</td>
<td>76</td>
<td>74</td>
<td>9</td>
<td>12.2%</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>147</td>
<td>149</td>
<td>15</td>
<td>10.1%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>57</td>
<td>56</td>
<td>12</td>
<td>21.4%</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>24</td>
<td>24</td>
<td>12</td>
<td>50.0%</td>
</tr>
<tr>
<td>General Surgery</td>
<td>48</td>
<td>48</td>
<td>7</td>
<td>14.6%</td>
</tr>
<tr>
<td>All Other Specialties</td>
<td>122</td>
<td>122</td>
<td>35</td>
<td>28.7%</td>
</tr>
<tr>
<td>Total</td>
<td>474</td>
<td>473</td>
<td>90</td>
<td>19.0%</td>
</tr>
</tbody>
</table>

*Includes both ACGME and AOA filled family medicine residency positions.
**The category “All Other Specialties” includes transitional year positions, but does not include preliminary year positions.

For the 2012/2013 academic year (beginning July 1, 2012), Georgia had a total of 474 PGY-1 residency positions available in 12 specialties. One position remained unfilled. 90 of the 474 positions were matched by Georgia medical school graduates (19%).
appendices

### How many total physicians are trained each year through Georgia’s residency (GME) programs?

**Total Number of Approved and Filled Residency (GME) Positions by Teaching Hospital and Total Number of GME Graduates, 2012/2013**

<table>
<thead>
<tr>
<th>Program</th>
<th>Total Number of Approved/Accredited Residency Positions**</th>
<th>Total Number of Filled Residency Positions**</th>
<th>Total GME Graduates in 2012***</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emory</td>
<td>1,212</td>
<td>1,117</td>
<td>337</td>
</tr>
<tr>
<td>Medical College of Georgia at GRU*</td>
<td>516</td>
<td>439</td>
<td>139</td>
</tr>
<tr>
<td>Morehouse School of Medicine</td>
<td>159</td>
<td>151</td>
<td>32</td>
</tr>
<tr>
<td>Memorial Health Univ. Medical Center</td>
<td>152</td>
<td>130</td>
<td>31</td>
</tr>
<tr>
<td>Medical Center of Central Georgia</td>
<td>117</td>
<td>110</td>
<td>30</td>
</tr>
<tr>
<td>Atlanta Medical Center</td>
<td>84</td>
<td>80</td>
<td>24</td>
</tr>
<tr>
<td>The Medical Center, Inc.*</td>
<td>41</td>
<td>41.5</td>
<td>11</td>
</tr>
<tr>
<td>Floyd Medical Center</td>
<td>24</td>
<td>22</td>
<td>4</td>
</tr>
<tr>
<td>Houston Health Care</td>
<td>18</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Phoebe Putney Memorial Hospital</td>
<td>16</td>
<td>17</td>
<td>4</td>
</tr>
<tr>
<td>The Mayo Clinic (Waycross)</td>
<td>6</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,345</strong></td>
<td><strong>2,121.5</strong></td>
<td><strong>615</strong></td>
</tr>
</tbody>
</table>

*The family medicine programs at these teaching institutions have both ACGME and AOA approved and filled residency positions.
**Sources: Accreditation Council for Graduate Medical Education (www.ACGME.org), the American Osteopathic Association (www.osteopathic.org), Georgia’s Teaching Hospitals, and Medical Schools.
***As reported by the teaching hospitals.

- As shown above, 90.7% of the approved/ accredited residency positions in Georgia are filled, leaving 9.5% or 233.5 positions vacant. The majority of these unfilled positions are in primary care. Nationally, 1,246 went unfilled (approximately 4.7% nationwide).
- 50% of the graduates that responded to the GME Exit Survey (a survey of all graduates conducted by the Georgia Board for Physician Workforce each year), and were going into patient care/clinical practice, had plans to remain in Georgia to practice.

### Medical Education Debt, Salary and Specialty

- In 10 years, the percent of graduates with debt over $200,000 has increased from 3% to 30%.
- The average debt of Georgia GME respondents was $132,167 in 2012 (the national average was $141,132). [www.usnews.com](http://www.usnews.com)
- The average starting salary of respondents entering a primary care practice (family medicine, internal medicine, pediatrics, and OB/GYN) was $168,280. The average for all other specialties was $231,318.
- The average salary of respondents entering pediatrics was $132,125, while the average for cardiovascular surgeons was $321,000.
Are Georgia’s graduates practicing in close proximity to their training site? Where do Georgia’s GME graduates come from and why did 50% leave the state after graduation?

GME Graduates Reporting Confirmed Practice Plans by Proximity to Training Location, 2012

- Of the respondents to the GBPW Graduate Medical Education Exit Survey with confirmed practice plans, 36.5% have practice plans within 60 miles of their residency training program. Residency training lasts a minimum of three years.
- 50% of respondents had confirmed practice plans to remain in Georgia to practice and 50% had plans to practice in another state or country. The national average is 47.8% (www.aamc.org).
- 75.6% of Georgia’s graduating residents, who responded to the survey, reported attending high school in another state or country. Georgia retained 39.1% of the GME graduates that came from another state or country.
- Of the respondents that had practice plans in Georgia, 74.5% indicated they planned to be at their principle practice for four or more years.
- Of the respondents that are going on for additional training (i.e. fellowship, another residency), 29.5% plan to return to Georgia to practice and 56.1% have not yet decided.
- Top reasons cited for graduates leaving Georgia to practice elsewhere (in order of most to least):
  1. Proximity to family
  2. Better jobs in desired location outside Georgia
  3. Better salary offered outside Georgia
  4. Better jobs in desired practice setting outside Georgia
  5. Overall lack of jobs/practice opportunities in Georgia
  6. Better job for spouse/partner outside of Georgia
**Why are teaching hospitals and GME programs important?**

Teaching hospitals and resident physicians are an integral part of Georgia’s healthcare delivery system. Over 2,300 resident physicians actively care for patients throughout their residency training. In addition, teaching hospitals have a positive economic impact in their communities by:

- training physicians for Georgia;
- providing specialized healthcare services;
- caring for a disproportionate share of Georgia’s uninsured, Medicaid, and Medicare populations; and
- serving as trauma centers (most of Georgia’s teaching hospitals are designated Level 1 or Level 2 trauma centers).

**Location of Georgia’s Residency Programs/Teaching Hospitals and Medical Schools**

**Residency Program Locations**

**Medical School and Additional Clinical Campus Locations**

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Georgia Board for Physician Workforce  
2 Peachtree Street, 36th Floor, Atlanta, GA 30303  
404-232-7972  
Visit us at: www.gbwp.georgia.gov
Appendix H – Columbia County Clinical Sites
Appendix I – GRACHIE

Health Information Exchange

Georgia Regional Academic Community HIE

Tara Broxton Cramer
GRACIE is well established with two parent organizations

- The Medical Center of Central Georgia
- GR Health

- Current contributors include two health systems (hospitals and affiliated physicians)
- Total individual patient records – 658,109
- Current Overlap – 5,737
GRAChIE
Future

- GRAChIE has partnered with the Pediatric Healthcare Improvement Coalition to “connect” practices associated with the PHIC Asthma Project (6 sites across the state)
- GRAChIE will connect 6 hospitals and 5 physician groups as part of the Department of Community Health’s Capacity Building program
- GRAChIE’s Board has completed its first Strategic Planning process and is fully committed to the growth and increased value of the organization.
HIE Data
What is shared?

What kinds of data is in GRACHIE?

- Demographic data
- Visit history
- Problems and Diagnoses
- Medications
- Allergies
- Vital signs

- Lab results
- Immunizations
- Discharge Summaries
- History and Physical
- Radiology reports
- Provider reports

HIE is dependent on the information sent to it by the EMR
GRAChIE and the Emergency
An introduction to the patient

The ED- BEFORE
- 16 yr old male from Augusta in a motor vehicle collision near Macon
- Unresponsive
- CT Scan reveals intracranial hemorrhage
- The family arrives 3 hrs later –
  - patient has hemophilia
- The physician request records from GHSMC in the meantime makes a calculated guess of the proper dose of the blood clotting factor to administer

The ED- AFTER
- 16 yr old male from Augusta in a motor vehicle collision near Macon
- Unresponsive
- Doctor clicks on HIE
- Patient has hemophilia
- CT Scan reveals intracranial hemorrhage
- Notes from hematologist reveals dose of blood clotting factor to administer
- Family arrives 3 hrs later and informed that appropriate care has been rendered
The Office Visit - BEFORE
- Patient comes in for a routine visit
- Had visits to the specialists
- "They did a bunch of tests"
- Staff tries to get results while patient occupies the room
- Patient, doctor and staff waste time trying to gather results
- Results are finally procured
- Physician and patient discuss and develop a plan of care
- Patient discharged

The Office Visit - AFTER
- Patient comes in for a routine visit
- Had visits to the specialists
- "They did a bunch of tests"
- Doctor clicks on HIE
- Specialists notes displayed
- Physician and patient discuss and develop a plan of care
- Patient discharged
Patient Consent

GRAChIE is an Opt-Out Model

- Typically the organization’s consent for treatment and/or Notice of Privacy Protection includes a statement indicating participation in a health information exchange
- Participants can opt-out via email, online or by mail
GRACIE charges a one-time “joining” fee and subsequent monthly fees.

GRACIE pricing can be flexible to accommodate spreading costs over a large group or groups that bring benefit to all GRACIE members.
Because we should

- Improve QUALITY of patient care
- Increase your knowledge of the patient
- Enhance Care Coordination
- Improve PATIENT SAFETY through immediate access
- Decrease the COST of care
HIEs: What you need to know

Why HIEs?

Because we have to
- Executive Order 13410
- Meaningful Use

appendices
HIEs: Why?

Improve access to information

Utilize technology to gather information

- Basic EHR functionality, structured data
- Patient informed
- Structured data utilized
- Privacy & security protections

Stage 1 MU

Care coordination
Data utilized to improve delivery and outcomes
Evidenced based medicine
Registries for disease management
Privacy & security protections

Stage 2 MU

Care coordination
Patient self management
Evidence based medicine
Registries for disease management
Privacy & security protections

PCMHs 3-Part Aim

Use information to transform

- Improved population health
- Enhanced access and continuity
- Data utilized to improve delivery and outcomes
- Patient engaged, community resources
- Patient centered care coordination
- Team based care, case management
- Registries to manage patient populations
- Privacy & security protections

ACOs Stage 3 MU
Appendix J – Current GRMC Offerings to be Considered for New Hospital

Health Services

Georgia Regents Medical Center offers the most comprehensive primary and specialty care in the region. Our medical professionals are leaders in their field and one hundred percent of our physicians are board-certified or board-eligible.

Georgia Regents Medical Center includes:

- 478-bed Medical Center
- More than 80 outpatient clinics in our Medical Office Building
- Specialized Care Center housing a 13-county Level I regional trauma center
- 154-bed Children’s Hospital of Georgia housing a Level I pediatric trauma center

### GRMC MEDICAL SERVICES

<table>
<thead>
<tr>
<th>Adrenal</th>
<th>Gynecology</th>
<th>Pulmonology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy-Immunology</td>
<td>Heart &amp; Cardiovascular Center</td>
<td>Radiology (X-ray)</td>
</tr>
<tr>
<td>Anticoagulation Clinic</td>
<td>Infectious Diseases</td>
<td>Radiation Therapy</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>Infertility</td>
<td>Rehabilitation</td>
</tr>
<tr>
<td>Blood Disorders</td>
<td>Internal Medicine</td>
<td>Reproductive Medicine</td>
</tr>
<tr>
<td>Bloodless Medicine</td>
<td>In vitro Fertilization (IVF)</td>
<td>Respiratory Care</td>
</tr>
<tr>
<td>Bone Marrow Transplant</td>
<td>Kidney/Pancreas Transplant</td>
<td>Rheumatology</td>
</tr>
<tr>
<td>Breast Health</td>
<td>Movement Disorders</td>
<td>Robotic-Assisted Surgery</td>
</tr>
<tr>
<td>Cancer</td>
<td>Neurology/Neuroscience Center</td>
<td>Senior Health</td>
</tr>
<tr>
<td>Cystic Fibrosis</td>
<td>Nephrology</td>
<td>Skull Base Surgery</td>
</tr>
<tr>
<td>Dental Faculty Practice</td>
<td>Obstetrics &amp; Gynecology</td>
<td>Sleep Disorders</td>
</tr>
<tr>
<td>Dermatology</td>
<td>Oncology</td>
<td>Spine</td>
</tr>
<tr>
<td>Diabetes Care</td>
<td>Ophthalmology</td>
<td>Sports Medicine</td>
</tr>
<tr>
<td>Dialysis</td>
<td>Oral Medicine</td>
<td>Stroke</td>
</tr>
<tr>
<td>Digestive Diseases</td>
<td>Orthopaedics</td>
<td>Thyroid/Parathyroid Center</td>
</tr>
<tr>
<td>Ear Nose and Throat</td>
<td>Otolaryngology</td>
<td>Transplants</td>
</tr>
<tr>
<td>Emergency Services</td>
<td>Palliative Care</td>
<td>Travel Advisory Clinic</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>Pain Management</td>
<td>Urogynecology</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>Perinatal</td>
<td>Urology</td>
</tr>
<tr>
<td>Eye Care</td>
<td>Pituitary Services</td>
<td>Weight Loss Center</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>Plastic Surgery</td>
<td>Women's Health</td>
</tr>
<tr>
<td>Gamma Knife</td>
<td>Psychiatry</td>
<td></td>
</tr>
</tbody>
</table>
### GRMC PEDIATRIC SERVICES

<table>
<thead>
<tr>
<th>ADHD</th>
<th>Hematology</th>
<th>Pediatric Primary Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy and Asthma</td>
<td>Hemophilia</td>
<td>Pediatric Intensive Care Unit (PICU)</td>
</tr>
<tr>
<td>Arthritis</td>
<td>Infectious Disease</td>
<td>Psychiatry</td>
</tr>
<tr>
<td>Cancer</td>
<td>Intensive Care</td>
<td>Pulmonary</td>
</tr>
<tr>
<td>Cleft Lip/Palate</td>
<td>Juvenile Diabetes</td>
<td>Cystic Fibrosis</td>
</tr>
<tr>
<td>Craniofacial Center</td>
<td>Juvenile Rheumatoid Arthritis</td>
<td>Radiology</td>
</tr>
<tr>
<td>Cystic Fibrosis</td>
<td>Kidney</td>
<td>Rehabilitative Services</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Neonatal Intensive Care Unit (NICU)</td>
<td>Rheumatology</td>
</tr>
<tr>
<td>Ear, Nose and Throat</td>
<td>Neurology</td>
<td>Sickle Cell Disease</td>
</tr>
<tr>
<td>Emergency Services</td>
<td>Oncology</td>
<td>Sleep Disorders</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>Ophthalmology</td>
<td>Sports Medicine</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>Orthopaedics</td>
<td>Surgery</td>
</tr>
<tr>
<td>Genetics</td>
<td>Otolaryngology</td>
<td>Transplants</td>
</tr>
<tr>
<td>Heart Services</td>
<td>Pediatric Neuroscience Center</td>
<td></td>
</tr>
</tbody>
</table>

### GRMC SURGICAL SERVICES

<table>
<thead>
<tr>
<th>Adrenal Surgery</th>
<th>Gastroenterology/Digestive Health</th>
<th>Pediatric Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bone Marrow Transplant</td>
<td>General Surgery</td>
<td>Plastic Surgery</td>
</tr>
<tr>
<td>Cardiovascular Surgery</td>
<td>Joint Replacement</td>
<td>Robotic-Assisted Surgery</td>
</tr>
<tr>
<td>daVinci Robotic Surgery</td>
<td>Kidney and Pancreas Transplant</td>
<td>Skull Base Surgery</td>
</tr>
<tr>
<td>Dermatology</td>
<td>Neurosurgery</td>
<td>Spine Surgery</td>
</tr>
<tr>
<td>Head and Neck Surgery</td>
<td>Ophthalmology</td>
<td>Transplant Surgery</td>
</tr>
<tr>
<td>Gamma Knife</td>
<td>Orthopaedic Surgery</td>
<td>Weight Loss Center/Surgery</td>
</tr>
</tbody>
</table>
Appendix K – 2012 American Community Survey 1-Year Estimates

DP03: SELECTED ECONOMIC CHARACTERISTICS
2012 American Community Survey 1-Year Estimates

Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Data and Documentation section.

Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau’s Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Columbia County, Georgia</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Estimate</td>
</tr>
<tr>
<td>EMPLOYMENT STATUS</td>
<td></td>
</tr>
<tr>
<td>Population 16 years and over</td>
<td>100,876</td>
</tr>
<tr>
<td>In labor force</td>
<td>65,657</td>
</tr>
<tr>
<td>Civilian labor force</td>
<td>63,569</td>
</tr>
<tr>
<td>Employed</td>
<td>68,021</td>
</tr>
<tr>
<td>Unemployed</td>
<td>5,548</td>
</tr>
<tr>
<td>Armed Forces</td>
<td>2,088</td>
</tr>
<tr>
<td>Not in labor force</td>
<td>35,219</td>
</tr>
<tr>
<td>Civilian labor force</td>
<td>63,569</td>
</tr>
<tr>
<td>Percent Unemployed</td>
<td>(X)</td>
</tr>
<tr>
<td>Females 16 years and over</td>
<td>63,267</td>
</tr>
<tr>
<td>In labor force</td>
<td>30,247</td>
</tr>
<tr>
<td>Civilian labor force</td>
<td>29,557</td>
</tr>
<tr>
<td>Employed</td>
<td>27,612</td>
</tr>
<tr>
<td>Own children under 6 years</td>
<td>10,918</td>
</tr>
<tr>
<td>All parents in family in labor force</td>
<td>5,324</td>
</tr>
<tr>
<td>Own children 6 to 17 years</td>
<td>22,782</td>
</tr>
<tr>
<td>All parents in family in labor force</td>
<td>14,675</td>
</tr>
<tr>
<td>COMMUTING TO WORK</td>
<td></td>
</tr>
<tr>
<td>Workers 16 years and over</td>
<td>59,152</td>
</tr>
<tr>
<td>Car, truck, or van – drove alone</td>
<td>51,728</td>
</tr>
<tr>
<td>Car, truck, or van – carpooled</td>
<td>5,368</td>
</tr>
<tr>
<td>Public transportation (excluding taxi)</td>
<td>48</td>
</tr>
<tr>
<td>Walked</td>
<td>748</td>
</tr>
<tr>
<td>Other means</td>
<td>803</td>
</tr>
<tr>
<td>Worked at home</td>
<td>457</td>
</tr>
<tr>
<td>Mean travel time to work (minutes)</td>
<td>24.4</td>
</tr>
</tbody>
</table>
### Appendices

<table>
<thead>
<tr>
<th>OCCUPATION</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Civilian employed population 16 years and over</td>
<td>58,021</td>
<td>++2,830</td>
<td>58,021 (X)</td>
<td></td>
</tr>
<tr>
<td>Management, business, science, and arts occupations</td>
<td>25,085</td>
<td>++2,378</td>
<td>25,085 (X)</td>
<td></td>
</tr>
<tr>
<td>Service occupations</td>
<td>7,723</td>
<td>++1,750</td>
<td>7,723 (X)</td>
<td></td>
</tr>
<tr>
<td>Sales and office occupations</td>
<td>14,881</td>
<td>++2,034</td>
<td>14,881 (X)</td>
<td></td>
</tr>
<tr>
<td>Natural resources, construction, and maintenance occupations</td>
<td>5,020</td>
<td>++1,202</td>
<td>5,020 (X)</td>
<td></td>
</tr>
<tr>
<td>Production, transportation, and material moving occupations</td>
<td>5,332</td>
<td>++1,487</td>
<td>5,332 (X)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INDUSTRY</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Civilian employed population 16 years and over</td>
<td>58,021</td>
<td>++2,830</td>
<td>58,021 (X)</td>
<td></td>
</tr>
<tr>
<td>Agriculture, forestry, fishing and hunting, and mining</td>
<td>11</td>
<td>+21</td>
<td>0.0%</td>
<td>++0.1</td>
</tr>
<tr>
<td>Construction</td>
<td>3,927</td>
<td>++1,207</td>
<td>6.8%</td>
<td>++2.0</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>5,841</td>
<td>++1,460</td>
<td>10.1%</td>
<td>++2.4</td>
</tr>
<tr>
<td>Wholesale trade</td>
<td>1,048</td>
<td>++629</td>
<td>1.8%</td>
<td>++1.1</td>
</tr>
<tr>
<td>Retail trade</td>
<td>6,364</td>
<td>++1,537</td>
<td>11.0%</td>
<td>++2.7</td>
</tr>
<tr>
<td>Transportation and warehousing, and utilities</td>
<td>2,839</td>
<td>++930</td>
<td>4.9%</td>
<td>++1.6</td>
</tr>
<tr>
<td>Information</td>
<td>1,557</td>
<td>++742</td>
<td>2.7%</td>
<td>++1.3</td>
</tr>
<tr>
<td>Finance and insurance, and real estate and rental and leasing</td>
<td>2,466</td>
<td>++819</td>
<td>4.3%</td>
<td>++1.4</td>
</tr>
<tr>
<td>Professional, scientific, and management, and administrative</td>
<td>7,741</td>
<td>++1,652</td>
<td>13.3%</td>
<td>++2.9</td>
</tr>
<tr>
<td>Educational services, and health care and social assistance</td>
<td>14,869</td>
<td>++1,860</td>
<td>25.6%</td>
<td>++2.8</td>
</tr>
<tr>
<td>Arts, entertainment, and recreation, and accommodation and</td>
<td>4,566</td>
<td>++1,179</td>
<td>7.9%</td>
<td>++2.0</td>
</tr>
<tr>
<td>Other services, except public administration</td>
<td>2,038</td>
<td>++560</td>
<td>3.5%</td>
<td>++1.2</td>
</tr>
<tr>
<td>Public administration</td>
<td>4,754</td>
<td>++1,470</td>
<td>8.2%</td>
<td>++2.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASS OF WORK</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Civilian employed population 16 years and over</td>
<td>58,021</td>
<td>++2,830</td>
<td>58,021 (X)</td>
<td></td>
</tr>
<tr>
<td>Private wage and salary workers</td>
<td>43,138</td>
<td>++2,819</td>
<td>74.3%</td>
<td>++3.3</td>
</tr>
<tr>
<td>Government workers</td>
<td>13,050</td>
<td>++1,944</td>
<td>22.5%</td>
<td>++3.1</td>
</tr>
<tr>
<td>Self-employed in own not incorporated business workers</td>
<td>1,774</td>
<td>++629</td>
<td>3.1%</td>
<td>++1.1</td>
</tr>
<tr>
<td>Unpaid family workers</td>
<td>59</td>
<td>++100</td>
<td>0.1%</td>
<td>++0.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INCOME AND BENEFITS (IN 2012 INFLATION-ADJUSTED)</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total households</td>
<td>44,096</td>
<td>++1,925</td>
<td>44,096 (X)</td>
<td></td>
</tr>
<tr>
<td>Less than $10,000</td>
<td>2,665</td>
<td>+1,046</td>
<td>6.0%</td>
<td>++2.4</td>
</tr>
<tr>
<td>$10,000 to $14,999</td>
<td>3,218</td>
<td>++551</td>
<td>2.9%</td>
<td>++1.2</td>
</tr>
<tr>
<td>$15,000 to $24,999</td>
<td>2,933</td>
<td>++954</td>
<td>6.7%</td>
<td>++2.2</td>
</tr>
<tr>
<td>$25,000 to $34,999</td>
<td>3,781</td>
<td>++1,171</td>
<td>8.6%</td>
<td>++2.6</td>
</tr>
<tr>
<td>$35,000 to $49,999</td>
<td>4,742</td>
<td>++978</td>
<td>10.8%</td>
<td>++2.1</td>
</tr>
<tr>
<td>$50,000 to $74,999</td>
<td>8,619</td>
<td>++1,307</td>
<td>19.5%</td>
<td>++3.0</td>
</tr>
<tr>
<td>$75,000 to $99,999</td>
<td>7,245</td>
<td>++1,425</td>
<td>16.4%</td>
<td>++3.0</td>
</tr>
<tr>
<td>$100,000 to $149,999</td>
<td>10,000</td>
<td>++1,333</td>
<td>16.2%</td>
<td>++2.9</td>
</tr>
<tr>
<td>$150,000 to $199,999</td>
<td>11,999</td>
<td>++1,009</td>
<td>6.8%</td>
<td>++2.1</td>
</tr>
<tr>
<td>$200,000 or more</td>
<td>2,690</td>
<td>++789</td>
<td>6.1%</td>
<td>++1.8</td>
</tr>
<tr>
<td>Median household income (dollars)</td>
<td>68,118</td>
<td>++5,849</td>
<td>68,118 (X)</td>
<td></td>
</tr>
<tr>
<td>Mean household income (dollars)</td>
<td>84,814</td>
<td>++5,659</td>
<td>84,814 (X)</td>
<td></td>
</tr>
</tbody>
</table>

<p>| With earnings                                       | 36,160 | ++1,982 | 82.0%    | ++2.5    |
| Mean earnings (dollars)                             | 80,254 | ++5,478  | 80,254 (X) |          |
| With Social Security                                | 10,905 | ++1,074  | 24.9%    | ++2.4    |
| Mean Social Security income (dollars)               | 17,806 | ++1,710  | 24.9%    | ++2.4    |
| With retirement income                             | 10,697 | ++1,132  | 24.9%    | ++2.4    |
| Mean retirement income (dollars)                   | 27,899 | ++3,326  | 24.9%    | ++2.4    |
| With Supplemental Security Income                   | 1,393  | ++618    | 3.2%     | ++1.4    |
| Mean Supplemental Security Income (dollars)         | 8,964  | ++3,537  | 8,964 (X) |          |
| With cash public assistance income                  | 7,37  | ++572    | 1.1%     | ++1.3    |
| Mean cash public assistance income (dollars)        | 3,419  | ++729    | 1.1%     | ++1.3    |
| With Food Stamp/SNAP benefits in the past 12 months | 3,818  | ++1,058  | 8.7%     | ++2.4    |
| Families | 34,298 | +/−2,343 | 34,298 (X) |
| Less than $10,000 | 2,219 | +/−981 | 6.5% | +/−2.8 |
| $10,000 to $14,999 | 762 | +/−455 | 2.2% | +/−1.3 |
| $15,000 to $24,999 | 1,570 | +/−686 | 4.6% | +/−2.0 |
| $25,000 to $34,999 | 2,092 | +/−808 | 6.1% | +/−2.2 |
| $35,000 to $49,999 | 3,008 | +/−889 | 8.8% | +/−2.5 |
| $50,000 to $74,999 | 6,499 | +/−1,149 | 18.9% | +/−3.2 |
| $75,000 to $99,999 | 6,853 | +/−1,398 | 19.4% | +/−3.6 |
| $100,000 to $149,999 | 6,615 | +/−1,218 | 19.3% | +/−3.4 |
| $150,000 to $199,999 | 2,467 | +/−755 | 7.2% | +/−2.3 |
| $200,000 or more | 2,415 | +/−775 | 7.0% | +/−2.2 |
| Median family income (dollars) | 76,820 | +/−4,462 (X) |
| Mean family income (dollars) | 91,422 | +/−7,061 (X) |
| Per capita income (dollars) | 29,556 | +/−2,100 (X) |
| Nonfamily households | 9,798 | +/−1,398 | 9,798 (X) |
| Median nonfamily income (dollars) | 39,274 | +/−6,469 (X) |
| Mean nonfamily income (dollars) | 58,219 | +/−10,301 (X) |
| Median earnings for workers (dollars) | 34,147 | +/−3,471 (X) |
| Median earnings for male full-time, year-round workers | 56,852 | +/−7,099 (X) |
| Median earnings for female full-time, year-round workers | 41,258 | +/−3,278 (X) |
| HEALTH INSURANCE COVERAGE | | | |
| CIVILIAN NONINSTITUTIONALIZED POPULATION | 129,142 | +/−1,152 | 129,142 (X) |
| WITH HEALTH INSURANCE COVERAGE | 113,725 | +/−2,828 | 88.1% | +/−2.1 |
| WITH PRIVATE HEALTH INSURANCE | 88,964 | +/−4,257 | 76.6% | +/−3.3 |
| WITH PUBLIC COVERAGE | 28,156 | +/−2,666 | 21.8% | +/−2.0 |
| WITH NO HEALTH INSURANCE COVERAGE | 15,417 | +/−2,731 | 11.9% | +/−2.1 |
| CIVILIAN NONINSTITUTIONALIZED POPULATION UNDER 18 YEARS | 34,659 | +/−2,61 | 34,659 (X) |
| WITH HEALTH INSURANCE COVERAGE | 1,661 | +/−735 | 4.8% | +/−2.1 |
| CIVILIAN NONINSTITUTIONALIZED POPULATION 18 TO 64 YEARS | 80,341 | +/−1,243 | 80,341 (X) |
| WITH HEALTH INSURANCE COVERAGE | 60,369 | +/−2,101 | 60,369 (X) |
| WITH PRIVATE HEALTH INSURANCE | 54,987 | +/−2,615 | 54,987 (X) |
| WITH PUBLIC COVERAGE | 48,650 | +/−2,864 | 88.5% | +/−2.9 |
| WITH NO HEALTH INSURANCE COVERAGE | 6,337 | +/−1,606 | 11.5% | +/−2.9 |
| UNEMPLOYED | 5,382 | +/−1,450 | 5,382 (X) |
| WITH HEALTH INSURANCE COVERAGE | 2,999 | +/−850 | 55.7% | +/−11.9 |
| WITH PRIVATE HEALTH INSURANCE | 2,108 | +/−774 | 39.2% | +/−11.3 |
| WITH PUBLIC COVERAGE | 1,007 | +/−487 | 18.7% | +/−8.7 |
| WITH NO HEALTH INSURANCE COVERAGE | 2,383 | +/−1,065 | 44.3% | +/−11.9 |
| NOT IN LABOR FORCE | 19,972 | +/−2,158 | 19,972 (X) |
| WITH HEALTH INSURANCE COVERAGE | 15,191 | +/−1,728 | 76.1% | +/−7.2 |
| WITH PRIVATE HEALTH INSURANCE | 12,689 | +/−1,544 | 63.5% | +/−8.5 |
| WITH PUBLIC COVERAGE | 8,875 | +/−1,291 | 19.4% | +/−5.4 |
| WITH NO HEALTH INSURANCE COVERAGE | 4,781 | +/−1,685 | 23.9% | +/−7.2 |</p>
<table>
<thead>
<tr>
<th>PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>All families</td>
<td>(X)</td>
<td>(X)</td>
<td>10.8% +/−3.0</td>
</tr>
<tr>
<td>With related children under 18 years</td>
<td>(X)</td>
<td>(X)</td>
<td>14.2% +/−4.2</td>
</tr>
<tr>
<td>With related children under 5 years only</td>
<td>(X)</td>
<td>(X)</td>
<td>32.1% +/−20.5</td>
</tr>
<tr>
<td>Married couple families</td>
<td>(X)</td>
<td>(X)</td>
<td>3.3% +/−1.9</td>
</tr>
<tr>
<td>With related children under 18 years</td>
<td>(X)</td>
<td>(X)</td>
<td>6.3% +/−3.4</td>
</tr>
<tr>
<td>With related children under 5 years only</td>
<td>(X)</td>
<td>(X)</td>
<td>10.8% +/−12.4</td>
</tr>
<tr>
<td>Families with female householder, no husband present</td>
<td>(X)</td>
<td>(X)</td>
<td>47.5% +/−14.1</td>
</tr>
<tr>
<td>With related children under 18 years</td>
<td>(X)</td>
<td>(X)</td>
<td>51.8% +/−17.0</td>
</tr>
<tr>
<td>With related children under 5 years only</td>
<td>(X)</td>
<td>(X)</td>
<td>79.1% +/−28.2</td>
</tr>
</tbody>
</table>

| Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data). The effect of nonsampling error is not represented in these tables. |

| Employment and unemployment estimates may vary from the official labor force data released by the Bureau of Labor Statistics because of differences in survey design and data collection. For guidance on differences in employment and unemployment estimates from different sources go to Labor Force Guidance. |

The Census Bureau introduced an improved sequence of labor force questions in the 2008 ACS questionnaire. Accordingly, we recommend using caution when making labor force data comparisons from 2008 or later with data from prior years. For more information on these questions and their evaluation in the 2006 ACS Content Test, see the “Evaluation Report Covering Employment Status” at http://www.census.gov/acs/www/Downloads/methodology/content_test/P6a_Employment_Status.pdf, and the “Evaluation Report Covering Weeks Worked” at http://www.census.gov/acs/www/Downloads/methodology/content_test/P6b_Weeks_Worked_Final_Report.pdf. Additional information can also be found at http://www.census.gov/people/laborforce/.
Workers include members of the Armed Forces and civilians who were at work last week.

Industry codes are 4-digit codes and are based on the North American Industry Classification System 2007. The Industry categories adhere to the guidelines issued in Clarification Memorandum No. 2, “NAICS Alternate Aggregation Structure for Use By U.S. Statistical Agencies,” issued by the Office of Management and Budget.

Occupation codes are 4-digit codes and are based on Standard Occupational Classification 2010.

The health insurance coverage category names were modified in 2010. See ACS Health Insurance Definitions for a list of the insurance type definitions.

While the 2012 American Community Survey (ACS) data generally reflect the December 2009 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

While the 2012 American Community Survey (ACS) data generally reflect the December 2009 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2000 data. Boundaries for urban areas have not been updated since Census 2000. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Source: U.S. Census Bureau, 2012 American Community Survey

Explanation of Symbols:

1. An “*” entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.
2. An ‘-‘ entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
3. An '-' following a median estimate means the median falls in the lowest interval of an open-ended distribution.

4. An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.

5. An '****' entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.

6. An '******' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.

7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.

8. An '(X)' means that the estimate is not applicable or not available.
Appendix L – Contractor Affidavit

Columbia County Board of Commissioners
RFP# 2013-058: Columbia County Community Healthcare Facility

I. CONTRACTOR AFFIDAVIT AND AGREEMENT - REQUIRED

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm, or corporation which is contracting with Columbia County, Georgia has registered with and is participating in a federal work authorization program* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 96-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) similar verification of compliance with O.C.G.A. 13-10-91 on the Subcontractor Affidavit provided in Rule 300-10-01-08 or a substantially similar form. Contractor further agrees to maintain records of such compliance and provide copy of each such verification to the Columbia County, Georgia at the time the subcontractor(s) is retained to perform such service.

58-21447388
EEV/BASIC PILOT PROGRAM USER IDENTIFICATION NUMBER

BY: Authorized Officer or Agent
(Contractor Name)

Chief Executive Officer
Title of Authorized Officer or Agent of Contractor

David S. Hatcher
Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
2nd DAY OF January, 2014

Holly Brown
Notary Public
My Commission Expires: 01-31-14

*As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the “EEV/Basic Pilot Program” operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).
Appendix M – Vendor Information Form

Columbia County Board of Commissioners
RFP#2013-058: Columbia County Community Healthcare Facility

H. VENDOR INFORMATION

The undersigned, on behalf of the respondent, certifies that: (1) this information is made without previous understanding, agreement or connection with any person, firm, or corporation providing a response to the same document; (2) it is in all respects fair and without collusion or fraud; (3) the person whose signature appears below is legally empowered to bind the firm in whose name the response is entered; (4) they have read the complete Request for Proposal and understand all provisions; (5) if officially proposed in response to any Request for Proposal accepted by Columbia County, the capabilities identified are guaranteed as written and will be implemented as stated; and (6) mistakes in writing of the submitted response will be their responsibility.

McG Health, Inc.
Vendor Name as Registered with the Georgia Secretary of State

Type of Organization (check one):

___ Sole Proprietorship ___ Partnership ___ Corporation ___ Public Corporation

David S. Heffner
Authorized Contact Name Printed
CEO
Title

1-7
Date

Authorized Signature

1120 15th St. SE 2090
Mailing Address

1120 15th St.
Physical Address

Augusta, GA 30912
City/State/Zip

Augusta, GA 30912
City/State/Zip

(706) 721-6569
Phone Number

(706) 721-6126
Fax Number

www.grhealth.com
Company Website Address

DHeffner@gru.edu
E-Mail

58-2144788
Tax I.D. Number

Healthcare
General Nature of Business
Appendix N – Reference Letters

See next page.