

LETTER OF INTENT



**State of Tennessee
Health Facilities Commission**

502 Deaderick Street, Andrew Jackson Building, 9th Floor, Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

hsda.staff@tn.gov

LETTER OF INTENT

The Publication of Intent is to be published in The Tennessean which is a newspaper of general circulation in Davidson County., Tennessee, on or before 02/01/2024 for one day.

This is to provide official notice to the Health Facilities Commission and all interested parties, in accordance with T.C.A. §68-11-1601 et seq., and the Rules of the Health Facilities Commission, that Vanderbilt University Medical Center, a/an Hospital owned by Vanderbilt University Medical Center with an ownership type of Corporation (Not-for-Profit) and to be managed by itself intends to file an application for a Certificate of Need for initiate Pediatric Lung transplant and Pediatric Pancreas Transplant services. The address of the project will be 1211 Medical Center Drive, Nashville, Davidson, Tennessee, 37232. The estimated project cost will be \$13,000.

The anticipated date of filing the application is 02/05/2024

The contact person for this project is Ms Ginna Felts who may be reached at VUMC - 3319 West End Ave, Nashville, Tennessee, 37203 – Contact No. 615-936-6005.

Ginna Felts

02/01/2024

ginna.felts@vumc.org

Signature of Contact

Date

Contact's Email Address

The Letter of Intent must be received between the first and the fifteenth day of the month. If the last day for filing is a Saturday, Sunday, or State Holiday, filing must occur on the next business day. Applicants seeking simultaneous review must publish between the sixteenth day and the last day of the month of publication by the original applicant.

The published Letter of Intent must contain the following statement pursuant to T.C.A. §68-11-1607 (c)(1). (A) Any healthcare institution wishing to oppose a Certificate of Need application must file a written notice with the Health Facilities Commission no later than fifteen (15) days before the regularly scheduled Health Facilities Commission meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application may file a written objection with the Health Facilities Commission at or prior to the consideration of the application by the Commission, or may appear in person to express opposition. Written notice of opposition may be sent to: Health Facilities Commission, Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243 or email at hsda.staff@tn.gov .



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PUBLICATION OF INTENT

The following shall be published in the “Legal Notices” section of the newspaper in a space no smaller than two (2) columns by two (2) inches.

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Facilities Commission and all interested parties, in accordance with T.C.A. §68-11-1601 et seq., and the Rules of the Health Facilities Commission, that Vanderbilt University Medical Center, a/an Hospital owned by Vanderbilt University Medical Center with an ownership type of Corporation (Not-for-Profit) and to be managed by itself intends to file an application for a Certificate of Need for initiate Pediatric Lung transplant and Pediatric Pancreas Transplant services. The address of the project will be 1211 Medical Center Drive, Nashville, Davidson, Tennessee, 37232. The estimated project cost will be \$13,000.

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The contact person for this project is Ms Ginna Felts who may be reached at VUMC - 3319 West End Ave, Nashville, Tennessee, 37203 – Contact No. 615-936-6005.

The published Letter of Intent must contain the following statement pursuant to T.C.A. §68-11-1607 (c)(1). (A) Any healthcare institution wishing to oppose a Certificate of Need application must file a written notice with the Health Facilities Commission no later than fifteen (15) days before the regularly scheduled Health Facilities Commission meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application may file a written objection with the Health Facilities Commission at or prior to the consideration of the application by the Commission, or may appear in person to express opposition. Written notice of opposition may be sent to: Health Facilities Commission, Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243 or email at hsda.staff@tn.gov .

CRITERION AND
STANDARDS

Original Application

NOTE: Supplemental responses to criterion and standards follows in the supplemental attachments.



STATE OF TENNESSEE

STATE HEALTH PLAN
CERTIFICATE OF NEED STANDARDS AND CRITERIA

FOR

Organ Transplantation

The Health Services and Development Agency (HSDA) may consider the following standards and criteria for applicants seeking to provide organ transplantation services. Rationale statements are provided for standards to explain the Division of Health Planning's underlying reasoning. Additionally, these rationale statements may assist stakeholders in responding to these Standards and may assist the HSDA in its assessment of applicants. Existing providers of organ transplantation services are not affected by these standards and criteria unless they take action that requires a new certificate of need (CON) for such services. These Standards and Criteria are effective immediately upon approval and adoption by the governor.

The Certificate of Need Standards and Criteria serve to uphold the Five Principles for Achieving Better Health set forth by the State Health Plan. Utilizing the Five Principles for Achieving Better Health during the development of the CON Standards and Criteria ensures the protection and promotion of the health of the people of Tennessee. The State Health Plan's Five Principles for Achieving Better Health are as follows:

- 1. Healthy Lives:** The purpose of the State Health Plan is to improve the health of people in Tennessee.
- 2. Access:** People in Tennessee should have access to health care and the conditions to achieve optimal health.

- 3. Economic Efficiencies:** Health resources in Tennessee, including health care, should be developed to address the health of people in Tennessee while encouraging value and economic efficiencies.
- 4. Quality of Care:** People in Tennessee should have confidence that the quality of care is continually monitored and standards are adhered to by providers.
- 5. Workforce:** The state should support the development, recruitment, and retention of a sufficient and quality health workforce.

Definitions

Organ Transplantation: Organ transplants include solid organ transplants and islet infusions. An organ transplant begins at the start of organ anastomosis or the start of an islet infusion. An organ transplant is complete when any of the following occurs:

1. The chest or abdominal cavity is closed and the final skin stitch or staple is applied,
2. The transplant recipient leaves the operating room, even if the chest or abdominal cavity cannot be closed, and/or
3. The islet infusion is complete.

These standards cover the following transplant programs:

- a. Adult kidney,
- b. Adult pancreas,
- c. Adult heart,
- d. Adult lung,
- e. Adult liver,
- f. Adult intestine,
- g. Pediatric kidney,
- h. Pediatric pancreas,
- i. Pediatric heart,
- j. Pediatric lung,
- k. Pediatric liver, and
- l. Pediatric intestines.

Rationale: The stated definition is from the Organ Procurement and Transplantation Network (OPTN) policies.

<https://optn.transplant.hrsa.gov/governance/policies/>

NOTE, for more information: Copy and paste the following link into your web browser:

<https://optn.transplant.hrsa.gov/media/1200/optnpolicies.pdf#nameddest=Policy01>

The list of services covered aligns with the organ transplant programs covered by Centers for Medicare & Medicaid Services (CMS) regulations.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/TransplantProgramLawsandReg.pdf>

Pediatric: A patient under 18 years of age, or a patient who received treatment before age 18, but to ensure continuity of care, continues to receive care in a pediatric setting.

Service Area: The county or counties represented on an application as the reasonable area in which an organ transplantation program intends to provide services and/or in which the majority of its service recipients reside.

Standards and Criteria

1. Determination of Need and Minimum Volume Standard: The need for organ transplantation services is based upon the applicant's ability to provide evidence that it will be able to reach the minimum volume standard set forth in these criteria. The applicant for an adult service shall set forth an institutional plan to demonstrate the ability and commitment to perform the following minimum adult transplant procedures beginning in the third year of operation and going forward:

- a. Kidney: a minimum average of 25 procedures per year over a three year period,
- b. Liver: a minimum average of 20 procedures per year over a three year period,
- c. Heart: a minimum average of 15 procedures per year over a three year period,
- d. Lung: a minimum average of 15 procedures per year over a three year period,
- e. Pancreas: a minimum average of 5 procedures per year over a three year period, and
- f. Intestines: a minimum average of 10 procedures per year over a three year period.

During the initial two years of operation, programs for adult service shall meet the CMS conditions of participation for minimum volumes standards annually as outlined below:

- a. Kidney: 3 procedures in year 1 and 10 for re-approval,
- b. Liver: 10 procedures,
- c. Heart: 10 procedures,
- d. Lung: 10 procedures,
- e. Pancreas: no minimum annual volume, and
- f. Intestines: 10 procedures.

Source: Department of Health and Human Services, Centers for Medicare & Medicaid Services, 42 CFR Parts 405, 482, 488, and 498 Medicare Program: Hospital Conditions of Participation: Requirements for Approval and Re-Approval of Transplant Centers to Perform Organ Transplants; Final Rule

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/downloads/transplantfinal.pdf>

Note: Should the CMS conditions of participation for minimum volumes be revised the new minimum volume levels shall be utilized in place of those listed above.

The applicant should also document the number of patients that are expected to be referred, evaluated, and listed for transplant, as well as the availability of donor organs expected by the end of the third year of operation.

Rationale: Current medical literature, as well as United Network for Organ Sharing (UNOS) and CMS guidelines and standards, verify the quality of care provided by organ transplant programs is directly impacted by the number of transplants performed in a defined time period, programs with higher volumes being associated with superior patient outcomes in comparison to those with lower volumes. In order to ensure high quality care and patient safety, only programs able to demonstrate the ability and commitment to perform the number of procedures identified in these standards should be approved for operation.

Additionally, a number of states that oversee the implementation of organ transplant programs under CON programs have implemented minimum volume standards that exceed the numbers set forth by CMS. In addition to ensuring quality care, programs with higher volumes are less likely to close, protecting patients from having to seek new providers during the transplant process.

Source: "CON Regulation of Organ Transplant Services in Maryland: a White Paper by the Maryland Health Care Commission's Center for Health Care Facilities Planning and Development"

<http://mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/organtransplant/chcforgantransplantwhitepaper.corrected.pdf>

Finally, the number of transplants performed by each program in the state was reviewed. The above minimum volume levels correlate with the number of procedures performed in the years 2000-2015. UNOS state data were utilized to conduct this review.

<https://optn.transplant.hrsa.gov/data/view-data-reports/state-data/>

RESPONSE: VUMC is a leading provider of organ transplantation. As one of the largest, most experienced transplant centers in the Southeast in terms of the number of transplants performed, VUMC's team has transplanted more than 10,000 solid organs since 1962. As Tennessee's only full-service transplant center, VUMC offers the most advanced care for end-stage organ failure in children and adults. VUMC's transplant specialists also perform lifesaving dual-organ transplants, including heart-kidney, heart-liver, heart-lung, kidney-pancreas and liver-kidney. Monroe Carell currently provides pediatric heart, pediatric kidney and pediatric liver transplants as well as dual-organ transplants.

This proposed project is to expand the offerings of pediatric transplant services to include pediatric lung and pediatric pancreas. In 2023, there were 29 pediatric lung transplants and 18 pediatric pancreas transplants performed in the United States. Given these relatively low volumes nationwide, Monroe Carell anticipates performing one (1) to two (2) pediatric lung or pancreas transplants per year. The quality of these new pediatric programs will be supported through the Vanderbilt Transplant Center which performed 76 adult lung and pancreas transplants in FY23.

- 2. Pediatric Organ Transplantation Services:** It is advisable for pediatric transplant programs to be associated with an approved adult transplantation program.

Rationale: Because fewer transplants are performed on pediatric patients than adult patients, pediatric programs are typically smaller and have a lower volume than adult programs. In order to ensure positive pediatric patient outcomes, it is advisable to require pediatric transplantation programs to be associated with an approved adult transplantation program. This standard will assist in ensuring pediatric transplant programs have the resources and volumes necessary to provide high-quality care to these patients.

RESPONSE: VUMC is a leading provider of organ transplantation. As one of the largest, most experienced transplant centers in the Southeast in terms of the number of transplants performed, VUMC's team has transplanted more than 10,000 solid organs since 1962. As Tennessee's only full-service transplant center, VUMC offers the most advanced care for end-stage organ failure in children and adults. VUMC's transplant specialists also perform lifesaving dual-organ transplants, including heart-kidney, heart-liver, heart-lung, kidney-pancreas and liver-kidney. Monroe Carell currently provides pediatric heart, pediatric kidney and pediatric liver transplants as well as dual-organ transplants. This proposed project is to expand the offerings of pediatric transplant services to include pediatric lung and pediatric pancreas.

- 3. Establishment of Service Area:** The geographic service area shall be reasonable and based on an optimal balance between population density and service proximity of the applicant. The proposal's sensitivity and responsiveness to the special needs of the service area shall be considered, including accessibility to consumers, particularly medically underserved populations. The applicant should provide information on transportation services that will be available to patients in order to access all appointments relevant to the procedure, if applicable. The applicant may also include information on patient origination and geography and transportation lines that may inform the determination of need for additional services in the region.

Rationale: Given the number of appointments that are associated with organ transplantation, it is necessary to consider the ability of patients to access care.

Evaluation of geographic location as well as available transportation services may aid in ensuring that patients are able to access the necessary pre-transplant and post-transplant care in addition to the performance of the transplant.

RESPONSE: Monroe Carell is the one of only two pediatric hospitals in Tennessee that provides pediatric transplantation. Monroe Carell currently provides pediatric heart, pediatric kidney and pediatric liver transplants as well as dual-organ transplants. However, by adding pediatric lung and pediatric pancreas, Monroe Carell will be the only pediatric hospital in Tennessee that provides a full complement of pediatric transplantation programs. By providing these at Monroe Carell, pediatric patients from Tennessee will no longer have to travel out of state. While pediatric patients travel from Tennessee, Kentucky, Alabama and other states to receive care at Monroe Carell, the primary service area for this project is the counties that make up Central Tennessee.

- 4. Relationship to Existing Similar Services in the Area:** The applicant shall identify the existing transplantation services of the type being applied for in the proposed service area and the local region of the Organ Procurement and Transplantation Network. The applicant shall document the number of transplants performed in the previous 12 months at these identified centers as well. The applicant should also document the number of individuals on the transplant waiting list in the previous 12 months in the proposed service area.

Additionally, the application shall provide information on the anticipated impact of the proposed services on the existing centers in the region. This information should include details on the economic impact as well as information detailing how a new service would affect the number of transplants performed at the existing facility.

Rationale: New facilities should only be approved if the introduction of the new service does not cause the existing facilities to no longer meet the minimum number of procedures identified under the Determination of Need and Minimum Volume Standard. This restriction is designed to uphold the high quality care provided at each organ transplant center.

RESPONSE: No hospital in Tennessee performs pediatric lung and pediatric pancreas transplants. Patients are currently traveling to Cincinnati Children's, Duke or Texas Children's to receive these services. By adding pediatric lung and pediatric pancreas, Monroe Carell will be the only pediatric hospital in Tennessee that provides a full complement of pediatric transplantation programs and patients will no longer have to travel out of state to receive transplant care.

- 5. Services to High-Need and Underserved Populations:** Special consideration shall be given to applicants providing services fulfilling the unique needs and requirements of certain high-need populations, including uninsured, low-income, and underserved geographic regions, as well as other underserved population groups.

RESPONSE: This is a unique service that is not available at a Tennessee pediatric hospital. Patients are currently traveling out of state for these services. Approximately one-third of pediatric transplant patients are Medicaid enrollees. By adding pediatric lung and pediatric pancreas, Monroe Carell will be the only pediatric hospital in Tennessee that provides a full complement of pediatric transplantation programs and patients will no longer have to travel out of state to receive transplant care.

- 6. Planning Horizon:** The applicant shall predict the number of procedures that will be performed by the end of the third year of operation.

Rationale: This planning horizon provides the HSDA with the opportunity to review not only the applicant's ability to reach the minimum volume standard but to also review the actual predicted volume. The three year time allotment should provide an accurate picture of operations.

RESPONSE: It is anticipated that by the end of FY27, Monroe Carell will have transplanted three (3) pediatric pancreas and three (3) pediatric lung patients, or approximately one (1) transplant per service per year.

- 7. Selection of Transplant Candidates:** The applicant shall provide written procedures for the selection of transplant candidates and the distribution of organs in a fair and equitable manner. The written procedures shall be in compliance with Organ Procurement and Transplantation Network organ allocation priorities.

RESPONSE: VUMC has a very robust checklist inclusion and exclusion that is reviewed for each organ when considering a patient for transplant.

- 8. Certification of Nondiscriminatory Practices:** The applicant shall provide, and maintain current, a written certification of compliance with all Federal and State laws regarding nondiscrimination in the admission and/or treatment of patients.

RESPONSE: Please see attached.

- 9. Access:** The applicant must demonstrate an ability and willingness to serve equally all of the patients related to the application of the service area in which it seeks certification. In addition to factors set forth in HSDA Rule 0720-11-01(1) (listing the factors concerning need on which an application may be evaluated), the HSDA may choose to give special consideration to an applicant that is able to show there is limited access in the proposed service area.

RESPONSE: No hospital in Tennessee currently performs pediatric lung and pediatric pancreas transplants. By adding pediatric lung and pediatric pancreas, Monroe Carell will be the only pediatric hospital in Tennessee that provides a full complement of pediatric transplantation programs and children will no longer have to travel out of state to receive transplant care. The Vanderbilt Transplant Center utilizes a multidisciplinary committee that performs a thorough evaluation and review of each prospective transplant recipient to ensure that the best clinical is made for each patient, and patients are properly selected as recipients of the limited number of available organs.

- 10. Continuum of Care:** The applicant shall demonstrate its intent and ability to provide a full continuum of organ transplantation services. Applicants shall document the allocation of operating and recovery room resources, intensive care resources, blood supply and central blood storage, dedicated transplant intensive care beds, education space, and personnel to the transplant program. The applicant should also provide evidence that the following support services will also be utilized:

- a. Pediatrics (if applicable),
- b. Infectious diseases,
- c. Nephrology with approved end state renal disease dialysis capability,
- d. Pulmonary medicine with respiratory therapy support,
- e. Pathology,
- f. Immunology and HLA laboratory,
- g. Anesthesiology,
- h. Physical Therapy,
- i. Pharmacology,
- j. Radiology,
- k. Ethicist,
- l. Nutrition,
- m. Gastroenterology/hepatology,
- n. Cardiology, and
- o. Behavioral health.

Additionally, the applicant should provide evidence of the following transplant support:

- a. Transplant administrator,
- b. Transplant safety and quality officer,
- c. Transplant nurse coordinators,
- d. Social worker,
- e. Financial coordinator, and
- f. Dedicated transplant data analyst/coordinator.

The applicant shall document access to laboratory facilities capable of virology, cytology, and microbiology, and monitoring of immunosuppressive drugs, a blood bank with the capacity to provide blood components for the projected number of transplants, the ability to irradiate blood components, and a blood separator and central blood storage, along with the necessary psychiatric and social support services.

Rationale: Applicants should demonstrate willingness and ability to provide for the total care of transplant recipients and their families in coping with the transplant experience.

RESPONSE: VUMC has a robust multidisciplinary service that manages common clinical and business-related transplant services across the medical center. These shared services include but are not limited to laboratory, pharmacy, psychiatric, infectious disease, research, financial, outreach/public relations, outcomes, information technology, regulatory compliance, quality, return-to work, quality of life/patient satisfaction, pharmacy, psychiatric, and infectious disease.

11. Adequate Staffing: An applicant shall document a plan demonstrating the intent and ability to recruit, hire, train, assess competencies of, supervise, and retain the appropriate numbers of qualified personnel to provide the services described in the application and that such personnel are available in the proposed service area. Each transplant program shall have a transplant surgeon and a transplant physician. The transplant surgeon and transplant physician shall meet UNOS standards for the relevant transplant program.

NOTE, for more information: Copy and paste the following link into your web browser:

<https://www.unos.org/wp-content/uploads/unos/AppendixBAttachIXIII.pdf>

The applicant shall have a minimum of one full-time transplant administrator and one transplant coordinator for each program on-site.

RESPONSE: The required physicians/surgeons and staff are already employed by VUMC. No additional physicians/surgeons or staff are needed will be required to add these two pediatric transplant programs.

12. Staffing Plan: The applicant should document a staffing plan that allows transplants to be performed 24 hours a day, 7 days a week, and 365 days a year.

This staffing plan must include an organ specific transplant surgeon and transplant physician that are available at all times for pre-transplant care, performance of the transplant, and post-operative and post-transplant care.

Rationale: Given the time sensitivity of the procedure and the unpredictable nature of organ donor availability, it is important for the procedure to be able to be performed on a 24/7/365 basis. This standard aids in preventing patients from missing an opportunity for transplantation to occur.

RESPONSE: As required by UNOS, VUMC has a comprehensive coverage plan for transplant services that allows for transplants to be performed 24 hours a day, 7 days a week, and 365 days a year. If this CON is approved, pediatric lung and pediatric pancreas will be added to this coverage plan.

13. Assurance of Resources: The applicant shall document that the resources necessary to properly support the transplantation program for which it is applying to initiate will be provided. Included in such documentation shall be a letter of support from the applicant's governing board of directors documenting the full commitment of the applicant to develop and maintain the facility resources, equipment, and staffing to provide a full continuum of organ transplantation services. The applicant shall also document the financial costs of maintaining these resources and its ability to sustain them to ensure quality treatment of patients in the organ transplantation services continuum of care.

Rationale: Resources to support an organ transplant program may be limited in certain parts of the state. Applicants should demonstrate the ability to recruit and retain a dedicated and skilled team to ensure high quality patient care. Applicants should also demonstrate the ability to maintain the financial resources, facilities, and equipment necessary to run a program with positive patient outcomes.

RESPONSE: Please find the attached letter signed by VUMC's Chief Financial Officer.

14. Licensure and Quality Considerations: Any existing applicant for this CON service category shall be in compliance with the appropriate rules of the Tennessee Department of Health (TDH). If a CON is granted, the transplantation program shall achieve and maintain institutional membership in the national OPTN, currently operating as the United Network for Organ Sharing (UNOS), within one year of program initiation. The applicant shall notify the HSDA of the achievement of such membership and should provide annual verification of the program's membership status to the HSDA. Additionally, the applicant shall comply with CMS regulations set forth by 42 CFR Parts 405, 482, and 498, *Medicare Program; Hospital Conditions of Participation: Requirement for Approval and Re-Approval of Transplant Centers To Perform Organ Transplants*. The applicant should provide annual verification of the program's standing with CMS to the HSDA, including any citations and corrective action plans.

The applicant shall identify and document its existing or proposed plan for data reporting, quality improvement, and outcomes. The organ transplantation programs shall meet the specifications/qualifications of the Quality Assessment and Performance Improvement (QAPI) Program required by CMS.

Rationale: This section supports the State Health Plan’s Fourth Principle for Achieving Better Health regarding quality of care.

RESPONSE: VUMC commits to maintaining all licensure and quality requirements for the pediatric lung and pediatric pancreas transplant program. VUMC currently participates in in United Network for Organ Sharing (UNOS), Scientific Registry of Transplant Recipients (SRTR) and Organ Procurement Transplantation Network (OPTN) for all of its transplant services. If its CON is approved, VUMC plans to enroll pediatric lung and pancreas into these data reporting systems.

15. Quality Considerations for Expansion of Existing Programs: Existing organ transplantation programs seeking to expand services with additional organ(s) should document their membership status with UNOS as well as a listing of all citations by UNOS Membership and Professional Standards Committee and/or CMS and the corresponding corrective action plans and resolutions by the relevant regulatory agency.

RESPONSE: VUMC is an active member of UNOS. The membership status is attached.

16. Data Requirements: Applicants shall agree to provide the TDH and/or the HSDA with all reasonably requested information and statistical data related to the operation and provision of services and to report that data in the time and format requested. As a standard practice, existing data reporting streams will be relied upon and adapted over time to collect all needed information.

RESPONSE: VUMC will continue to participate in all requested and required reporting programs for the pediatric lung and pediatric pancreas transplant programs.

17. Community Linkage Plan: The applicant shall describe its participation, if any, in a community linkage plan, including its relationships with appropriate health care system providers/services and working agreements with other related community services assuring continuity of care. The applicant is encouraged to include primary prevention initiatives in the community linkage plan that would address risk factors leading to the increased likelihood of organ transplantation usage.

Rationale: The State Health Plan moved from a primary emphasis of health care to an emphasis on “health protection and promotion”. The development of primary prevention initiatives for the community advances the mission of the State Health Plan.

RESPONSE: VUMC is a leading provider of organ transplantation and has been offering transplant services since 1962. Over that time, VUMC has developed relationships with other community hospitals and clinics across Middle Tennessee for the purpose of education, facilitating the sharing of information, and identifying and addressing transplants needs through the community. By expanding the offerings of pediatric transplant services to include pediatric lung and pediatric pancreas, Monroe Carell and the Vanderbilt Transplant Center will be able to offer a full complement of pediatric transplantation programs which will further improve access to care in the service area.

ORIGINAL
APPLICATION



**State of Tennessee
Health Facilities Commission**

502 Deaderick Street, Andrew Jackson Building, 9th Floor, Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

hsda.staff@tn.gov

CERTIFICATE OF NEED APPLICATION

1A. Name of Facility, Agency, or Institution

Vanderbilt University Medical Center

Name

1211 Medical Center Drive

Davidson

Street or Route

County

Nashville

Tennessee

37232

City

State

Zip

<https://www.vumc.org/main/home>

Website Address

Note: The facility's name and address **must be** the name and address of the project and **must be** consistent with the Publication of Intent.

2A. Contact Person Available for Responses to Questions

Ginna Felts

Vice President, Business
Development

Name

Title

VUMC

ginna.felts@vumc.org

Company Name

Email Address

3319 West End Ave

Street or Route

Nashville

Tennessee

37203

City

State

Zip

Employee

615-936-6005

Association with Owner

Phone Number

3A. Proof of Publication

Attach the full page of newspaper in which the notice of intent appeared with the mast and dateline intact or submit a publication affidavit from the newspaper that includes a copy of the publication as proof of the publication of the letter of intent. (Attachment 3A)

Date LOI was Submitted: 02/01/24

Date LOI was Published: 02/01/24

4A. Purpose of Review (*Check appropriate box(es) – more than one response may apply*)

- Establish New Health Care Institution
- Relocation
- Change in Bed Complement
- Addition of a Specialty to an Ambulatory Surgical Treatment Center (ASTC)
- Initiation of MRI Service
- MRI Unit Increase
- Satellite Emergency Department
- Addition of Therapeutic Catheterization
- Positron Emission Tomography (PET) Service
- Initiation of Health Care Service as Defined in §TCA 68-11-1607(3)

Initiation of HealthCare services

- Burn Unit
- Neonatal Intensive Care Unit
- Open Heart Surgery
- Organ Transplantation
- Cardiac Catheterization
- Linear Accelerator
- Home Health
- Hospice
- Opiate Addiction Treatment Provided through a Non-Residential Substitution-Based Treatment Section for Opiate Addiction

Please answer all questions on letter size, white paper, clearly typed and spaced, single sided, in order and sequentially numbered. In answering, please type the question and the response. All questions must be answered. If an item does not apply, please indicate “N/A” (not applicable). Attach appropriate documentation as an Appendix at the end of the application and reference the applicable item Number on the attachment, i.e. Attachment 1A, 2A, etc. The last page of the application should be a completed signed and notarized affidavit.

5A. Type of Institution (*Check all appropriate boxes – more than one response may apply*)

- Hospital
- Ambulatory Surgical Treatment Center (ASTC) – Multi-Specialty
- Ambulatory Surgical Treatment Center (ASTC) – Single Specialty
- Home Health
- Hospice
- Intellectual Disability Institutional Habilitation Facility (ICF/IID)
- Nursing Home
- Outpatient Diagnostic Center
- Rehabilitation Facility
- Residential Hospice
-

Nonresidential Substitution Based Treatment Center of Opiate Addiction

Other

Other -

Hospital -

General Medical and Surgical

6A. Name of Owner of the Facility, Agency, or Institution

Vanderbilt University Medical Center

Name

1121 Medical Center Drive

615-322-3454

Street or Route

Phone Number

Nashville

Tennessee

37232

City

State

Zip

7A. Type of Ownership of Control (Check One)

- Sole Proprietorship
- Partnership
- Limited Partnership
- Corporation (For Profit)
- Corporation (Not-for-Profit)
- Government (State of TN or Political Subdivision)
- Joint Venture
- Limited Liability Company
- Other (Specify)

Attach a copy of the partnership agreement, or corporate charter and certificate of corporate existence. Please provide documentation of the active status of the entity from the Tennessee Secretary of State's website at <https://tnbear.tn.gov/ECommerce/FilingSearch.aspx>. If the proposed owner of the facility is government owned must attach the relevant enabling legislation that established the facility. (Attachment 7A)

Describe the existing or proposed ownership structure of the applicant, including an ownership structure organizational chart. Explain the corporate structure and the manner in which all entities of the ownership structure relate to the applicant. As applicable, identify the members of the ownership entity and each member's percentage of ownership, for those members with 5% ownership (direct or indirect) interest.

RESPONSE: VUMC is a not-for-profit corporation organized under the laws of the State of Tennessee. VUMC has no members, is board governed, and is a tax-exempt organization under section 501(c)(3) of the Internal Revenue Code.

8A. Name of Management/Operating Entity (If Applicable)

Name

Street or Route

County

City

State

Zip

Website Address

For new facilities or existing facilities without a current management agreement, attach a copy of a draft management agreement that at least includes the anticipated scope of management services to be provided, the anticipated term of the agreement, and the anticipated management fee payment schedule. For facilities with existing management agreements, attach a copy of the fully executed final contract. (Attachment 8A)

9A. Legal Interest in the Site

Check the appropriate box and submit the following documentation. (Attachment 9A)

The legal interest described below must be valid on the date of the Agency consideration of the Certificate of Need application.

- Ownership (Applicant or applicant’s parent company/owner) – Attach a copy of the title/deed.
 - Lease (Applicant or applicant’s parent company/owner) – Attach a fully executed lease that includes the terms of the lease and the actual lease expense.
 - Option to Purchase - Attach a fully executed Option that includes the anticipated purchase price.
 - Option to Lease - Attach a fully executed Option that includes the anticipated terms of the Option and anticipated lease expense.
 - Letter of Intent, or other document showing a commitment to lease the property - attach reference document
 - Other
-

RESPONSE: A copy of VUMC's current lease agreement is attached.

10A. Floor Plan

If the facility has multiple floors, submit one page per floor. If more than one page is needed, label each page. (Attachment 10A)

- Patient care rooms (Private or Semi-private)
- Ancillary areas
- Other (Specify)

RESPONSE: n/a

11A. Public Transportation Route

Describe the relationship of the site to public transportation routes, if any, and to any highway or major road developments in the area. Describe the accessibility of the proposed site to patients/clients. (Attachment 11A)

RESPONSE: VUMC is accessible from most major transportation routes including Interstates I-65, I-440, and I-40. Public transportation access includes bus stops near the hospital on 21st Avenue South.

12A. Plot Plan

Unless relating to home care organization, briefly describe the following and attach the requested documentation on a letter

size sheet of white paper, legibly labeling all requested information. It **must** include:

- Size of site (in acres);
- Location of structure on the site;
- Location of the proposed construction/renovation; and
- Names of streets, roads, or highways that cross or border the site.

(Attachment 12A)

RESPONSE: See attached.

13A. Notification Requirements

- TCA §68-11-1607(c)(9)(B) states that “... If an application involves a healthcare facility in which a county or municipality is the lessor of the facility or real property on which it sits, then within ten (10) days of filing the application, the applicant shall notify the chief executive officer of the county or municipality of the filing, by certified mail, return receipt requested.” Failure to provide the notifications described above within the required statutory timeframe will result in the voiding of the CON application.
 - Notification Attached (Provide signed USPS green-certified mail receipt card for each official notified.)
 - Notification in process, attached at a later date
 - Notification not in process, contact HFC Staff
 - Not Applicable
- TCA §68-11-1607(c)(9)(A) states that “... Within ten (10) days of the filing of an application for a nonresidential substitution based treatment center for opiate addiction with the agency, the applicant shall send a notice to the county mayor of the county in which the facility is proposed to be located, the state representative and senator representing the house district and senate district in which the facility is proposed to be located, and to the mayor of the municipality, if the facility is proposed to be located within the corporate boundaries of the municipality, by certified mail, return receipt requested, informing such officials that an application for a nonresidential substitution based treatment center for opiate addiction has been filed with the agency by the applicant.
 - Notification Attached (Provide signed USPS green-certified mail receipt card for each official notified.)
 - Notification in process, attached at a later date
 - Notification not in process, contact HFC Staff
 - Not Applicable

EXECUTIVE SUMMARY

1E. Overview

Please provide an overview not to exceed **ONE PAGE** (for 1E only) in total explaining each item point below.

- Description: Address the establishment of a health care institution, initiation of health services, and/or bed complement changes.

RESPONSE:

Vanderbilt University Medical Center operates the Vanderbilt University Hospital, the Monroe Carell Jr. Children's Hospital at Vanderbilt ("Monroe Carell"), Vanderbilt Psychiatric Hospital and associated clinics under one hospital license as Vanderbilt University Medical Center ("VUMC"). VUMC provides several quaternary subspecialty clinical services vital to the region including: a Level 1 Trauma Center, a Level 1 Pediatric Trauma Center, a comprehensive Regional Burn Center, a Level 4 Neonatal Intensive Care Unit, the Vanderbilt-Eskind Diabetes Center and the Vanderbilt-Ingram Cancer Center, the only National Cancer Institute-designated comprehensive cancer center in Tennessee to treat both adult and pediatric cancer patients.

Specific to this application, VUMC is also a leading provider of organ transplantation. The Vanderbilt Transplant Center is one of the largest, most experienced centers the Southeast in terms of the number of transplants performed. VUMC's team has transplanted more than 10,000 solid organs since 1962. VUMC offers the most advanced care for end-stage organ failure in children and adults. VUMC's transplant specialists also perform lifesaving dual-organ transplants, including heart-kidney, heart-liver, heart-lung, kidney-pancreas and liver-kidney. During FY23, the Vanderbilt Transplant Center performed more than 665 transplants among its adult and pediatric programs. Particularly relevant to this application, this total included 76 adult lung and adult pancreas transplants.

The Vanderbilt Transplant Center also offers pediatric transplant services through the expertise of Monroe Carell. In 2023, Monroe Carell was again named one of the nation's best children's hospitals by U.S. News & World Report. Monroe Carell is ranked by U.S. News as the No. 1 children's hospital in Tennessee and the Southeast, and is nationally ranked in 10 out of 10 possible pediatric specialty programs by the publication. Monroe Carell was also one of only eight children's hospitals in the nation, and the only children's hospital in Tennessee, to be named a Leapfrog Top Children's Hospital for 2023. Among all hospital categories rated — general, children's, rural and teaching — only 132 eligible hospitals from across the U.S. earned the Top Hospital award from The Leapfrog Group this year.

The Vanderbilt Transplant Center and Monroe Carell currently provide pediatric heart, pediatric kidney and pediatric liver transplants as well as dual-organ transplants. In FY23, of the 665 total transplants at the Vanderbilt Transplant Center, 42 of those were pediatric kidneys, pediatric heart and pediatric liver transplants. This proposed project will expand Monroe Carell's transplant offerings to include transplant services for pediatric lung and pediatric pancreas.

-
- Ownership structure

RESPONSE: VUMC operates the Vanderbilt University Hospital, the Monroe Carell Jr. Children's Hospital at Vanderbilt, Vanderbilt Psychiatric Hospital and associated clinics under one hospital license.

- Service Area

RESPONSE: While pediatric patients travel from all over Tennessee, Kentucky, Alabama, and other states to receive care at Monroe Carell, the primary service area for this project is the counties that make up Central Tennessee. These counties include Bedford, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, Dekalb, Fentress, Franklin, Giles, Grundy, Hickman, Houston, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marshall, Maury, Montgomery, Moore, Overton, Perry, Pickett, Putnam, Robertson, Rutherford, Smith, Stewart, Sumner, Trousdale, Van Buren, Warren, Wayne, White, Williamson, and Wilson.

- Existing similar service providers

RESPONSE: Monroe Carell is the only comprehensive children’s hospital and quaternary referral hospital in the region and one of only two children's hospitals in Tennessee that perform pediatric organ transplantation. No other hospital in Tennessee currently offers pediatric lung or pediatric pancreas transplant services.

- Project Cost

RESPONSE: The project cost is \$13,000, which includes administrative and filing fees.

- Staffing

RESPONSE: The staffing resources required for this service already exist at Monroe Carell, including the highly trained transplant providers and staff. No new providers or staff will be required to implement the proposed project.

2E. **Rationale for Approval**

A Certificate of Need can only be granted when a project is necessary to provide needed health care in the area to be served, will provide health care that meets appropriate quality standards, and the effects attributed to competition or duplication would be positive for consumers

Provide a brief description not to exceed ONE PAGE (for 2E only) of how the project meets the criteria necessary for granting a CON using the data and information points provided in criteria sections that follow.

- Need

RESPONSE: Monroe Carell is one of only two pediatric hospitals in Tennessee that provides pediatric transplantation. Monroe Carell currently provides pediatric heart, pediatric kidney and pediatric liver transplants as well as dual-organ transplants. Unfortunately, no Tennessee hospitals currently offer pediatric lung or pediatric pancreas transplant services. As such, any children requiring these particular transplant services are required to leave the State, traveling hundreds of miles to receive life-saving care. By adding pediatric lung and pediatric pancreas, Monroe Carell will become only pediatric hospital in Tennessee that provides a full complement of pediatric transplantation programs and it will provide a local Tennessee option for children requiring these services.

- Quality Standards

RESPONSE: The Vanderbilt Transplant Center is one of the largest, most experienced transplant centers in the Southeast. VUMC transplant teams have transplanted more than 10,000 solid organs since 1962. In 2021, the Vanderbilt Transplant Center performed the fifth most transplants in the entire country. VUMC's transplant quality metrics rank among the best in the country. VUMC's patients often recover faster than the national average, with fewer complications. VUMC is the only medical center in Tennessee to study the use of a technique called ex-vivo perfusion when transporting livers, hearts and lungs for transplantation, which helps preserve the quality of the organs before they are transplanted into a waiting patient. VUMC is also the first medical center in Tennessee to successfully transplant a total artificial heart. Like the other transplant services at VUMC, the pediatric lung and pediatric pancreas programs will participate in United Network for Organ Sharing (UNOS), Scientific Registry of Transplant Recipients (SRTR) and Organ Procurement Transplantation Network (OPTN).

- Consumer Advantage

- Choice

RESPONSE: Monroe Carell is the one of only two pediatric hospitals in Tennessee that provides pediatric transplantation. Monroe Carell currently provides pediatric heart, pediatric kidney and pediatric liver transplants as well as dual-organ transplants. By adding pediatric lung and pediatric pancreas, Monroe Carell will become the only pediatric hospital in Tennessee that provides a full complement of pediatric transplantation programs. By providing these at Monroe Carell, pediatric patients from Tennessee will no longer have to travel out of state. Specifically, for pediatric lung, the two closest lung transplant programs are Cincinnati Children's and Texas Children's while the closest pediatric pancreas programs are Cincinnati Children's and Duke.

- Improved access/availability to health care service(s)

RESPONSE: As previously referenced, Monroe Carell is one of only two pediatric hospitals in Tennessee that provides pediatric transplantation. By adding pediatric lung and pediatric pancreas, access to these pediatric transplantation services will greatly improve for children in Tennessee. As a result, these pediatric patients needing pediatric lung or pediatric pancreas will no longer have to travel out of state.

- Affordability

RESPONSE: As discussed above, by adding pediatric lung and pediatric pancreas to its available transplant services, access to these pediatric transplantation services will greatly improve for pediatric patients in Tennessee. These children will no longer have to travel out of state. In addition, 30% of the patients who left Tennessee for

transplant services had Medicaid as their primary payor. These patients will now have the ability to receive their transplants in Tennessee.

3E. Consent Calendar Justification

- Letter to Executive Director Requesting Consent Calendar (Attach Rationale that includes addressing the 3 criteria)
- Consent Calendar NOT Requested

If Consent Calendar is requested, please attach the rationale for an expedited review in terms of Need, Quality Standards, and Consumer Advantage as a written communication to the Agency's Executive Director at the time the application is filed.

4E. PROJECT COST CHART

A. Construction and equipment acquired by purchase:

1. Architectural and Engineering Fees	\$0
2. Legal, Administrative (Excluding CON Filing Fee), Consultant Fees	\$10,000
3. Acquisition of Site	\$0
4. Preparation of Site	\$0
5. Total Construction Costs	\$0
6. Contingency Fund	\$0
7. Fixed Equipment (Not included in Construction Contract)	\$0
8. Moveable Equipment (List all equipment over \$50,000 as separate attachments)	\$0
9. Other (Specify): _____ 0	

B. Acquisition by gift, donation, or lease:

1. Facility (inclusive of building and land)	\$0
2. Building only	\$0
3. Land only	\$0
4. Equipment (Specify): _____ 0	
5. Other (Specify): _____ 0	

C. Financing Costs and Fees:

1. Interim Financing	\$0
2. Underwriting Costs	\$0
3. Reserve for One Year's Debt Service	\$0
4. Other (Specify): _____ 0	

D. Estimated Project Cost (A+B+C)	\$10,000
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E. CON Filing Fee	\$3,000
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F. Total Estimated Project Cost (D+E)	\$13,000
TOTAL	

GENERAL CRITERIA FOR CERTIFICATE OF NEED

In accordance with TCA §68-11-1609(b), “no Certificate of Need shall be granted unless the action proposed in the application for such Certificate is necessary to provide needed health care in the area to be served, will provide health care that meets appropriate quality standards, and the effect attributed to completion or duplication would be positive for consumers.” In making determinations, the Agency uses as guidelines the goals, objectives, criteria, and standards adopted to guide the agency in issuing certificates of need. Until the agency adopts its own criteria and standards by rule, those in the state health plan apply.

Additional criteria for review are prescribed in Chapter 11 of the Agency Rules, Tennessee Rules and Regulations 01730-11.

The following questions are listed according to the three criteria: (1) Need, (2) the effects attributed to competition or duplication would be positive for consumers (Consumer Advantage), and (3) Quality Standards.

NEED

The responses to this section of the application will help determine whether the project will provide needed health care facilities or services in the area to be served.

- 1N.** Provide responses as an attachment to the applicable criteria and standards for the type of institution or service requested. A word version and pdf version for each reviewable type of institution or service are located at the following website. <https://www.tn.gov/hsda/hsda-criteria-and-standards.html> (Attachment 1N)

RESPONSE:

Please find the responses for the Organ Transplant Criteria and Standards specific to pediatric lung and pediatric pancreas attached.

- 2N.** Identify the proposed service area and provide justification for its reasonable ness. Submit a county level map for the Tennessee portion and counties boarding the state of the service area using the supplemental map, clearly marked, and shaded to reflect the service area as it relates to meeting the requirements for CON criteria and standards that may apply to the project. Please include a discussion of the inclusion of counties in the border states, if applicable. (Attachment 2N)

RESPONSE:

While patients travel from all over Tennessee, Kentucky, Alabama, and other states to Monroe Carell for subspecialty pediatric care, the primary service area for this application is the 46 counties that make up Central Tennessee.

Complete the following utilization tables for each county in the service area, if applicable.

PROJECTED UTILIZATION

Unit Type:

- Procedures
- Cases
- Patients
- Other

Service Area Counties	Projected Utilization Recent Year 1 (Year =)	% of Total
Davidson	2	100.00%
Total	2	100%

3N. A. Describe the demographics of the population to be served by the proposal.

RESPONSE:

The demographics for this application include pediatric lung and pediatric pancreas transplant patients. Please find the attached chart for the primary service area including the pediatric populations, socioeconomic information from the census bureau and the number of TennCare enrollees by county.

B. Provide the following data for each county in the service area:

- Using current and projected population data from the Department of Health. (www.tn.gov/health/health-program-areas/statistics/health-data/population.html);
- the most recent enrollee data from the Division of TennCare (<https://www.tn.gov/tenncare/information-statistics/enrollment-data.html>),
- and US Census Bureau demographic information (<https://www.census.gov/quickfacts/fact/table/US/PST045219>).

RESPONSE:

Please see attached.

4N. Describe the special needs of the service area population, including health disparities, the accessibility to consumers, particularly those who are uninsured or underinsured, the elderly, women, racial and ethnic minorities, TennCare or Medicaid recipients, and low income groups. Document how the business plans of the facility will take into consideration the special needs of the service area population.

RESPONSE:

By adding pediatric lung and pediatric pancreas, Monroe Carell will be the only pediatric hospital in Tennessee that provides a full complement of pediatric transplantation programs. By providing these at Monroe Carell, pediatric patients from Tennessee will no longer have to travel out of state. Historically, approximately one-third of pediatric patients leaving for transplant services are enrolled in Medicaid.

5N. Describe the existing and approved but unimplemented services of similar healthcare providers in the service area. Include utilization and/or occupancy trends for each of the most recent three years of data available for this type of project. List each provider and its utilization and/or occupancy individually. Inpatient bed projects must include the following data: Admissions or discharges, patient days. Average length of stay, and occupancy. Other projects should use the most appropriate measures, e.g. cases, procedures, visits, admissions, etc. This does not apply to projects that are solely relocating a service.

RESPONSE:

Tennessee currently has no pediatric lung or pediatric pancreas transplant programs.

6N. Provide applicable utilization and/or occupancy statistics for your institution services for each of the past three years and the project annual utilization for each of the two years following completion of the project. Additionally, provide the details regarding the methodology used to project utilization. The methodology must include detailed calculations or documentation from referral sources, and identification of all assumptions.

RESPONSE:

Please see the attached charts modified for pediatric lung and pediatric pancreas transplants. Since these services will be new to Monroe Carell, the projections are based on patients seeking care currently in our pediatric clinics for Year 1 and Year 2.

7N. Complete the chart below by entering information for each applicable outstanding CON by applicant or share common ownership; and describe the current progress and status of each applicable outstanding CON and how the project relates to the applicant, and the percentage of ownership that is shared with the applicant's owners.

RESPONSE:

n/a

CONSUMER ADVANTAGE ATTRIBUTED TO COMPETITION

The responses to this section of the application helps determine whether the effects attributed to competition or duplication would be positive for consumers within the service area.

1C. List all transfer agreements relevant to the proposed project.

RESPONSE: n/a

2C. List all commercial private insurance plans contracted or plan to be contracted by the applicant.

- Aetna Health Insurance Company
- Ambetter of Tennessee Ambetter
- Blue Cross Blue Shield of Tennessee
- Blue Cross Blue Shield of Tennessee Network S
- Blue Cross Blue Shiled of Tennessee Network P
- BlueAdvantage
- Bright HealthCare
- Cigna PPO
- Cigna Local Plus
- Cigna HMO - Nashville Network
- Cigna HMO - Tennessee Select
- Cigna HMO - Nashville HMO
- Cigna HMO - Tennessee POS
- Cigna HMO - Tennessee Network
- Golden Rule Insurance Company
- HealthSpring Life and Health Insurance Company, Inc.
- Humana Health Plan, Inc.
- Humana Insurance Company
- John Hancock Life & Health Insurance Company
- Omaha Health Insurance Company
- Omaha Supplemental Insurance Company
- State Farm Health Insurance Company
- United Healthcare UHC
- UnitedHealthcare Community Plan East Tennessee
- UnitedHealthcare Community Plan Middle Tennessee
- UnitedHealthcare Community Plan West Tennessee

WellCare Health Insurance of Tennessee, Inc.

Others

3C. Describe the effects of competition and/or duplication of the proposal on the health care system, including the impact upon consumer charges and consumer choice of services.

RESPONSE:

This is a unique service that is not available at a Tennessee pediatric hospital. Patients are currently traveling out of state for these services, with approximately one-third of those patients having Medicaid. By adding pediatric lung and pediatric pancreas, Monroe Carell will be the only pediatric hospital in Tennessee that provides a full complement of pediatric transplantation programs and patients will no longer have to travel out of state to receive transplant care. There will be a reduction in costs to consumers by reducing the need to travel to other states for this care.

4C. Discuss the availability of and accessibility to human resources required by the proposal, including clinical leadership and adequate professional staff, as per the State of Tennessee licensing requirements, CMS, and/or accrediting agencies requirements, such as the Joint Commission and Commission on Accreditation of Rehabilitation Facilities.

RESPONSE:

The required physicians/surgeons and staff are already employed by VUMC. No additional physicians/surgeons or staff are needed for these two pediatric transplant programs.

5C. Document the category of license/certification that is applicable to the project and why. These include, without limitation, regulations concerning clinical leadership, physician supervision, quality assurance policies and programs, utilization review policies and programs, record keeping, clinical staffing requirements, and staff education.

RESPONSE:

VUMC is in good standing with the Health Facilities Commission/ Board for Licensing Health Care Facilities as well as the transplant specific OPTN and CMS. VUMC also commits to maintaining all licensure and quality requirements for the pediatric lung and pediatric pancreas transplant program. The mission of the Vanderbilt Transplant Center Quality Assessment Performance Improvement (QAPI) program is to focus on continually monitoring and providing accurate, actionable data for the purpose of improvement, innovation, and creating a culture of safety for our transplant patients and living donors.

HISTORICAL DATA CHART

- Total Facility
 Project Only

Give information for the last *three (3)* years for which complete data are available for the facility or agency.

	Year 1	Year 2	Year 3
	<u>2021</u>	<u>2022</u>	<u>2023</u>
A. Utilization Data			
Other : Adult Lung & Adult Pancreas	39	58	76
Specify Unit of Measure <u>Transplant Cases</u>			
B. Revenue from Services to Patients			
1. Inpatient Services	\$37,409,756.00	\$67,283,395.00	\$90,251,225.00
2. Outpatient Services	\$38,162,089.00	\$26,962,059.00	\$42,141,990.00
3. Emergency Services	\$0.00	\$0.00	\$0.00
4. Other Operating Revenue (Specify) _____	\$0.00	\$0.00	\$0.00
Gross Operating Revenue	\$75,571,845.00	\$94,245,454.00	\$132,393,215.00
C. Deductions from Gross Operating Revenue			
1. Contractual Adjustments	\$52,645,370.00	\$66,284,649.00	\$91,524,370.00
2. Provision for Charity Care	\$91,336.00	\$89,349.00	\$34,563.00
3. Provisions for Bad Debt	\$1,258,125.00	\$769,692.00	\$396,752.00
Total Deductions	\$53,994,831.00	\$67,143,690.00	\$91,955,685.00
NET OPERATING REVENUE	\$21,577,014.00	\$27,101,764.00	\$40,437,530.00

PROJECTED DATA CHART

- Project Only
 Total Facility

Give information for the *two (2)* years following the completion of this proposal.

	Year 1	Year 2
	<u>2024</u>	<u>2025</u>
A. Utilization Data		
Other : Pediatric Lung & Pediatric Pancreas Transplant	2	2
Specify Unit of Measure <u>Cases</u>		
B. Revenue from Services to Patients		
1. Inpatient Services	\$1,839,530.00	\$1,525,783.00
2. Outpatient Services	\$922,981.00	\$922,981.00
3. Emergency Services	\$0.00	\$0.00
4. Other Operating Revenue (Specify) _____	\$0.00	\$0.00
Gross Operating Revenue	\$2,762,511.00	\$2,448,764.00
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments	\$2,068,642.00	\$1,969,528.00
2.		

Provision for Charity Care	\$2,792.00	\$2,658.00
3. Provisions for Bad Debt	\$23,936.00	\$22,790.00
Total Deductions	\$2,095,370.00	\$1,994,976.00
NET OPERATING REVENUE	\$667,141.00	\$453,788.00

PROJECTED DATA CHART

- Total Facility
 Project Only

Give information for the *two (2)* years following the completion of this proposal.

	Year 1	Year 2
	2024	2025
A. Utilization Data		
Specify Unit of Measure <u>Other : Adult/ Pediatric Lung & Adult/ Pediatric Pancreas Transplant Cases</u>	<u>105</u>	<u>110</u>
B. Revenue from Services to Patients		
1. Inpatient Services	<u>\$126,015,191.00</u>	<u>\$132,039,883.00</u>
2. Outpatient Services	<u>\$65,694,142.00</u>	<u>\$68,781,322.00</u>
3. Emergency Services	<u>\$0.00</u>	<u>\$0.00</u>
4. Other Operating Revenue (Specify) _____	<u>\$0.00</u>	<u>\$0.00</u>
Gross Operating Revenue	<u>\$191,709,333.00</u>	<u>\$200,821,205.00</u>
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments	<u>\$135,993,809.00</u>	<u>\$142,553,128.00</u>
2. Provision for Charity Care	<u>\$183,555.00</u>	<u>\$192,408.00</u>
3. Provisions for Bad Debt	<u>\$1,573,596.00</u>	<u>\$1,649,495.00</u>
Total Deductions	<u>\$137,750,960.00</u>	<u>\$144,395,031.00</u>
NET OPERATING REVENUE	<u>\$53,958,373.00</u>	<u>\$56,426,174.00</u>

7C. Please identify the project’s average gross charge, average deduction from operating revenue, and average net charge using information from the Historical and Projected Data Charts of the proposed project.

Project Only Chart

	Previous Year to Most Recent Year	Most Recent Year	Year One	Year Two	% Change (Current Year to Year 2)
Gross Charge (<i>Gross Operating Revenue/Utilization Data</i>)	\$0.00	\$0.00	\$1,381,255.50	\$1,224,382.00	0.00
Deduction from Revenue (<i>Total Deductions/Utilization Data</i>)	\$0.00	\$0.00	\$1,047,685.00	\$997,488.00	0.00
Average Net Charge (<i>Net Operating Revenue/Utilization Data</i>)	\$0.00	\$0.00	\$333,570.50	\$226,894.00	0.00

8C. Provide the proposed charges for the project and discuss any adjustment to current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the project and the impact on existing patient charges.

RESPONSE:

VUMC currently offers a comprehensive adult and pediatric transplant program (with the exception of pediatric lung and pediatric pancreas programs). The above chart is based on VUMC historical data, and it is not anticipated that the charges will be adjusted with the implementation of the new pediatric transplant programs.

9C. Compare the proposed project charges to those of similar facilities/services in the service area/adjoining services areas, or to proposed charges of recently approved Certificates of Need.

If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).

RESPONSE:

Currently, the pediatric lung and pediatric pancreas programs are not offered at other TN hospitals.

10C. Report the estimated gross operating revenue dollar amount and percentage of project gross operating revenue anticipated by payor classification for the first and second year of the project by completing the table below.

If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).

**Applicant’s Projected Payor Mix
Project Only Chart**

Payor Source	Year-2024		Year-2025	
	Gross Operating Revenue	% of Total	Gross Operating Revenue	% of Total
Medicare/Medicare Managed Care				
TennCare/Medicaid	\$929,659.00	33.65	\$1,519,105.00	62.04
Commercial/Other Managed Care	\$1,832,852.00	66.35	\$929,659.00	37.96
Self-Pay				
Other(Specify)				
Total	\$2,762,511.00	100%	\$2,448,764.00	100%
Charity Care	\$2,792.00		\$2,658.00	

**Needs to match Gross Operating Revenue Year One and Year Two on Projected Data Chart*

Discuss the project’s participation in state and federal revenue programs, including a description of the extent to which Medicare, TennCare/Medicaid, and medically indigent patients will be served by the project.

RESPONSE: VUMC participates in Medicare and Medicaid/TennCare.

QUALITY STANDARDS

1Q. Per PC 1043, Acts of 2016, any receiving a CON after July 1, 2016, must report annually using forms prescribed by the Agency concerning appropriate quality measures. Please attest that the applicant will submit an annual Quality Measure report when due.

- Yes
- No

2Q. The proposal shall provide health care that meets appropriate quality standards. Please address each of the following questions.

- Does the applicant commit to maintaining the staffing comparable to the staffing chart presented in its CON application?

- Yes
- No

- Does the applicant commit to obtaining and maintaining all applicable state licenses in good 3standing?

- Yes
- No

- Does the applicant commit to obtaining and maintaining TennCare and Medicare certification(s), if participation in such programs are indicated in the application?

Yes

No

3Q. Please complete the chart below on accreditation, certification, and licensure plans. Note: if the applicant does not plan to participate in these type of assessments, explain why since quality healthcare must be demonstrated.

Credential	Agency	Status (Active or Will Apply)	Provider Number or Certification Type
Licensure	<input checked="" type="checkbox"/> Health Facilities Commission/Licensure Division <input type="checkbox"/> Intellectual & Developmental Disabilities <input type="checkbox"/> Mental Health & Substance Abuse Services	Active	27
Certification	<input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> TennCare/Medicaid <input type="checkbox"/> Other _____	Active Active	440039 440039
Accreditation(s)	TJC - The Joint Commission	Active	7892

4Q. If checked “TennCare/Medicaid” box, please list all Managed Care Organization’s currently or will be contracted.

- AMERIGROUP COMMUNITY CARE- East Tennessee
- AMERIGROUP COMMUNITY CARE - Middle Tennessee
- AMERIGROUP COMMUNITY CARE - West Tennessee
- BLUECARE - East Tennessee
- BLUECARE - Middle Tennessee
- BLUECARE - West Tennessee
- UnitedHealthcare Community Plan - East Tennessee
- UnitedHealthcare Community Plan - Middle Tennessee
- UnitedHealthcare Community Plan - West Tennessee
- TENNCARE SELECT HIGH - All
- TENNCARE SELECT LOW - All
- PACE
- KBB under DIDD waiver
- Others

5Q. Do you attest that you will submit a Quality Measure Report annually to verify the license, certification, and/or accreditation status of the applicant, if approved?

- Yes
- No

6Q. For an existing healthcare institution applying for a CON:

- Has it maintained substantial compliance with applicable federal and state regulation for the three years prior to the CON application. In the event of non-compliance, the nature of non-compliance and corrective action should be discussed to include any of the following: suspension of admissions, civil monetary penalties, notice of 23-day or 90-day termination proceedings from Medicare/Medicaid/TennCare, revocation/denial of accreditation, or other similar actions and what measures the applicant has or will put into place to avoid similar findings in the future.
 - Yes
 - No
 - N/A

- Has the entity been decertified within the prior three years? If yes, please explain in detail. (This provision shall not apply if a new, unrelated owner applies for a CON related to a previously decertified facility.)

- Yes
- No
- N/A

7Q. Respond to all of the following and for such occurrences, identify, explain, and provide documentation if occurred in last five (5) years.

Has any of the following:

- Any person(s) or entity with more than 5% ownership (direct or indirect) in the applicant (to include any entity in the chain of ownership for applicant);
- Any entity in which any person(s) or entity with more than 5% ownership (direct or indirect) in the applicant (to include any entity in the chain of ownership for applicant) has an ownership interest of more than 5%; and/or.

Been subject to any of the following:

- Final Order or Judgement in a state licensure action;
 - Yes
 - No
- Criminal fines in cases involving a Federal or State health care offense;
 - Yes
 - No
- Civil monetary penalties in cases involving a Federal or State health care offense;
 - Yes
 - No
- Administrative monetary penalties in cases involving a Federal or State health care offense;
 - Yes
 - No
- Agreement to pay civil or administrative monetary penalties to the federal government or any state in cases involving claims related to the provision of health care items and services;
 - Yes
 - No
- Suspension or termination of participation in Medicare or TennCare/Medicaid programs; and/or
 - Yes
 - No
- Is presently subject of/to an investigation, or party in any regulatory or criminal action of which you are aware.
 - Yes
 - No

8Q. Provide the project staffing for the project in Year 1 and compare to the current staffing for the most recent 12-month period, as appropriate. This can be reported using full-time equivalent (FTEs) positions for these positions.

Existing FTE not applicable (Enter year)

Position Classification	Existing FTEs(enter year)	Projected FTEs Year 1
A. Direct Patient Care Positions		
Transplant Coordinators	4.00	4.00
Nurse Practitioner	1.00	1.00
Clinical Pharmacist	1.00	1.00
Clinical Program Manager	1.00	1.00
Program Director	1.00	1.00
Total Direct Patient Care Positions	8	8

B. Non-Patient Care Positions		
Total Non-Patient Care Positions	N/A	0
Total Employees (A+B)	8	8

C. Contractual Staff		
Contractual Staff Position	0.00	0.00
Total Staff (A+B+C)	8	8

DEVELOPMENT SCHEDULE

TCA §68-11-1609(c) provides that activity authorized by a Certificate of Need is valid for a period not to exceed three (3) years (for hospital and nursing home projects) or two (2) years (for all other projects) from the date of its issuance and after such time authorization expires; provided, that the Agency may, in granting the Certificate of Need, allow longer periods of validity for Certificate of Need for good cause shown. Subsequent to granting the Certificate of Need, the Agency may extend a Certificate of Need for a period upon application and good cause shown, accompanied by a non-refundable reasonable filing fee, as prescribed by rule. A Certificate of Need authorization which has been extended shall expire at the end of the extended time period. The decision whether to grant an extension is within the sole discretion of the Commission, and is not subject to review, reconsideration, or appeal.

- Complete the Project Completion Forecast Chart below. If the project will be completed in multiple phases, please identify the anticipated completion date for each phase.
- If the CON is granted and the project cannot be completed within the standard completion time period (3 years for hospital and nursing home projects and 2 years for all others), please document why an extended period should be approved and document the “good cause” for such an extension.

PROJECT COMPLETION FORECAST CHART

Assuming the Certificate of Need (CON) approval becomes the final HFC action on the date listed in Item 1 below, indicate the number of days from the HFC decision date to each phase of the completion forecast.

Phase	Days Required	Anticipated Date (Month/Year)
1. Initial HFC Decision Date		04/24/24
2. Building Construction Commenced	0	04/23/24
3. Construction 100% Complete (Approval for Occupancy)	0	04/23/24
4. Issuance of License	0	04/23/24
5. Issuance of Service	0	04/23/24
6. Final Project Report Form Submitted (Form HR0055)	30	05/23/24

Note: If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date.

TENNESSEE COUNTY MAP



Vanderbilt University Medical Center

Lebanon, TN

has been Accredited by

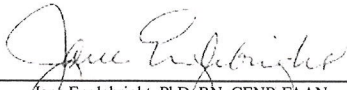


The Joint Commission


Which has surveyed this organization and found it to meet the requirements for the
Hospital Accreditation Program

February 4, 2023

Accreditation is customarily valid for up to 36 months.


Jane Englebright, PhD, RN, CENP, FAAN
Chair, Board of Commissioners

ID #5219
Print/Reprint Date: 06/07/2023


Jonathan B. Perlin, MD, PhD, MSHA, MACP, FACMI
President and Chief Executive Officer

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.



Demographic Variable/Geographic Area	Department of Health/Health Statistics								Bureau of the Census					TennCare	
	Total Population- Current Year 2023	Total Population- Projected Year 2027	Total Population-% Change	*Target Population- Current Year 2023	*Target Population- Projected Year 2027	*Target Population-% Change	Target Population Projected Year as % of Total	Median Age 2020	Median Household Income 2020	Persons Below Poverty Level 2020	Persons Below Poverty Level as % of Total	TennCare Enrollees - November 2023	TennCare Enrollees as % of Total (November 2023 TennCare enrollees as % of 2023 Total Population)		
Bedford	51,992	54,262	4%	12,798	13,277	4%	24%	38	\$ 52,973	6,666	13%	14,464	28%		
Cannon	15,125	15,426	2%	3,133	3,096	-1%	20%	41	\$ 52,518	2,343	15%	3,549	23%		
Cheatham	41,692	42,304	1%	8,654	8,565	-1%	20%	40	\$ 63,988	4,293	10%	7,618	18%		
Clay	7,655	7,659	0%	1,474	1,441	-2%	19%	47	\$ 32,064	1,955	26%	2,207	29%		
Coffee	58,883	60,425	3%	13,794	13,985	1%	23%	40	\$ 51,030	7,987	14%	16,077	27%		
Cumberland	63,803	66,236	4%	10,420	10,536	1%	16%	52	\$ 49,423	7,407	12%	14,566	23%		
Davidson	722,445	742,241	3%	158,613	164,736	4%	22%	34	\$ 62,515	95,180	13%	153,201	21%		
De Kalb	21,305	21,862	3%	4,398	4,423	1%	20%	43	\$ 44,389	3,898	18%	5,992	28%		
Dickson	56,005	57,965	3%	12,254	12,512	2%	22%	39	\$ 57,804	6,278	11%	12,800	23%		
Fentress	18,982	19,135	1%	3,779	3,734	-1%	20%	46	\$ 40,203	3,343	18%	6,650	35%		
Franklin	42,819	43,162	1%	8,555	8,511	-1%	20%	42	\$ 47,777	6,140	14%	9,219	22%		
Giles	29,506	29,368	0%	6,052	5,935	-2%	20%	44	\$ 49,815	3,753	13%	7,353	25%		
Grundy	13,286	12,981	-2%	2,655	2,493	-6%	19%	44	\$ 43,116	2,512	19%	4,867	37%		
Hickman	25,808	26,253	2%	5,088	5,008	-2%	19%	41	\$ 47,457	3,411	13%	6,331	25%		
Houston	8,364	8,451	1%	1,731	1,720	-1%	20%	44	\$ 43,521	1,166	14%	2,378	28%		
Humphreys	18,656	18,733	0%	3,884	3,834	-1%	20%	42	\$ 48,411	2,803	15%	5,009	27%		
Jackson	12,013	12,152	1%	2,107	2,116	0%	17%	47	\$ 35,880	1,844	15%	3,280	27%		
Lawrence	44,865	45,264	1%	10,541	10,133	-4%	22%	39	\$ 43,734	7,191	16%	12,334	27%		
Lewis	12,394	12,391	0%	2,586	2,504	-3%	20%	42	\$ 36,977	2,405	19%	3,491	28%		
Lincoln	34,943	35,405	1%	7,309	7,133	-2%	20%	43	\$ 53,923	3,929	11%	8,808	25%		
Macon	25,655	26,707	4%	6,204	6,432	4%	24%	38	\$ 38,080	3,987	16%	7,820	30%		
Marshall	36,191	37,601	4%	8,217	8,485	3%	23%	40	\$ 55,299	5,363	15%	8,104	22%		
Maury	104,474	110,559	6%	23,609	24,950	5%	23%	39	\$ 60,567	8,414	8%	22,614	22%		
Montgomery	227,061	243,942	7%	61,055	65,918	7%	27%	31	\$ 60,878	24,675	11%	51,753	23%		
Moore	6,487	6,543	1%	1,202	1,200	0%	18%	46	\$ 63,762	505	8%	1,084	17%		
Overton	22,968	23,414	2%	4,728	4,764	1%	20%	43	\$ 36,478	4,200	18%	5,719	25%		
Perry	8,194	8,303	1%	1,787	1,779	0%	21%	43	\$ 48,716	1,854	23%	2,315	28%		
Pickett	5,005	4,932	-1%	806	779	-3%	16%	51	\$ 43,125	966	19%	1,264	25%		
Putnam	83,834	87,505	4%	18,165	18,903	4%	22%	37	\$ 45,160	13,345	16%	21,576	26%		
Robertson	74,699	77,702	4%	17,056	17,582	3%	23%	39	\$ 66,088	7,850	11%	15,386	21%		
Rutherford	363,690	396,434	9%	88,632	96,018	8%	24%	34	\$ 68,718	32,953	9%	72,139	20%		
Smith	20,651	21,065	2%	4,527	4,548	0%	22%	41	\$ 48,611	2,904	14%	4,986	24%		
Stewart	14,003	14,149	1%	2,810	2,749	-2%	19%	44	\$ 49,537	1,772	13%	3,504	25%		
Sumner	205,092	217,255	6%	46,499	48,849	5%	22%	40	\$ 69,878	18,421	9%	35,718	17%		
Trousdale	11,742	12,067	3%	2,240	2,229	0%	18%	34	\$ 56,981	918	8%	2,285	19%		
Van Buren	5,916	5,856	-1%	1,141	1,087	-5%	19%	47	\$ 47,576	856	14%	1,589	27%		
Warren	41,908	42,196	1%	9,372	9,242	-1%	22%	40	\$ 42,668	8,146	19%	12,978	31%		
Wayne	16,377	16,150	-1%	2,542	2,407	-6%	15%	44	\$ 42,206	2,356	14%	3,683	22%		
White	28,385	29,196	3%	5,867	5,876	0%	20%	43	\$ 44,282	3,937	14%	8,253	29%		
Williamson	264,071	288,952	9%	66,969	71,729	7%	25%	39	\$ 111,196	10,768	4%	16,255	6%		
Wilson	157,668	169,947	8%	35,836	38,136	6%	22%	40	\$ 78,962	11,497	7%	24,714	16%		
Service Area Total	3,280,927	3,452,818	5%	755,138	789,771	4%	23%	41	\$ 52,105	340,191	10%	623,933	19%		
State of TN Total	7,071,060	7,282,134	3%	1,550,759	1,586,614	2%	22%	39	\$ 54,833	965,213	14%	1,666,030	24%		



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

ROBIN LUNDQUIST
VUMC OFFICE OF LEGAL AFFAIRS
STE 700
2525 WEST END AVE
NASHVILLE, TN 37203-1790

Request Type: Certified Copies

Request #: 216472

Issuance Date: 10/07/2016

Copies Requested: 1

Document Receipt

Receipt #: 002920890

Filing Fee: \$20.00

Payment-Check/MO - ERIC J LUNDQUIST, HENDERSONVILLE, TN

\$20.00

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that **Vanderbilt University Medical Center**, Control # 792687 was formed or qualified to do business in the State of Tennessee on 03/18/2015. Vanderbilt University Medical Center has a home jurisdiction of TENNESSEE and is currently in an Active status. The attached documents are true and correct copies and were filed in this office on the date(s) indicated below.

Tre Hargett
Secretary of State

Processed By: Nichole Hambrick

The attached document(s) was/were filed in this office on the date(s) indicated below:

<u>Reference #</u>	<u>Date Filed</u>	<u>Filing Description</u>
B0072-0037	03/18/2015	Initial Filing
B0244-2645	05/25/2016	Assumed Name
B0244-2646	05/25/2016	Assumed Name
B0244-2647	05/25/2016	Assumed Name
B0244-2648	05/25/2016	Assumed Name
B0244-2649	05/25/2016	Assumed Name

CHARTER
OF
VANDERBILT UNIVERSITY MEDICAL CENTER

Pursuant to the provisions of Section 48-52-102 of the Tennessee Nonprofit Corporation Act (Tennessee Code Annotated §§ 48-51-101 et seq.), as amended from time to time (the “**Tennessee Nonprofit Corporation Act**”), the undersigned corporation, acting through its incorporator, hereby adopts the following Charter:

ARTICLE I

The name of the corporation is Vanderbilt University Medical Center (the “**Corporation**”).

ARTICLE II

The Corporation (i) is a public benefit corporation; (ii) shall not be for profit; (iii) shall not have members; and (iv) is not a religious corporation. It is intended that the Corporation shall have the status of a nonprofit corporation that is exempt from federal income taxation under Section 501(a) of the Internal Revenue Code of 1986, as amended and to include any corresponding provisions of any subsequent federal tax laws (hereinafter, the “**Code**”), as an organization described and operated within the meaning of Section 501(c)(3) of the Code (or in each case, corresponding provisions of any subsequent federal tax laws).

ARTICLE III

(a) The street address and zip code of the Corporation’s initial registered office are 800 South Gay Street, Suite 2021, Knoxville, Tennessee, 37929-9710, and the county in which the initial registered office is located is Knox County. The name of the Corporation’s

initial registered agent at the Corporation's initial registered office is National Registered Agents, Inc.

(b) The street address and zip code of the Corporation's initial principal office are 1161 21st Avenue South, Suite D3300 MCN, Nashville, Tennessee, 37232-5545, and the county in which the initial principal office is located is Davidson County.

ARTICLE IV

The name, address and zip code of the incorporator of the Corporation are:

<u>NAME</u>	<u>ADDRESS</u>
Audrey J. Anderson	305 Kirkland Hall Vanderbilt University Nashville, TN 37240-0001

ARTICLE V

The Corporation's fiscal year shall conclude on June 30 every year.

ARTICLE VI

(a) The purposes for which the Corporation is organized are to operate exclusively for charitable, educational and scientific purposes, within the meaning of Section 501(c)(3) of the Code; and within such limits, and inclusive of such other consistent purposes, as may be set forth in the Bylaws of the Corporation, to: (1) operate, maintain or control one or more academic medical and health science centers, including (but not limited to) related health care, research, and other facilities (which also may be used for biomedical research, administration, and training and education of health care and life sciences professionals), all as may currently exist or as may be established in the future, as part of an integrated, world-class health system affiliated with Vanderbilt University, a Tennessee nonprofit corporation

("Vanderbilt University"); (2) preserve, promote, and enhance the availability of health care services and scientific advances in public health, in the communities served by the Corporation, by Vanderbilt University, and their respective affiliates and networks; (3) otherwise advance purposes consistent with the general purposes herein and the mission as set forth in the Bylaws; and (4) otherwise fulfill and satisfy the Corporation's obligations as a party to one or more agreements to be entered into by and among the Corporation, on the one hand, and Vanderbilt University on the other hand, to ensure that the Corporation and Vanderbilt may efficiently and effectively pursue shared interests in health-related research and training.

(b) Subject to the limitations contained in this Charter and the Bylaws and without partisanship of any kind, the Corporation shall be empowered to take all appropriate action in furtherance of the purposes set forth in paragraph (a) of this Article VI and to carry out any activities and exercise all powers available to corporations organized pursuant to the Tennessee Nonprofit Corporation Act that may be carried out by organizations that are described in Section 501(c)(3) of the Code.

(c) The Corporation shall not have or exercise any power or authority either expressly or by interpretation or by operation of law, nor shall it directly or indirectly engage in any activity, (i) that would prevent it from qualifying (and continuing to qualify) as an organization described in Section 501(c)(3) of the Code; (ii) that would prevent it from qualifying (and continuing to qualify) as an organization contributions to which are deductible under Sections 170(c)(2), 2055(a) and 2522(a), as applicable, of the Code; or (iii) that is not available to and may not be carried out by a corporation organized pursuant to the Tennessee Nonprofit Corporation Act.

ARTICLE VII

(a) All powers of the Corporation shall be exercised by or under the authority of, and the affairs of the Corporation shall be managed by or under the direction of, its Board of Directors. The Board of Directors of the Corporation shall exercise all such powers subject to, and in accordance with, the Bylaws of the Corporation. The manner of appointment or election of the members of the Board of Directors shall be set forth in the Bylaws.

(b) Except as otherwise provided in this Charter, the internal affairs of the Corporation shall be governed by, and regulated and determined as provided in, the Corporation's Bylaws.

ARTICLE VIII

In all events and under all circumstances, and notwithstanding merger, consolidation, reorganization, termination, dissolution, or winding up of the Corporation, voluntary or involuntary, or by the operation of law, or upon amendment of this Charter:

(a) No part of the assets or net earnings of the Corporation shall inure to the benefit of or be distributable to its incorporator, directors, officers or other private persons having a personal or private interest in the Corporation, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services actually rendered and to make reimbursement in reasonable amounts for expenses actually incurred in carrying out the purposes set forth in Article VI hereof.

(b) No substantial part of the activities of the Corporation shall consist of the carrying on of propaganda, or of otherwise attempting to influence legislation, unless Section 501(h) of the Code shall apply to the Corporation, in which case the Corporation shall not normally make lobbying or grass roots expenditures in excess of the amounts therein specified.

The Corporation shall not in any manner or to any extent participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office; nor shall it engage in any "prohibited transaction" as defined in Section 503(b) of the Code.

(c) Neither the whole, or any part or portion, of the assets or net earnings of the Corporation shall be used, nor shall the Corporation ever be operated, for objects or purposes other than those set forth in Article VI hereof.

(d) Upon dissolution of the Corporation, all of the Corporation's assets and property of every nature and description remaining after the payment of all liabilities and obligations of the Corporation (but not including assets held by the Corporation upon condition requiring return, transfer, or conveyance, which condition occurs by reason of the dissolution) shall be paid over and transferred to Vanderbilt University, or to one or more organizations as approved in writing by Vanderbilt University, provided that Vanderbilt University or such other approved organization(s) are then qualified for exemption from federal income taxes as organizations described in Section 501(c)(3) of the Code.

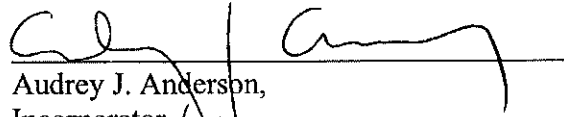
ARTICLE IX

The Corporation's Charter may be amended, restated or altered, in whole or in part, by the affirmative vote of at least seventy-five percent (75%) of all of the members of the Corporation's Board of Directors then in office at a duly called meeting at which a quorum is present; provided that (a) at least seven (7) calendar days' notice in writing setting forth a proposed amendment, restatement or alteration of the Corporation's Charter, or a reasonably detailed summary thereof, has first been provided to the Corporation's Board of Directors, and (b) the approval of Vanderbilt University shall be required for any amendment that adversely

impacts the rights of Vanderbilt University or the VU Directors, as that term is defined in the Corporation's Bylaws.

[Signature page follows]

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 18 day of
March, 2015.



Audrey J. Anderson,
Incorporator

[Signature Page to Charter]

State of Tennessee



Department of State
Corporate Filings
312 Rosa L. Parks Ave.
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

APPLICATION FOR
REGISTRATION OF
ASSUMED CORPORATE
NAME

For Office Use Only

Pursuant to the provisions of Section 48-14-101(d) of the Tennessee Business Corporation Act or Section 48-54-101(d) of the Tennessee Nonprofit Corporation Act, the undersigned corporation hereby submits this application:

1. The true name of the corporation is Vanderbilt University Medical Center

2. The state or country of incorporation is Tennessee

3. The corporation intends to transact business in Tennessee under an assumed corporate name.

4. The assumed corporate name the corporation proposes to use is
Vanderbilt Outpatient Pharmacy

[NOTE: The assumed corporate name must meet the requirements of Section 48-14-101 of the Tennessee Business Corporation Act or Section 48-54-101 of the Tennessee Nonprofit Corporation Act.]


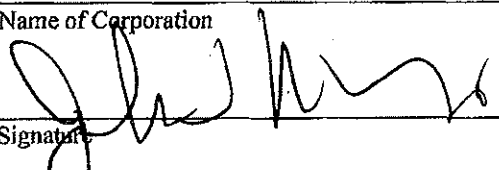
5-11-16
Signature Date

Vanderbilt University Medical Center
Name of Corporation

Chief Operating Officer and Corporate Chief of Staff
Signer's Capacity

Signature

John F. Manning, Jr.
Name (typed or printed)

<div style="text-align: center;">  <p>State of Tennessee</p> <p>Department of State Corporate Filings 312 Rosa L. Parks Ave. 6th Floor, William R. Snodgrass Tower Nashville, TN 37243</p> </div> <div style="text-align: center; margin-top: 20px;"> <p>APPLICATION FOR REGISTRATION OF ASSUMED CORPORATE NAME</p> </div>	<p><i>For Office Use Only</i></p>
<p>Pursuant to the provisions of Section 48-14-101(d) of the Tennessee Business Corporation Act or Section 48-54-101(d) of the Tennessee Nonprofit Corporation Act, the undersigned corporation hereby submits this application:</p>	
<p>1. The true name of the corporation is <u>Vanderbilt University Medical Center</u></p>	
<p>2. The state or country of incorporation is <u>Tennessee</u></p>	
<p>3. The corporation intends to transact business in Tennessee under an assumed corporate name.</p>	
<p>4. The assumed corporate name the corporation proposes to use is <u>Vanderbilt Clinic Pharmacy</u></p>	
<p>[NOTE: The assumed corporate name must meet the requirements of Section 48-14-101 of the Tennessee Business Corporation Act or Section 48-54-101 of the Tennessee Nonprofit Corporation Act.]</p>	
<p><u>5-11-16</u> Signature Date</p>	<p><u>Vanderbilt University Medical Center</u> Name of Corporation</p>
<p>Chief Operating Officer and Corporate Chief of Staff Signer's Capacity</p>	<p> Signature</p>
	<p><u>John F. Manning, Jr.</u> Name (typed or printed)</p>
<p>SS-4402 (Rev. 4/01) Filing Fee: \$20 RDA1720</p>	

B0244-2647 05/25/2016 10:00 AM Received by Tennessee Secretary of State Tre Hargett

State of Tennessee



Department of State
Corporate Filings
312 Rosa L. Parks Ave.
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

APPLICATION FOR
REGISTRATION OF
ASSUMED CORPORATE
NAME

For Office Use Only

Pursuant to the provisions of Section 48-14-101(d) of the Tennessee Business Corporation Act or Section 48-54-101(d) of the Tennessee Nonprofit Corporation Act, the undersigned corporation hereby submits this application:

1. The true name of the corporation is Vanderbilt University Medical Center

2. The state or country of incorporation is Tennessee

3. The corporation intends to transact business in Tennessee under an assumed corporate name.

4. The assumed corporate name the corporation proposes to use is
Vanderbilt Adult Hospital Pharmacy

[NOTE: The assumed corporate name must meet the requirements of Section 48-14-101 of the Tennessee Business Corporation Act or Section 48-54-101 of the Tennessee Nonprofit Corporation Act.]

5-11-16
Signature Date

Chief Operating Officer and Corporate Chief of Staff

Signer's Capacity

Vanderbilt University Medical Center
Name of Corporation

Signature

John F. Manning, Jr.
Name (typed or printed)

State of Tennessee



Department of State
Corporate Filings
312 Rosa L. Parks Ave.
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

APPLICATION FOR
REGISTRATION OF
ASSUMED CORPORATE
NAME

For Office Use Only

Pursuant to the provisions of Section 48-14-101(d) of the Tennessee Business Corporation Act or Section 48-54-101(d) of the Tennessee Nonprofit Corporation Act, the undersigned corporation hereby submits this application:

1. The true name of the corporation is Vanderbilt University Medical Center

2. The state or country of incorporation is Tennessee

3. The corporation intends to transact business in Tennessee under an assumed corporate name.

4. The assumed corporate name the corporation proposes to use is
Vanderbilt Nuclear Pharmacy

[NOTE: The assumed corporate name must meet the requirements of Section 48-14-101 of the Tennessee Business Corporation Act or Section 48-54-101 of the Tennessee Nonprofit Corporation Act.]

5-11-16
Signature Date

Vanderbilt University Medical Center
Name of Corporation

Chief Operating Officer and Corporate Chief of Staff
Signer's Capacity

Signature

John F. Manning, Jr.
Name (typed or printed)

State of Tennessee



Department of State
Corporate Filings
312 Rosa L. Parks Ave.
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

APPLICATION FOR
REGISTRATION OF
ASSUMED CORPORATE
NAME

For Office Use Only

Pursuant to the provisions of Section 48-14-101(d) of the Tennessee Business Corporation Act or Section 48-54-101(d) of the Tennessee Nonprofit Corporation Act, the undersigned corporation hereby submits this application:

1. The true name of the corporation is Vanderbilt University Medical Center

2. The state or country of incorporation is Tennessee

3. The corporation intends to transact business in Tennessee under an assumed corporate name.

4. The assumed corporate name the corporation proposes to use is
Vanderbilt Oncology Pharmacy

[NOTE: The assumed corporate name must meet the requirements of Section 48-14-101 of the Tennessee Business Corporation Act or Section 48-54-101 of the Tennessee Nonprofit Corporation Act.]

5-11-16
Signature Date

Vanderbilt University Medical Center
Name of Corporation

Chief Operating Officer and Corporate Chief of Staff
Signer's Capacity

Signature

John F. Manning, Jr.
Name (typed or printed)



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

Filing Information

Name: **Vanderbilt University Medical Center**

General Information

SOS Control # 000792687 Formation Locale: TENNESSEE
Filing Type: Nonprofit Corporation - Domestic Date Formed: 03/18/2015
 03/18/2015 3:00 PM Fiscal Year Close 6
Status: Active
Duration Term: Perpetual
Public/Mutual Benefit: Public

Registered Agent Address

NATIONAL REGISTERED AGENTS, INC.
300 MONTVUE RD
KNOXVILLE, TN 37919-5546

Principal Address

1161 21ST AVE SOUTH MEDICAL CENTER NORTH D-
NASHVILLE, TN 37232-5545

The following document(s) was/were filed in this office on the date(s) indicated below:

<u>Date Filed</u>	<u>Filing Description</u>	<u>Image #</u>
11/14/2023	Assumed Name	B1470-5881
	New Assumed Name Changed From: No Value To: Vanderbilt Transplant Pharmacy	
09/25/2023	Assumed Name Cancellation	B1442-4647
	Name Status Changed From: Active (Vanderbilt Clinic Pharmacy) To: Inactive - Name Cancelled (Vanderbilt Clinic Pharmacy)	
09/05/2023	2023 Annual Report	B1448-7072
10/18/2022	Assumed Name Renewal	B1291-8709
	Assumed Name Changed From: Vanderbilt Integrated Pharmacy To: Vanderbilt Integrated Pharmacy	
	Expiration Date Changed From: 10/20/2022 To: 10/18/2027	
10/18/2022	Assumed Name Renewal	B1291-8691
	Assumed Name Changed From: Green Hills Medicine Pharmacy To: Green Hills Medicine Pharmacy	
	Expiration Date Changed From: 10/20/2022 To: 10/18/2027	
10/18/2022	Assumed Name Renewal	B1291-8673
	Assumed Name Changed From: Vanderbilt Cool Springs Pharmacy To: Vanderbilt Cool Springs Pharmacy	
	Expiration Date Changed From: 10/20/2022 To: 10/18/2027	
10/18/2022	Assumed Name Renewal	B1291-8640
	Assumed Name Changed From: Vanderbilt Children's Hospital Pharmacy To: Vanderbilt Children's Hospital Pharmacy	

Filing Information

Name: **Vanderbilt University Medical Center**

Expiration Date Changed From: 10/20/2022 To: 10/18/2027
10/18/2022 Assumed Name Renewal B1291-8539

Assumed Name Changed From: Vanderbilt Children's Outpatient Pharmacy To: Vanderbilt Children's Outpatient Pharmacy
Expiration Date Changed From: 10/20/2022 To: 10/18/2027
10/18/2022 Assumed Name Renewal B1291-8508

Assumed Name Changed From: Medical Center East Pharmacy To: Medical Center East Pharmacy
Expiration Date Changed From: 10/20/2022 To: 10/18/2027
10/18/2022 Assumed Name Renewal B1291-8456

Assumed Name Changed From: Vanderbilt Health Pharmacy To: Vanderbilt Health Pharmacy
Expiration Date Changed From: 10/20/2022 To: 10/18/2027
10/18/2022 Assumed Name Renewal B1291-8423

Assumed Name Changed From: Vanderbilt Psychiatric Hospital Pharmacy To: Vanderbilt Psychiatric Hospital Pharmacy
Expiration Date Changed From: 10/20/2022 To: 10/18/2027
09/29/2022 Assumed Name B1283-4702

New Assumed Name Changed From: No Value To: Vanderbilt Medical Laboratories
09/12/2022 2022 Annual Report B1277-0874
09/30/2021 2021 Annual Report B1099-3675

Principal Address 1 Changed From: 1161 21ST AVE S To: 1161 21ST AVE SOUTH MEDICAL CENTER NORTH D-3300
05/06/2021 Assumed Name Renewal B1029-5324

Assumed Name Changed From: Vanderbilt Outpatient Pharmacy To: Vanderbilt Outpatient Pharmacy
Expiration Date Changed From: 05/25/2021 To: 05/06/2026
05/06/2021 Assumed Name Renewal B1029-5280

Assumed Name Changed From: Vanderbilt Clinic Pharmacy To: Vanderbilt Clinic Pharmacy
Expiration Date Changed From: 05/25/2021 To: 05/06/2026
05/06/2021 Assumed Name Renewal B1029-5183

Assumed Name Changed From: Vanderbilt Nuclear Pharmacy To: Vanderbilt Nuclear Pharmacy
Expiration Date Changed From: 05/25/2021 To: 05/06/2026
05/06/2021 Assumed Name Renewal B1029-4902

Assumed Name Changed From: Vanderbilt Oncology Pharmacy To: Vanderbilt Oncology Pharmacy
Expiration Date Changed From: 05/25/2021 To: 05/06/2026
05/06/2021 Assumed Name Renewal B1029-4815

Assumed Name Changed From: Vanderbilt Adult Hospital Pharmacy To: Vanderbilt Adult Hospital Pharmacy
Expiration Date Changed From: 05/25/2021 To: 05/06/2026
02/23/2021 Administrative Amendment B0987-1000

Filing Information

Name: **Vanderbilt University Medical Center**

09/28/2020	Assumed Name	B0926-7514
	New Assumed Name Changed From: No Value To: baby+co.	
09/18/2020	2020 Annual Report	B0923-6054
09/17/2019	2019 Annual Report	B0757-7433
08/26/2019	Assumed Name	B0607-7385
	New Assumed Name Changed From: No Value To: Vanderbilt Wilson County Hospital	
10/02/2018	2018 Annual Report	B0596-8615
01/26/2018	Registered Agent Change (by Agent)	*B0478-4997
	Registered Agent Physical Address 1 Changed From: 800 S GAY ST To: 300 MONTVUE RD	
	Registered Agent Physical Address 2 Changed From: STE 2021 To: No Value	
	Registered Agent Physical Postal Code Changed From: 37929-9710 To: 37919-5546	
10/20/2017	Assumed Name	B0438-5365
	New Assumed Name Changed From: No Value To: Vanderbilt Integrated Pharmacy	
10/20/2017	Assumed Name	B0438-5368
	New Assumed Name Changed From: No Value To: Green Hills Medicine Pharmacy	
10/20/2017	Assumed Name	B0438-5371
	New Assumed Name Changed From: No Value To: Vanderbilt Cool Springs Pharmacy	
10/20/2017	Assumed Name	B0438-5374
	New Assumed Name Changed From: No Value To: Vanderbilt Children's Hospital Pharmacy	
10/20/2017	Assumed Name	B0438-5377
	New Assumed Name Changed From: No Value To: Vanderbilt Children's Outpatient Pharmacy	
10/20/2017	Assumed Name	B0438-5380
	New Assumed Name Changed From: No Value To: Medical Center East Pharmacy	
10/20/2017	Assumed Name	B0438-5383
	New Assumed Name Changed From: No Value To: Vanderbilt Health Pharmacy	
10/20/2017	Assumed Name	B0438-5386
	New Assumed Name Changed From: No Value To: Vanderbilt Psychiatric Hospital Pharmacy	
09/15/2017	2017 Annual Report	B0433-5097
09/15/2016	2016 Annual Report	B0280-8438
05/25/2016	Assumed Name	B0244-2645
	New Assumed Name Changed From: No Value To: Vanderbilt Outpatient Pharmacy	
05/25/2016	Assumed Name	B0244-2646
	New Assumed Name Changed From: No Value To: Vanderbilt Clinic Pharmacy	
05/25/2016	Assumed Name	B0244-2647
	New Assumed Name Changed From: No Value To: Vanderbilt Adult Hospital Pharmacy	
05/25/2016	Assumed Name	B0244-2648

Filing Information

Name: **Vanderbilt University Medical Center**

New Assumed Name Changed From: No Value To: Vanderbilt Nuclear Pharmacy

05/25/2016 Assumed Name B0244-2649

New Assumed Name Changed From: No Value To: Vanderbilt Oncology Pharmacy

09/29/2015 2015 Annual Report B0133-7363

03/18/2015 Initial Filing B0072-0037


Active Assumed Names (if any)

	Date	Expires
Vanderbilt Transplant Pharmacy	11/14/2023	11/14/2028
Vanderbilt Medical Laboratories	09/29/2022	09/29/2027
baby+co.	09/28/2020	09/28/2025
Vanderbilt Wilson County Hospital	08/26/2019	08/26/2024
Vanderbilt Psychiatric Hospital Pharmacy	10/20/2017	10/18/2027
Vanderbilt Health Pharmacy	10/20/2017	10/18/2027
Medical Center East Pharmacy	10/20/2017	10/18/2027
Vanderbilt Children's Outpatient Pharmacy	10/20/2017	10/18/2027
Vanderbilt Children's Hospital Pharmacy	10/20/2017	10/18/2027
Vanderbilt Cool Springs Pharmacy	10/20/2017	10/18/2027
Green Hills Medicine Pharmacy	10/20/2017	10/18/2027
Vanderbilt Integrated Pharmacy	10/20/2017	10/18/2027
Vanderbilt Oncology Pharmacy	05/25/2016	05/06/2026
Vanderbilt Nuclear Pharmacy	05/25/2016	05/06/2026
Vanderbilt Adult Hospital Pharmacy	05/25/2016	05/06/2026
Vanderbilt Outpatient Pharmacy	05/25/2016	05/06/2026

Attachment 8A. Management Agreement – Not applicable

Prepared by and after recording return to:

Hogan Lovells US LLP
Attn: Al Stemp, Esq.
1999 Avenue of the Stars, Suite 1400
Los Angeles, California 90067

BILL GARRETT, Davidson County
Trans: T20160035503 LEASE
Recvd: 04/29/16 11:14 10 pgs
Fees: 52.00 Taxes: 0.00

20160429-0042102

MEMORANDUM OF GROUND LEASE

THE VANDERBILT UNIVERSITY, a Tennessee nonprofit corporation ("**Landlord**"), has leased to VANDERBILT UNIVERSITY MEDICAL CENTER, a Tennessee nonprofit corporation ("**Tenant**"), for a period beginning on April 30, 2016 (the "**Ground Lease Effective Date**"), and expiring on June 30, 2114, subject to two (2) renewal options exercisable by Tenant for two (2) additional periods of at least fifty (50) years but no more than ninety-nine (99) years each as mutually agreed by Tenant and Landlord (such period and renewals being referred to herein as the "**Ground Lease Term**"), those certain parcels or tracts of land in Nashville, Davidson County, Tennessee, described on **Exhibit A** attached hereto and made a part hereof (the "**Premises**"). The Premises has been leased to Tenant pursuant to that certain Ground Lease entered into as of April 29, 2016 and effective as of the Ground Lease Effective Date, by and between Landlord and Tenant (the "**Ground Lease**"). During the Ground Lease Term, existing improvements and future improvements located on the Premises (the "**Improvements**") shall be owned by Tenant in fee simple and deemed Tenant's property for all purposes until the expiration of the Ground Lease Term or the earlier termination of the Ground Lease.

At the expiration of the Ground Lease Term or prior termination of the Ground Lease, Tenant shall: (1) immediately and peaceably surrender the Premises and Improvements to Landlord in a safe and clean condition and in good order and repair, reasonable wear and tear excepted and (2) assign to Landlord Tenant's interest in any subleases executed by Tenant in accordance with the Ground Lease. At the expiration of the Ground Lease Term or prior termination of the Ground Lease, fee title to the Improvements shall automatically revert to and be vested in Landlord and Tenant shall deliver such documentation reasonably requested by Landlord to memorialize the reversion of fee title to the Improvements to Landlord. In addition, any personal property belonging to Tenant (but not owned by any subtenant or occupant under any sublease) left at the Premises or Improvements following the expiration or prior termination of the Ground Lease shall be deemed abandoned.

The use of the Premises is strictly limited by certain terms and provisions of the Ground Lease, all of which are incorporated herein by this reference.

The Ground Lease forms part of a single, interdependent, integrated transaction effected by means of a set of interrelated agreements entered into by Landlord and Tenant substantially contemporaneously herewith, including the Master Transfer and Separation Agreement (as defined as MTSA in the Ground Lease), the Academic Affiliation Agreement (as defined as AAA in the Ground Lease), the Trademark License Agreement (as defined in the Ground Lease), the Reciprocal Easement and Facilities Management Agreement (as defined as the Easement and Facilities Agreement in the Ground Lease), the Parking Lease Agreement (as defined in the Ground Lease) services agreements and other agreements.

This Memorandum of Ground Lease may be executed in any number of counterparts, which shall collectively constitute one instrument.

[Signature Pages Follow]

IN WITNESS WHEREOF, the parties hereto have entered into this Memorandum of Ground Lease as of the 29th day of April, 2016, but intend it to be effective as of April 30, 2016.

LANDLORD:

THE VANDERBILT UNIVERSITY, a Tennessee nonprofit corporation

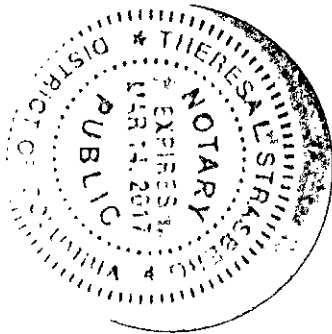
By: *Eric Kopstain*
Print Name: Eric Kopstain
Print Title: Vice Chancellor for Administration

DISTRICT OF COLUMBIA)

Before me, the undersigned, a Notary Public in and for the District of Columbia, personally appeared Eric Kopstain, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who upon oath acknowledged himself to be Vice Chancellor for Administration of **THE VANDERBILT UNIVERSITY**, the within named bargainer, a Tennessee nonprofit corporation, and that he as such Vice Chancellor for Administration, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as Eric Kopstain, Vice Chancellor for Administration.

Witness my hand and seal, at office in the District of Columbia, this the 27th day of April, 2016.

Theresa L. Strasberg
NOTARY PUBLIC
My Commission Expires: 03/14/2017



TENANT:

VANDERBILT UNIVERSITY MEDICAL CENTER,
a Tennessee nonprofit corporation

By: Cecelia B. Moore

Print Name: Cecelia B. Moore

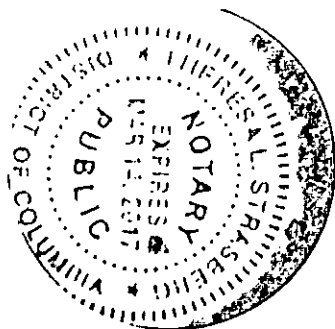
Print Title: Chief Financial Officer and Treasurer

DISTRICT OF COLUMBIA)

Before me, the undersigned, a Notary Public in and for the District of Columbia, personally appeared Cecelia B. Moore, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who upon oath acknowledged herself to be Chief Financial Officer and Treasurer of VANDERBILT UNIVERSITY MEDICAL CENTER, the within named bargainor, a Tennessee nonprofit corporation, and that she as such Chief Financial Officer and Treasurer, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by herself as Cecelia B. Moore, Chief Financial Officer and Treasurer.

Witness my hand and seal, at office in the District of Columbia, this the 27th day of April, 2016.

Heidi L. Stausberg
NOTARY PUBLIC
My Commission Expires: 03/14/2017



**Exhibit A
to
Memorandum of Ground Lease**

Premises Description

[Attached.]

Exhibit A

TRACT A

BEING A GROUND LEASE TRACT IN DAVIDSON COUNTY, CITY OF NASHVILLE, TENNESSEE. BEING A PORTION OF PARCEL NUMBER 1 AS SHOWN ON DAVIDSON COUNTY PROPERTY TAX MAP NUMBER 104-04. BEING BOUNDED ON THE SOUTH BY RIGHT-OF-WAY (R/W) OF BLAKEMORE AVENUE (PUBLIC R/W VARIES), ON THE WEST BY RIGHT-OF-WAY (R/W) OF 24TH AVENUE SOUTH (60' PUBLIC R/W), ON THE NORTH BY THE REMAINDER OF PARCEL 1, VANDERBILT UNIVERSITY BEING A PORTION OF CHILDREN'S WAY HAVING BEEN CLOSED BY METRO ORDINANCE, AND ON THE EAST BY THE REMAINDER OF PARCEL 1, VANDERBILT UNIVERSITY BEING A PORTION OF 23RD AVENUE SOUTH HAVING BEEN CLOSED BY METRO ORDINANCE, SAID TRACT BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

POINT OF BEGINNING BEING AN P.K. NAIL (NEW) IN THE NORTHERLY R/W MARGIN OF BLAKEMORE AVENUE AND APPROXIMATELY IN THE WESTERLY FACE OF FACE OF CURB OF 23RD AVENUE SOUTH BEING THE SOUTHEAST CORNER OF THE PROPERTY HEREIN DESCRIBED, HAVING A NORTHING OF 657,865.30 AND AN EASTING OF 1,731,331.44 (NAD83); THENCE LEAVING THE SAID 23RD AVENUE SOUTH WITH THE R/W OF BLAKEMORE AVENUE NORTH 82 DEGREES 23 MINUTES 36 SECONDS WEST, 260.35 FEET TO A P.K. NAIL (NEW); THENCE NORTH 78 DEGREES 00 MINUTES 57 SECONDS WEST, 100.96 FEET TO A P.K. NAIL (NEW); THENCE NORTH 82 DEGREES 10 MINUTES 01 SECONDS WEST, 128.53 FEET TO A P.K. NAIL (NEW); THENCE NORTH 55 DEGREES 08 MINUTES 03 SECONDS WEST, 29.54 FEET TO A P.K. NAIL (NEW) IN THE EASTERLY R/W MARGIN OF 24TH AVENUE SOUTH; THENCE WITH THE R/W OF 24TH AVENUE SOUTH NORTH 07 DEGREES 32 MINUTES 17 SECONDS EAST 10.39 FEET TO A P.K. NAIL (NEW); THENCE AROUND A CURVE TO THE LEFT HAVING A RADIUS OF 1130.00 FEET, A CENTRAL ANGLE OF 13 DEGREES 51 MINUTES 48 SECONDS, AN ARC LENGTH OF 273.41 FEET, AND A CHORD BEARING AND DISTANCE OF NORTH 01 DEGREES 06 MINUTES 05 SECONDS WEST 272.75 FEET TO A P.K. NAIL (NEW); THENCE NORTH 07 DEGREES 44 MINUTES 32 SECONDS WEST 17.29 FEET TO A P.K. NAIL (NEW) IN THE SOUTHERLY PORTION OF CHILDREN'S WAY; THENCE LEAVING 24TH AVENUE SOUTH GENERALLY WITH THE SOUTHERLY FACE OF CURB OF CHILDREN'S WAY SOUTH 82 DEGREES 38 MINUTES 19 SECONDS EAST, 550.58 FEET TO A P.K. NAIL (NEW); THENCE AROUND A CURVE TO THE RIGHT HAVING A RADIUS OF 14.39 FEET, A CENTRAL ANGLE OF 93 DEGREES 29 MINUTES 07 SECONDS, AN ARC LENGTH OF 23.48 FEET, A CHORD BEARING AND DISTANCE OF SOUTH 37 DEGREES 23 MINUTES 47 SECONDS EAST, 20.96 FEET TO A P.K. NAIL (NEW) IN THE WESTERLY PORTION OF 23RD AVENUE SOUTH; THENCE GENERALLY WITH THE WESTERLY FACE OF CURB OF 23RD AVENUE SOUTH SOUTH 08 DEGREES 18 MINUTES 04 SECONDS WEST, 305.97 FEET TO THE POINT OF BEGINNING.

CONTAINING 168,476 SQUARE FEET OR 3.87 ACRES, MORE OR LESS.

TRACT B

BEING A GROUND LEASE TRACT IN DAVIDSON COUNTY, CITY OF NASHVILLE, TENNESSEE. BEING A PORTION OF PARCEL NUMBER 1 AS SHOWN ON DAVIDSON COUNTY PROPERTY TAX MAP NUMBER 104-04. BEING BOUNDED ON THE NORTH BY THE REMAINDER OF PARCEL 1, VANDERBILT UNIVERSITY BEING A PORTION OF PIERCE AVENUE HAVING BEEN CLOSED BY METRO ORDINANCE, ON THE WEST BY RIGHT-OF-WAY (R/W) OF 24TH AVENUE SOUTH (60' PUBLIC R/W), ON THE SOUTH BY THE REMAINDER OF PARCEL 1, VANDERBILT UNIVERSITY BEING A PORTION OF CHILDREN'S WAY HAVING BEEN CLOSED BY METRO ORDINANCE, AND ON THE EAST BY THE REMAINDER OF PARCEL 1, VANDERBILT UNIVERSITY BEING A PORTION OF 23RD AVENUE SOUTH HAVING BEEN CLOSED BY

METRO ORDINANCE, SAID TRACT BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

POINT OF BEGINNING BEING A P.K NAIL (NEW) IN THE EASTERLY R/W MARGIN OF 24TH AVENUE SOUTH AND APPROXIMATELY IN THE NORTHERLY FACE OF CURB OF CHILDRENS WAY BEING THE SOUTHWEST CORNER OF THE PROPERTY HEREIN DESCRIBED, HAVING A NORTHING OF 658,298.15 AND AN EASTING OF 1,730,811.02 (NAD83); THENCE WITH THE SAID 24TH AVENUE NORTH 07 DEGREES 44 MINUTES 36 SECONDS WEST, 88.16 FEET TO A P.K. NAIL (NEW); THENCE AROUND A CURVE TO THE RIGHT HAVING A RADIUS OF 970.36 FEET, A CENTRAL ANGLE OF 14 DEGREES 34 MINUTES 10 SECONDS, AN ARC LENGTH OF 246.75 FEET, AND A CHORD BEARING AND DISTANCE OF NORTH 00 DEGREES 27 MINUTES 19 SECONDS WEST 246.08 FEET TO A P.K. NAIL (NEW) IN THE SOUTHERLY PORTION OF PIERCE AVENUE; THENCE LEAVING 24TH AVENUE SOUTH GENERALLY AND PARTIALLY WITH THE SOUTHERLY FACE OF CURB OF PIERCE AVENUE SOUTH 82 DEGREES 17 MINUTES 34 SECONDS EAST, 589.37 FEET TO A P.K. NAIL (NEW) IN THE WESTERLY PORTION OF 23RD AVENUE SOUTH; THENCE LEAVING PIERCE AVENUE GENERALLY AND PARTIALLY WITH THE WESTERLY FACE OF CURB OF 23RD AVENUE SOUTH SOUTH 07 DEGREES 27 MINUTES 25 SECONDS WEST, 325.36 FEET TO A P.K. NAIL (NEW) IN THE NORTHERLY PORTION OF CHILDRENS WAY; THENCE LEAVING 23RD AVENUE SOUTH GENERALLY WITH THE NORTHERLY FACE OF CURB OF CHILDRENS WAY NORTH 82 DEGREES 38 MINUTES 15 SECONDS WEST, 532.37 FEET TO THE POINT OF BEGINNING.

CONTAINING 186,092 SQUARE FEET OR 4.27 ACRES, MORE OR LESS.

TRACT C

BEING A GROUND LEASE TRACT IN DAVIDSON COUNTY, CITY OF NASHVILLE, TENNESSEE. BEING A PORTION OF PARCEL NUMBER 1 AS SHOWN ON DAVIDSON COUNTY PROPERTY TAX MAP NUMBER 104-04. BEING BOUNDED ON THE NORTH BY THE REMAINDER OF PARCEL 1, VANDERBILT UNIVERSITY BEING A PORTION OF PIERCE AVENUE HAVING BEEN CLOSED BY METRO ORDINANCE, ON THE EAST BY THE REMAINDER OF PARCEL 1, VANDERBILT UNIVERSITY BEING A PORTION OF MEDICAL CENTER DRIVE HAVING BEEN CLOSED BY METRO ORDINANCE, ON THE SOUTH BY THE REMAINDER OF PARCEL 1, VANDERBILT UNIVERSITY BEING A PORTION OF CHILDREN'S WAY HAVING BEEN CLOSED BY METRO ORDINANCE, AND ON THE WEST BY THE REMAINDER OF PARCEL 1, VANDERBILT UNIVERSITY BEING A PORTION OF 23RD AVENUE SOUTH HAVING BEEN CLOSED BY METRO ORDINANCE, SAID TRACT BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

POINT OF BEGINNING BEING AN P.K NAIL (NEW) IN THE NORTHERLY FACE OF CURB OF CHILDREN'S WAY AND THE EASTERLY FACE OF CURB OF 23RD AVENUE SOUTH BEING THE SOUTHWEST CORNER OF THE PROPERTY HEREIN DESCRIBED, HAVING A NORTHING OF 658,226.86 AND AN EASTING OF 1,731,362.51 (NAD83); THENCE LEAVING THE SAID CHILDREN'S WAY GENERALLY WITH THE FACE OF CURB OF 23RD AVENUE NORTH 07 DEGREES 08 MINUTES 40 SECONDS EAST, 291.75 FEET TO A P.K. NAIL (NEW); THENCE NORTH 37 DEGREES 07 MINUTES 37 SECONDS EAST, 37.29 FEET TO A P.K. NAIL (NEW) IN THE SOUTHERLY PORTION OF PIERCE AVENUE; THENCE LEAVING 23RD AVENUE SOUTH GENERALLY WITH THE SOUTHERLY FACE OF CURB OF PIERCE AVENUE SOUTH 80 DEGREES 16 MINUTES 12 SECONDS EAST, 49.20 FEET TO A P.K. NAIL (NEW); THENCE SOUTH 82 DEGREES 47 MINUTES 22 SECONDS EAST, 277.22 FEET TO A P.K. NAIL (NEW); THENCE AROUND A CURVE TO THE RIGHT HAVING A RADIUS OF 17.60 FEET, A CENTRAL ANGLE OF 90 DEGREES 09 MINUTES 04 SECONDS, AN ARC LENGTH OF 27.70 FEET, AND A CHORD BEARING AND DISTANCE OF SOUTH 47 DEGREES 57 MINUTES 47 SECONDS EAST 24.93 FEET TO A P.K. NAIL (NEW) IN THE WESTERLY PORTION OF MEDICAL CENTER DRIVE; THENCE GENERALLY WITH THE WESTERLY FACE OF CURB OF MEDICAL CENTER DRIVE SOUTH 07 DEGREES 24 MINUTES 30 SECONDS WEST 295.72 FEET TO A P.K. NAIL (NEW); THENCE AROUND A CURVE TO THE RIGHT HAVING A RADIUS OF 15.38 FEET, A CENTRAL ANGLE OF 90 DEGREES 14 MINUTES 37 SECONDS, AN ARC LENGTH OF 24.23 FEET, A CHORD BEARING AND DISTANCE OF SOUTH 56 DEGREES 24 MINUTES 44 SECONDS WEST, 21.80 FEET TO A P.K. NAIL (NEW) IN THE NORTHERLY PORTION OF CHILDREN'S WAY; THENCE GENERALLY WITH THE NORTHERLY FACE OF CURB OF CHILDREN'S WAY NORTH 82 DEGREES 24 MINUTES 55 SECONDS WEST, 347.70 FEET TO THE POINT OF BEGINNING.

CONTAINING 117,544 SQUARE FEET OR 2.70 ACRES, MORE OR LESS.

TRACT D

BEING A GROUND LEASE TRACT IN DAVIDSON COUNTY, CITY OF NASHVILLE, TENNESSEE. BEING A PORTION OF PARCEL NUMBER 1 AS SHOWN ON DAVIDSON COUNTY PROPERTY TAX MAP NUMBER 104-04. BEING BOUNDED ON THE NORTH BY THE REMAINDER OF PARCEL 1, VANDERBILT UNIVERSITY BEING A PORTION OF PIERCE AVENUE HAVING BEEN CLOSED BY METRO ORDINANCE, ON THE WEST BY THE REMAINDER OF PARCEL 1, VANDERBILT UNIVERSITY BEING A PORTION OF MEDICAL CENTER DRIVE HAVING BEEN CLOSED BY METRO ORDINANCE, ON THE SOUTH BY THE REMAINDER OF PARCEL 1, VANDERBILT UNIVERSITY BEING A PORTION OF CHILDREN'S WAY HAVING BEEN CLOSED BY METRO ORDINANCE, AND ON THE EAST BY THE R/W OF PUBLIC ALLEY #639 (15' PUBLIC R/W), SAID TRACT BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

POINT OF BEGINNING BEING AN P.K NAIL (NEW) IN THE NORTHERLY FACE OF CURB OF CHILDREN'S WAY AND THE WESTERLY R/W OF THE SAID ALLEY BEING THE SOUTHEAST CORNER OF THE PROPERTY HEREIN DESCRIBED, HAVING A NORTHING OF 658,159.49 AND AN EASTING OF 1,731,873.91 (NAD83); THENCE LEAVING THE SAID ALLEY GENERALLY WITH THE FACE OF CURB OF CHILDREN'S WAY NORTH 82 DEGREES 37 MINUTES 05 SECONDS WEST, 94.89 FEET TO A P.K. NAIL (NEW); THENCE AROUND A CURVE TO THE RIGHT HAVING A RADIUS OF 14.29 FEET, A CENTRAL ANGLE OF 93 DEGREES 24 MINUTES 17 SECONDS, AN ARC LENGTH OF 23.30 FEET, AND A CHORD BEARING AND DISTANCE OF NORTH 37 DEGREES 03 MINUTES 41 SECONDS WEST 20.80 FEET TO A P.K. NAIL (NEW) IN THE EASTERLY PORTION OF MEDICAL CENTER DRIVE; THENCE GENERALLY WITH THE EASTERLY FACE OF CURB OF MEDICAL CENTER DRIVE NORTH 07 DEGREES 24 MINUTES 13 SECONDS EAST 294.97 FEET TO A P.K. NAIL (NEW); THENCE AROUND A CURVE TO THE RIGHT HAVING A RADIUS OF 14.78 FEET, A CENTRAL ANGLE OF 94 DEGREES 03 MINUTES 25 SECONDS, AN ARC LENGTH OF 24.27 FEET, A CHORD BEARING AND DISTANCE OF NORTH 55 DEGREES 16 MINUTES 30 SECONDS EAST, 21.63 FEET TO A P.K. NAIL (NEW) IN THE SOUTHERLY PORTION OF PIERCE AVENUE; THENCE GENERALLY WITH THE SOUTHERLY FACE OF CURB OF PIERCE AVENUE SOUTH 82 DEGREES 57 MINUTES 46 SECONDS EAST, 94.47 FEET TO A P.K. NAIL (NEW) IN THE WESTERLY R/W OF THE SAID ALLEY; THENCE LEAVING PIERCE AVENUE WITH THE WESTERLY R/W OF THE SAID ALLEY SOUTH 07 DEGREES 35 MINUTES 22 SECONDS WEST, 324.90 FEET TO THE POINT OF BEGINNING.

CONTAINING 35,608 SQUARE FEET OR 0.82 ACRES, MORE OR LESS.

TRACT E

BEING A GROUND LEASE TRACT IN DAVIDSON COUNTY, CITY OF NASHVILLE, TENNESSEE. BEING A PORTION OF PARCEL NUMBER 10.00 AS SHOWN ON DAVIDSON COUNTY PROPERTY TAX MAP NUMBER 104-04. BEING BOUNDED ON THE NORTH AND WEST BY THE REMAINDER OF PARCEL 10.00, VANDERBILT UNIVERSITY BEING A PORTION OF MEDICAL CENTER DRIVE HAVING BEEN CLOSED BY METRO ORDINANCE, ON THE EAST BY THE R/W OF 21ST AVENUE SOUTH (70' PUBLIC R/W), AND ON THE SOUTH BY THE REMAINDER OF PARCEL 10.00, VANDERBILT UNIVERSITY BEING A PORTION OF PIERCE AVENUE HAVING BEEN CLOSED BY METRO ORDINANCE AND THE R/W OF PIERCE AVENUE (50' PUBLIC R/W), SAID TRACT BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

POINT OF BEGINNING BEING AN P.K NAIL (NEW) IN THE NORTHERLY R/W OF PIERCE AVENUE AND THE WESTERLY R/W OF 21ST AVENUE SOUTH BEING THE SOUTHEAST CORNER OF THE PROPERTY HEREIN DESCRIBED, HAVING A NORTHING OF 658,499.60 AND AN EASTING OF 1,732,101.71 (NAD83); THENCE LEAVING 21ST AVENUE SOUTH WITH THE R/W OF PIERCE AVENUE NORTH 82 DEGREES 49 MINUTES 45 SECONDS WEST, 180.89 FEET TO A P.K. NAIL (NEW); THENCE SOUTH 07 DEGREES 35 MINUTES 22 SECONDS WEST, 9.35 FEET TO A P.K. NAIL (NEW) IN THE NORTHERLY PORTION OF THE CLOSED PIERCE AVENUE; THENCE GENERALLY WITH THE NORTHERLY FACE OF CURB OF PIERCE AVENUE NORTH 82 DEGREES 46 MINUTES 08 SECONDS WEST, 92.91 FEET TO A P.K. NAIL (NEW); THENCE AROUND A CURVE TO THE RIGHT HAVING A RADIUS OF 17.50 FEET, A CENTRAL ANGLE OF 90 DEGREES 02 MINUTES 33 SECONDS, AN ARC LENGTH OF 27.50 FEET, AND A CHORD BEARING AND DISTANCE OF NORTH 37 DEGREES 44 MINUTES 52 SECONDS WEST 24.76 FEET TO A P.K. NAIL (NEW) IN THE EASTERLY PORTION OF MEDICAL CENTER DRIVE; THENCE GENERALLY WITH THE EASTERLY

FACE OF CURB OF MEDICAL CENTER DRIVE NORTH 07 DEGREES 16 MINUTES 24 SECONDS EAST 1035.07 FEET TO A P.K. NAIL (NEW); THENCE AROUND A CURVE TO THE RIGHT HAVING A RADIUS OF 111.95 FEET, A CENTRAL ANGLE OF 53 DEGREES 30 MINUTES 25 SECONDS, AN ARC LENGTH OF 104.55 FEET, A CHORD BEARING AND DISTANCE OF NORTH 53 DEGREES 38 MINUTES 43 SECONDS EAST, 100.79 FEET TO A P.K. NAIL (NEW); THENCE SOUTH 82 DEGREES 50 MINUTES 03 SECONDS EAST, 218.73 FEET TO A P.K. NAIL (NEW) IN THE WESTERLY R/W OF 21ST AVENUE SOUTH; THENCE LEAVING MEDICAL CENTER DRIVE WITH THE R/W OF 21ST AVENUE SOUTH 07 DEGREES 17 MINUTES 24 SECONDS WEST, 1112.78 FEET TO THE POINT OF BEGINNING.

CONTAINING 323,641 SQUARE FEET OR 7.43 ACRES, MORE OR LESS.

TRACT F

BEING A GROUND LEASE TRACT IN DAVIDSON COUNTY, CITY OF NASHVILLE, TENNESSEE. BEING A PORTION OF PARCEL NUMBER 1.00 AS SHOWN ON DAVIDSON COUNTY PROPERTY TAX MAP NUMBER 104-04. BEING BOUNDED ON THE NORTH, SOUTH, AND PORTION OF THE EAST BY THE REMAINDER OF PARCEL 1.00, VANDERBILT UNIVERSITY BEING A PORTION OF MEDICAL CENTER DRIVE, PIERCE AVENUE, AND GARLAND AVENUE HAVING BEEN CLOSED BY METRO ORDINANCE, AND STEVENSON CENTER LANE (PRIVATE), ON THE EAST BY THE R/W OF 21ST AVENUE SOUTH (70' PUBLIC R/W), AND ALSO ON THE WEST BY THE VETERANS HOSPITAL UNITED STATES OF AMERICA PROPERTY (R.O.D.C.T.), SAID TRACT BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

POINT OF BEGINNING BEING AN P.K. NAIL (NEW) IN THE NORTHERLY PORTION OF PIERCE AVENUE AND IN THE EASTERLY LINE OF THE SAID VETERANS HOSPITAL PROPERTY BEING THE SOUTHWEST CORNER OF THE PROPERTY HEREIN DESCRIBED, HAVING A NORTHING OF 658,581.84 AND AN EASTING OF 1,731,376.57 (NAD83); THENCE LEAVING PIERCE AVENUE WITH THE EASTERLY LINE OF THE VETERANS HOSPITAL THE FOLLOWING THREE CALLS: NORTH 07 DEGREES 23 MINUTES 13 SECONDS EAST, 887.39 FEET TO A P.K. NAIL (NEW); THENCE NORTH 82 DEGREES 22 MINUTES 48 SECONDS WEST, 58.06 FEET TO A P.K. NAIL (NEW); THENCE NORTH 07 DEGREES 14 MINUTES 23 SECONDS EAST, 244.42 FEET TO A P.K. NAIL (NEW); THENCE LEAVING THE SAID VETERANS HOSPITAL THROUGH THE REMAINING LANDS OF VANDERBILT UNIVERSITY THE FOLLOWING TWENTY CALLS: SOUTH 82 DEGREES 47 MINUTES 25 SECONDS EAST, 233.29 FEET TO A P.K. NAIL (NEW); THENCE NORTH 07 DEGREES 35 MINUTES 17 SECONDS EAST, 152.53 FEET TO A P.K. NAIL (NEW) BEING IN THE FACE OF CURB OF GARLAND AVENUE; THENCE GENERALLY WITH THE FACE OF CURB OF GARLAND AVENUE AROUND A CURVE TO THE LEFT HAVING A RADIUS OF 41.59 FEET, A CENTRAL ANGLE OF 155 DEGREES 13 MINUTES 29 SECONDS, AN ARC LENGTH OF 112.66 FEET, AND A CHORD BEARING AND DISTANCE OF NORTH 60 DEGREES 21 MINUTES 47 SECONDS WEST 81.24 FEET TO A P.K. NAIL (NEW) IN THE NORTHERLY PORTION OF GARLAND AVENUE; THENCE AROUND A CURVE TO THE RIGHT HAVING A RADIUS OF 20.47 FEET, AN ARC LENGTH OF 24.35, A CENTRAL ANGLE OF 68 DEGREES 09 MINUTES 38 SECONDS, AND A CHORD BEARING AND LENGTH OF SOUTH 66 DEGREES 45 MINUTES 17 SECONDS WEST, 22.94 FEET TO A P.K. NAIL (NEW); THENCE AROUND A CURVE TO THE LEFT HAVING A RADIUS OF 597.60 FEET, AN ARC LENGTH OF 83.70 FEET, A CENTRAL ANGLE OF 8 DEGREES 01 MINUTES 30 SECONDS, AND A CHORD BEARING AND LENGTH OF NORTH 87 DEGREES 36 MINUTES 11 SECONDS WEST, 83.63 FEET TO A P.K. NAIL (NEW); THENCE AROUND A CURVE TO THE RIGHT, HAVING A RADIUS OF 21.99 FEET, AN ARC LENGTH OF 39.98 FEET, A CENTRAL ANGLE OF 104 DEGREES 10 MINUTES 27 SECONDS, AND A CHORD BEARING AND LENGTH OF NORTH 36 DEGREES 10 MINUTES 56 SECONDS WEST, 34.69 FEET TO A P.K. NAIL (NEW) IN THE EASTERLY PORTION OF STEVENSON CENTER LANE; THENCE GENERALLY WITH THE EASTERLY FACE OF CURB OF STEVENSON CENTER LANE NORTH 06 DEGREES 21 MINUTES 35 SECONDS EAST 144.31 FEET TO A P.K. NAIL (NEW); THENCE AROUND A CURVE TO THE RIGHT HAVING A RADIUS OF 66.31 FEET, A CENTRAL ANGLE OF 82 DEGREES 26 MINUTES 58 SECONDS, AN ARC LENGTH OF 95.42 FEET, A CHORD BEARING AND DISTANCE OF NORTH 47 DEGREES 23 MINUTES 58 SECONDS EAST, 87.40 FEET TO A P.K. NAIL (NEW); THENCE SOUTH 83 DEGREES 49 MINUTES 09 SECONDS EAST, 85.36 FEET TO A P.K. NAIL (NEW); THENCE AROUND A CURVE TO THE LEFT HAVING A RADIUS OF 73.09 FEET, AN ARC LENGTH OF 79.56 FEET, A CENTRAL ANGLE OF 62 DEGREES 22 MINUTES 13 SECONDS, AND A CHORD BEARING AND LENGTH OF NORTH 64 DEGREES 32 MINUTES 10 SECONDS EAST, 75.69 FEET TO A P.K. NAIL (NEW); THENCE LEAVING THE SAID FACE OF CURB NORTH 07 DEGREES 12 MINUTES 22 SECONDS EAST, 65.81

FEET TO A P.K. NAIL (NEW); THENCE SOUTH 82 DEGREES 41 MINUTES 54 SECONDS EAST, 71.16 FEET TO A P.K. NAIL (NEW) SAID LINE BEING PARALLEL 10' TO THE EXISTING FACE OF BUILDING; THENCE NORTH 07 DEGREES 18 MINUTES 44 SECONDS EAST, 45.78 FEET TO A P.K. NAIL (NEW) SAID LINE BEING PARALLEL 10' TO THE EXISTING FACE OF BUILDING; THENCE SOUTH 82 DEGREES 43 MINUTES 10 SECONDS EAST, 10.09 FEET TO A P.K. NAIL (NEW) SAID LINE BEING PARALLEL 10' WITH THE EXISTING FACE OF BUILDING; THENCE NORTH 06 DEGREES 25 MINUTES 03 SECONDS EAST, 62.40 FEET TO A P.K. NAIL (NEW) LOCATED GENERALLY AT THE BACK OF SIDEWALK; THENCE SOUTH 82 DEGREES 42 MINUTES 14 SECONDS EAST, 105.22 FEET TO A P.K. NAIL (NEW) LOCATED GENERALLY AT THE BACK OF SIDEWALK; THENCE WITH A SEVERANCE LINE RUNNING BETWEEN THE MEDICAL CENTER NORTH BUILDING AND THE MEDICAL RESEARCH BUILDING III SOUTH 07 DEGREES 17 MINUTES 07 SECONDS WEST, 55.55 FEET TO POINT; THENCE CONTINUING WITH SAID SEVERANCE LINE SOUTH 82 DEGREES 58 MINUTES 36 SECONDS EAST, 347.19 FEET TO A P.K. NAIL (NEW); THENCE LEAVING SAID SEVERANCE LINE GENERALLY WITH FACE OF CURB THE FOLLOWING THREE CALLS: SOUTH 07 DEGREES 05 MINUTES 22 SECONDS WEST, 74.46 FEET TO A P.K. NAIL (NEW); THENCE AROUND A CURVE TO THE LEFT HAVING A RADIUS OF 15.90 FEET, AN ARC LENGTH OF 16.94 FEET, A CENTRAL ANGLE OF 61 DEGREES 02 MINUTES 34 SECONDS, AND A CHORD BEARING AND LENGTH OF SOUTH 24 DEGREES 54 MINUTES 58 SECONDS EAST, 16.15 FEET TO A P.K. NAIL (NEW); THENCE AROUND A CURVE TO THE RIGHT HAVING A RADIUS OF 47.48 FEET, AN ARC LENGTH OF 11.21 FEET, A CENTRAL ANGLE OF 13 DEGREES 31 MINUTES 49 SECONDS, AND A CHORD BEARING AND LENGTH OF SOUTH 56 DEGREES 24 MINUTES 07 SECONDS EAST, 11.19 FEET TO A P.K. NAIL (NEW) IN THE WESTERLY R/W OF 21ST AVENUE SOUTH; THENCE WITH THE WESTERLY R/W OF 21ST AVENUE SOUTH 07 DEGREES 17 MINUTES 24 SECONDS WEST, 437.73 FEET TO A P.K. NAIL (NEW); THENCE LEAVING 21ST AVENUE SOUTH GENERALLY WITH THE NORTHERLY AND WESTERLY FACE OF CURB OF MEDICAL CENTER DRIVE THE FOLLOWING FOUR CALLS: NORTH 82 DEGREES 50 MINUTES 03 SECONDS WEST, 224.51 FEET TO A P.K. NAIL (NEW); THENCE AROUND A CURVE TO THE LEFT HAVING A RADIUS OF 153.95 FEET, AN ARC LENGTH OF 158.26 FEET, A CENTRAL ANGLE OF 58 DEGREES 54 MINUTES 04 SECONDS, AND A CHORD BEARING AND LENGTH OF SOUTH 53 DEGREES 25 MINUTES 52 SECONDS WEST, 151.39 FEET TO A P.K. NAIL (NEW); THENCE SOUTH 07 DEGREES 16 MINUTES 24 SECONDS WEST, 1042.07 FEET TO A P.K. NAIL (NEW); THENCE AROUND A CURVE TO THE RIGHT HAVING A RADIUS OF 17.50 FEET, AN ARC LENGTH OF 27.48 FEET, A CENTRAL ANGLE OF 89 DEGREES 58 MINUTES 39 SECONDS, AND A CHORD BEARING AND LENGTH OF SOUTH 52 DEGREES 15 MINUTES 44 SECONDS WEST, 24.74 FEET TO A P.K. NAIL (NEW) IN THE NORTHERLY PORTION OF PIERCE AVENUE; THENCE GENERALLY WITH THE FACE OF CURB OF PIERCE AVENUE NORTH 82 DEGREES 44 MINUTES 57 SECONDS WEST, 378.86 FEET TO THE POINT OF BEGINNING.

CONTAINING 810,842 SQUARE FEET OR 18.61 ACRES, MORE OR LESS.

TRACT G

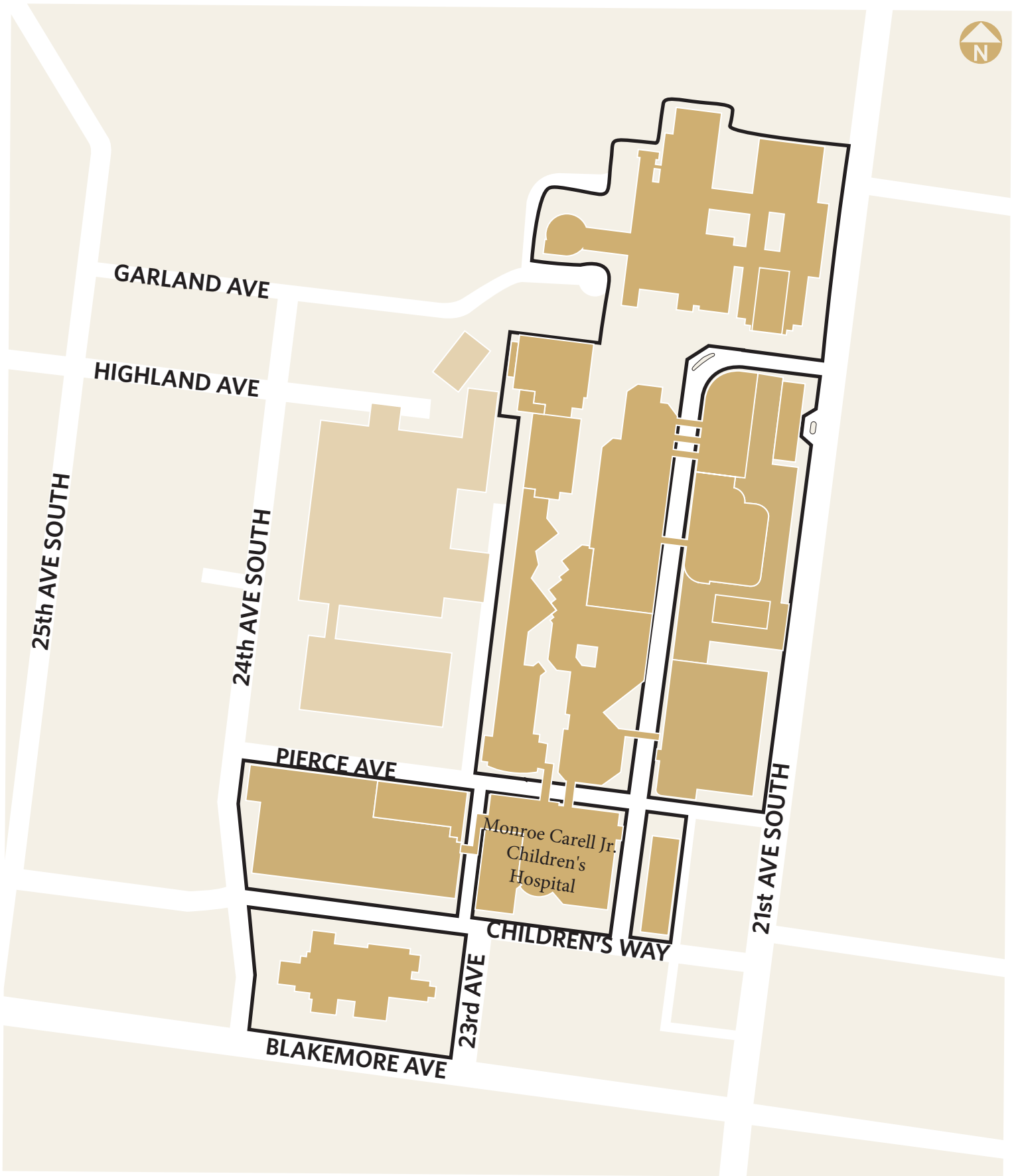
Being Lots Nos. 5 and 6, the westerly part of Lot No. 4 and the easterly part of Lot No. 7 on the plan of Bransford Realty Company's West End Heights Subdivision, of record in Book 332, pages 124 and 125, Register's Office for Davidson County, Tennessee, and being described according to a survey prepared by Michael V. Holmes (Tennessee Registered Land Surveyor, No. 213) of Michael V. Holmes & Associates, Inc., dated March 23, 1995, as follows:

Beginning at an iron pin in the southerly margin of West End Avenue and the northwesterly corner of the Leader Federal Savings and Loan Company's property; thence with said margin of West End Avenue, North 36 degrees 45 minutes 44 seconds East, 162.50 feet to an iron pin; thence leaving said margin of West End Avenue, South 53 degrees 53 minutes 00 seconds East, 315.00 feet to an iron pin in the northerly margin of Orleans Drive; thence with said margin of Orleans Drive, South 57 degrees 51 minutes 30 seconds West, 86.12 feet to an iron pin; thence continuing with the margin of Orleans Drive, South 62 degrees 01 minutes 04 seconds West, 91.71 feet to an iron pin; thence leaving said margin of Orleans Drive, North 53 degrees 53 minutes 00 seconds West, 244.87 feet to the point of beginning, containing 45,772.979 square feet, or 1.051 acres, more or less.

BEING THE SAME PROPERTIES CONVEYED TO THE VANDERBILT UNIVERSITY, A TENNESSEE

NONPROFIT CORPORATION, BY DEEDS OF RECORD IN DEED BOOK 49, PAGE 506, DEED BOOK 49, PAGE 508, BOOK 3799, PAGE 27, BOOK 3811, PAGE 588, BOOK 3812, PAGE 47, BOOK 3843, PAGE 905, BOOK 3858, PAGE 708, BOOK 3862, PAGE 859, BOOK 3884, PAGE 926, BOOK 3895, PAGE 480, BOOK 3895, PAGE 482, BOOK 3895, PAGE 486, BOOK 3898, PAGE 101, BOOK 3930, PAGE 354, BOOK 3960, PAGE 104, BOOK 3982, PAGE 883, BOOK 3986, PAGE 137, BOOK 3986, PAGE 546, BOOK 4013, PAGE 656, BOOK 4018, PAGE 863, BOOK 4027, PAGE 620, BOOK 4052, PAGE 109, BOOK, BOOK 4068, PAGE 383, BOOK 4070, PAGE 484, BOOK 4089, PAGE 918, BOOK 4101, PAGE 770, BOOK 4107, PAGE 354, BOOK 4107, PAGE 883, BOOK 4120, PAGE 246, BOOK 4122, PAGE 186, BOOK 4125, PAGE 279, BOOK 4127, PAGE 197, BOOK 4141, PAGE 352, BOOK 4153, PAGE 267, BOOK 4162, PAGE 749, BOOK 4163, PAGE 370, BOOK 4176, PAGE 790, BOOK 4197, PAGE 948, BOOK 4202, PAGE 259, BOOK 4202, PAGE 442, BOOK 4207, PAGE 722, BOOK 4222, PAGE 423, BOOK 4224, PAGE 632, BOOK 4232, PAGE 514, BOOK 4248, PAGE 954, BOOK 4293, PAGE 423, BOOK 4333, PAGE 755, BOOK 4363, PAGE 778, BOOK 4377, PAGE 262, BOOK 4400, PAGE 260, BOOK 4469, PAGE 440, BOOK 4485, PAGE 511, BOOK 4490, PAGE 744, BOOK 4500, PAGE 684, BOOK 4504, PAGE 250, BOOK 4505, PAGE 645, BOOK 4581, PAGE 747, BOOK 4589, PAGE 170, BOOK 4608, PAGE 592, BOOK 4618, PAGE 365, BOOK 4644, PAGE 727, BOOK 4664, PAGE 1, BOOK 4678, PAGE 868, BOOK 4733, PAGE 337, BOOK 4740, PAGE 351, BOOK 4746, PAGE 425, BOOK 4754, PAGE 319, BOOK 4870, PAGE 44, BOOK 4790, PAGE 385, BOOK 4833, PAGE 813, BOOK 4875, PAGE 702, BOOK 4886, PAGE 1, BOOK 4900, PAGE 460, BOOK 4904, PAGE 64, BOOK 4989, PAGE 183, BOOK 5292, PAGE 972, BOOK 5330, PAGE 369, BOOK 5330, PAGE 374, BOOK 5330, PAGE 376, BOOK 5334, PAGE 376, BOOK 5566, PAGE 949, BOOK 6491, PAGE 286, BOOK 8378, PAGE 870, BOOK 10112, PAGE 156, INSTRUMENT NO. 20020212-0018446, INSTRUMENT. NO. 20091023-0098114, INSTRUMENT NO. 20091209-0112556, INSTRUMENT NO. 20101008-0081062, INSTRUMENT NO. 20110912-0070703, INSTRUMENT NO. 20020528-0064382, IN THE REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE.

Attachment 10A. Floor Plan – Not applicable



Total VUMC Acreage = 37.7 acres



Cecelia B. Moore
Chief Financial Officer and Treasurer, VUMC Finance

January 9, 2024

Logan Grant
Executive Director
Health Facilities Commission
Andrew Jackson State Office Building, 9th Floor
Nashville, TN 37243

Dear Mr. Grant:

As the Chief Financial Officer, I am writing this letter on behalf of Vanderbilt University Medical Center (VUMC) in support of the addition of pediatric lung and pediatric pancreas organ transplant services to the comprehensive program available at VUMC. The Vanderbilt Transplant Center is one of the largest, most experienced centers the Southeast. VUMC is committed to expanding these services and to maintain the facility resources, equipment and providers to the Vanderbilt Transplant Center.

VUMC has sufficient resources required to fund and sustain the Vanderbilt Transplant Center, including the addition of pediatric lung and pediatric pancreas.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Cecelia B. Moore'.

Cecelia B. Moore
Chief Financial Officer and Treasurer
Vanderbilt University Medical Center

February 5, 2024

Logan Grant
Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: Request for Consent Calendar – Vanderbilt University Medical Center Pediatric Lung and Pancreas Transplant

Dear Mr. Grant:

This letter is submitted on behalf of Vanderbilt University Medical Center (“VUMC”) to request that its Certificate of Need application to establish pediatric lung and pancreas transplant services be considered for placement on the Health Facilities Commission’s Consent Calendar (hereinafter, the “Application”).

By way of introduction, VUMC is currently one of the leading providers of organ transplantation services in the United States. Since 1962, VUMC’s team of specialists has transplanted more than 10,000 organs. During FY23, the Vanderbilt Transplant Center performed more than 665 transplants across its adult and pediatric programs, making it one of the largest, most experienced centers by measurement of number of transplants performed.

Through the support and expertise of the Monroe Carrell Jr. Children’s Hospital at Vanderbilt, the Vanderbilt Transplant Center currently provides pediatric heart, pediatric kidney, and pediatric liver transplants as well as dual-organ transplants. The only pediatric transplant services not offered at VUMC today are for pediatric lung and pediatric pancreas. Because no transplant provider in Tennessee currently offers these services, children requiring lung or pancreas transplants must travel to Cincinnati Children’s, Texas Children’s, or Duke Children’s Hospital to receive this life-saving treatment.

VUMC seeks a CON to add pediatric lung and pediatric pancreas so that it may offer a complete array of pediatric transplant services to its patients and provide an option to those children who are currently required to leave Tennessee to receive their care.

We respectfully request that this Application be placed on the consent calendar. The justification for consent calendar is set forth in the application itself, including the following points:

*The Pinnacle at Symphony Place
150 3rd Avenue South, Suite 1600
Nashville, TN 37201*

TRAVIS B. SWEARINGEN
615.651.6734
Travis.Swearingen@butlersnow.com

T 615.651.6700
F 615.651.6701
www.butlersnow.com

- The Application meets the transplant need criteria and the proposed project introduces a medical service that is not currently offered by any provider in Tennessee.
- VUMC's transplant quality metrics rank among the best in the country. VUMC's patients often recover faster than the national average, with fewer complications. Like the other transplant services at VUMC, the pediatric lung and pediatric pancreas programs will participate in United Network for Organ Sharing (UNOS), Scientific Registry of Transplant Recipients (SRTR) and Organ Procurement Transplantation Network (OPTN).
- The Application will provide substantial benefit to Tennessee consumers. By adding pediatric lung and pediatric pancreas, VUMC will become the only hospital in Tennessee that provides a full complement of pediatric transplantation programs. Tennessee children will no longer have to travel out of state receive care. This will result in a substantial cost-savings to consumers along with much greater convenience for treatment. Furthermore, the new services will require no additional providers, staff, or equipment to implement.

We believe this project qualifies for consent calendar consideration, and we hope that you concur. Thank you for our attention to this request.

Sincerely,

BUTLER SNOW LLP



Travis Swearingen

cc: Ginna Felts
Jennifer McGugin

	Current Licensed	Beds Staffed	Beds Proposed	*Beds Approved	**Beds Exempted	***Unstaffed Beds	****TOTAL Beds at Completion
1) Medical	396	377	-	-	-	-	377
2) Surgical	156	156	-	-	-	-	156
3) ICU/CCU (includes Pediatric ICU)	253	253	-	-	181	14	448
4) Obstetrical	50	50	-	-	-	5	55
5) NICU	116	116	-	-	15	-	131
6) Pediatric	144	144	-	-	-	-	144
7) Adult Psychiatric	78	78	-	-	-	-	78
8) Geriatric Psychiatric	-	-	-	-	-	-	-
9) Child/Adolescent Psychiatric	28	28	-	-	-	-	28
10) Rehabilitation	-	-	-	-	-	-	-
11) Adult Chemical Dependency	-	-	-	-	-	-	-
12) Child/Adolescent Chemical Dependency	-	-	-	-	-	-	-
13) Long-Term Care Hospital	-	-	-	-	-	-	-
14) Swing Beds	-	-	-	-	-	-	-
15) Nursing Home – SNF (Medicare only)	-	-	-	-	-	-	-
16) Nursing Home – NF (Medicaid only)	-	-	-	-	-	-	-
17) Nursing Home – SNF/NF (dually certified Medicare/Medicaid)	-	-	-	-	-	-	-
18) Nursing Home – Licensed (non-certified)	-	-	-	-	-	-	-
19) ICF/IID	-	-	-	-	-	-	-
20) Residential Hospice	-	-	-	-	-	-	-
TOTAL	1,221	1,202	-	-	196	19	1,417

**Beds approved but not yet in service*

***Beds exempted under 10% per 3 year provision*

****Licensed but unstaffed beds*

*****Licenses associated with the 46 double occupancy/ observation as inpatient beds that were added to the license in April 2023 will be relocated when the new tower opens*

Facility Name	Year (Projected First Three)	Organ Transplant Procedure Type	Annual # of Procedures	Utilization Threshold for Transplantation Procedure Type	% of Threshold Met
VUMC	Year 1 (2025)	Lung	1	NA	#VALUE!
VUMC	Year 2 (2026)	Lung	1	NA	#VALUE!
VUMC	Year 3 (20XX)	Lung	0	NA	#VALUE!
		TOTAL	2	NA	#VALUE!

Facility Name	Year (Projected First Three)	Organ Transplant Procedure Type	Annual # of Procedures	Utilization Threshold for Transplantation Procedure Type	% of Threshold Met
VUMC	Year 1 (2025)	Pancreas	1	NA	#VALUE!
VUMC	Year 2 (2026)	Pancreas	1	NA	#VALUE!
VUMC	Year 3 (20XX)	Pancreas	0	NA	#VALUE!
		TOTAL	2	NA	#VALUE!

VANDERBILT  UNIVERSITY
MEDICAL CENTER

Policy: Nondiscrimination

Category	Clinical Operations
Approval Date	January 2023
Effective Date	January 2023
Supersedes	December 2019

Applicable to

VUMC

Team Members Performing

All faculty & staff Faculty & staff providing direct patient care or contact MD House Staff APRN/PA RN LPN

Other:

Responsible Committee

Clinical Operations Committee Pharmacy, Therapeutics, and Diagnostics Committee
 Clinical Practice Committee Health Record Executive Committee
 Quality Steering Committee Information Privacy and Security Executive Committee
 Infection Prevention Executive Committee Medical Center Safety Committee

Content Experts

Lead Author: Terrell Smith, Director of Patient and Family Engagement
Lori Anne Parker-Danley, Director of Patient Education
Rochelle Johnson, Senior Director, Employee and Labor Relations

I. Purpose:

To provide standards for consistency in applying nondiscrimination practices across Vanderbilt University Medical Center (VUMC).

II. Policy:

VUMC does not discriminate in admission, treatment or participation in its programs, services and activities against any person on the basis of race, sex, religion, color, national or ethnic origin, age, disability, veteran status, or genetic information or any other characteristic protected under applicable federal or state law. In addition, VUMC does not discriminate against individuals on the basis of their sexual orientation, gender identity, or gender expression.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964 (nondiscrimination on the basis of race, color, national origin), Section 504 of the Rehabilitation Act of 1973 (nondiscrimination on the basis of disability), the Age Discrimination Act of 1975 (nondiscrimination on the basis of age), regulations of the U.S. Department of Health and Human Services issued pursuant to these three statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91, and Section 1557 of the Patient Protection and Affordable Care Act of 2010, 42 U.S.C. § 18116.

For questions, please contact:

Section 504 Coordinator: Rochelle Johnson
Telephone number: (615) 343-4759
Email: employeerelations.vumc.org or rochelle.t.johnson@vumc.org

III. Endorsement:

Clinical Operations Policy Committee December 2022

Executive Policy Committee January 2023

IV. Approval:

Michele Hasselblad, DNP, RN, NE-BC 1/27/23
Vice President for Adult Ambulatory Nursing
On behalf of Marilyn Dubree, MSN, RN, NE-BC
Executive Chief Nursing Officer, VUMC

C. Wright Pinson, MBA, MD 1/27/23
Deputy CEO and Chief Health System Officer, VUMC

V. References:

Title VI of the Civil Rights Act of 1964. Nondiscrimination on the basis of race, color, national origin.

Section 504 of the Rehabilitation Act of 1973. Nondiscrimination on the basis of disability.

Age Discrimination Act of 1975. Nondiscrimination on the basis of age.

U.S. Department of Health and Human Services. Title 45 Code of Federal Regulations Parts 80, 84, and 91.

Section 1557 of the Patient Protection and Affordable Care Act of 2010, 42 U.S.C. § 18116.

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All classified ads are subject to the applicable rate card, copies of which are available from our Advertising Dept. All ads are subject to approval before publication. The Nashville Tennessean reserves the right to edit, refuse, reject, classify or cancel any ad at any time. Errors must be reported in the first day of publication. The Nashville Tennessean shall not be liable for any loss or expense that results from an error in or omission of an advertisement. No refunds for early cancellation of order.

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BICHON FRISE CKC REG. UTD shots, dewormed, M 7 mo old \$600. Calls only 615-585-1067.



Dog, Boston Terrier, 3 Males, 8 weeks, Brown and white, Puppy AKC and up-to-date on shots. Come with full registration paperwork. \$800 each (731)803-8633 chris.huddlenutz@gmail.com



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Public Notices

9771832
 Notice is hereby given that the Pinnacle Bank located at 150 3rd Ave., So., Suite 900, Nashville, TN 37201 has made application/notification to the Federal Deposit Insurance Corporation and the Tennessee Department of Financial Institutions as of January 24, 2024, for approval to open a new branch location at 4075 Wilson Boulevard, Arlington, VA 22203.

Any person wishing to comment on this application/notification may file his or her comments in writing with the Regional Director (DSC) of the Federal Deposit Insurance Corporation at its Regional Office, Dallas Regional Office, 600 North Pearl Street, Suite 700, Dallas, TX 75201, not later than 15 days from this date of publication (February 1, 2024). The nonconfidential portions of the application/notification are on file in the Area Office and are available for public inspection during regular business hours. Photocopies of information in the nonconfidential portion of the file will be made available upon request.

Any person wishing to comment on or protest this application/notification or any person having information which may have a bearing on the fitness of any of the organizers or proponents of this application/notification, may file comments with the Commissioner of Financial Institutions, Tennessee Tower, 26th Floor, 312 Rosa L. Parks Avenue, Nashville, Tennessee 37243, or telephone the Department of Financial Institutions at 615/741-5018 or submit comments by email to Debra.Grissom@tn.gov or William.Cook@tn.gov. Written or telephonic notice must be made to the Commissioner within fifteen (15) days of this publication.

Pinnacle Bank
 M. Terry Turner
 President

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American Pickers is looking for characters, interesting items and collections in your area, CALL OR TEXT 646-493-2184

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Public Notices

Real Estate
Rentals

PUBLISHER'S NOTICE
 All real estate advertised herein is subject to the Federal Fair Housing Act, which makes it illegal to advertise any preference, limitation, or discrimination because of race, color, religion, sex, handicap, familial status, or national origin, or intention to make any such preference, limitation, or discrimination. "We will not knowingly accept any advertising for real estate which is in violation of the law. All persons are hereby informed that all dwellings advertised are available on an equal opportunity basis."

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Public Notices

9786515

ADVERTISEMENT FOR BIDS
 CITY OF FRANKLIN
 FRANKLIN, TENNESSEE
FRANKLIN WATER RECLAMATION FACILITY REHABILITATION & RESILIENCY IMPROVEMENTS
 General Notice
 The City of Franklin (Owner) is requesting Bids for the construction of the following Project:
Franklin Water Reclamation Facility Rehabilitation and Resiliency Improvements
 City of Franklin Project No. 2023-015
 City of Franklin Procurement Solicitation No. 2024-008
 Bids for the construction of the Project will be received at the City of Franklin Purchasing Office located at Franklin City Hall, Suite 107, 109 3rd Avenue South, Franklin, TN 37064, until March 21, 2024 at 2:00 p.m. local time. At that time the Bids received will be publicly opened and read. This project is being supported with Treasury, Coronavirus State and Local Recovery Fund grant funding. Therefore, certain restrictions and other federal requirements attach to this opportunity.
 The Project includes the following Work:
 Replacement of the existing odor control system, ductwork, and appurtenances at the Influent Pump Station; repairs and application of a protective lining at the junction box upstream of the Influent Pump Station and in the pump station wet wells; rehabilitation of the automatic backwash (ABW) filter; replacement of the existing sodium hypochlorite storage and feed system that provides disinfection of reclaimed water; demolition of the existing reclaimed and plant water pumps and installation of a new plant water pumping system; replacement of existing MCCs, switchboard, and ancillary equipment at the Return Sludge Pump Station; re-feeding of existing MCC-RPS located at the RAS/WAS Pump Station; other electrical demolition and modifications; instrumentation and controls; yard piping, grading, and paving; installation, maintenance, and removal of all erosion and sediment control, and other environmental protection measures, including all permits and approvals required; testing, start-up, training, and miscellaneous work as shown on the Drawings and as specified herein; site cleanup and restoration; and other work as shown on the Drawings and/or as specified herein.
 Owner anticipates that the Project's total bid price will be approximately \$11,000,000. The Project has an expected duration of 720 days.

Obtaining the Bidding Documents
 Information and Bidding Documents for the Project may be obtained by browsing to the following designated website: <https://www.franklintn.gov/business/business-opportunities-with-the-city-1494>
 Bidding Documents may be downloaded from the Owner's online sourcing application accessible from the designated website at no charge. The Owner's online sourcing application accessible from the designated website will be updated periodically with addenda, reports, and other information relevant to submitting a Bid for the Project. All official notifications, addenda, and other Bidding Documents will be offered only through the Owner's online sourcing application accessible from the designated website. Neither Owner nor Engineer will be responsible for Bidding Documents, including addenda, if any, obtained from sources other than the Owner's online sourcing application accessible from the designated website. Bidders are responsible for determining whether Addenda have been posted to the Owner's online sourcing application accessible from the designated website. Per T.C.A. § 12-4-116, small businesses and minority-owned businesses who wish to compete for the City's business are not required to receive or respond to any respective procurement solicitation, whether formal or informal, electronically. To request to receive or respond to such procurement solicitation other than electronically, please contact either the department or office issuing the procurement solicitation or the City of Franklin Purchasing Office (purchasing@franklintn.gov; 615-550-6692).

The Issuing Office for the Bidding Documents is:
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 Tel: (615) 550-6692

Information for Bidders; the Bid Form; the Form of Agreement; Drawings; Specifications information; Bid Bond, Performance Bond, and Payment Bond information; and other Contract Documents may be examined at the addresses below.
 Builders Exchange of Tennessee (www.bxtn.org)
 301 S. Perimeter Park Drive, Suite 100
 Nashville, Tennessee 37211
 (615) 690-7200
 Builders Exchange of Tennessee (www.bxtn.org)
 300 Clark Street
 Knoxville, Tennessee 37921
 (865) 525-0443

This Project is listed on the Current Procurement Opportunities website of the Governor's Office of Diversity Business Enterprise (<https://www.tn.gov/content/tn/generalservices/procurement/current-procurement-office-cpo-go-dbe/current-procurement-opportunities/Grants.html>).

Pre-bid Conference
 A mandatory pre-bid conference and site visit for the Project will be held on February 15, 2024 at 1:00 p.m. local time in the Solids Processing Building Bio Lab at the Franklin WRF, 135 Claude Yates Drive, Franklin, TN 37064. Bids will not be accepted from Bidders that do not attend the mandatory pre-bid conference and the site visit.

Instructions to Bidders
 For all further requirements regarding bid submittal, qualifications, procedures, and contract award, refer to the Instructions to Bidders that are included in the Bidding Documents. The Owner reserves the right to waive any informalities or to reject any or all bids.

The City of Franklin hereby notifies all bidders that it will affirmatively insure that in any contract entered into pursuant to this advertisement will be afforded full opportunity to submit bids in response to this invitation and will not be discriminated against on the grounds of race, color, sex, or national origin in consideration for an award. The City of Franklin is an Equal Opportunity Employer. Any contract that uses federal funds to pay for construction work is a "federally assisted construction contract" and must include the equal opportunity clause found in 2 C.F.R. Part 200, unless otherwise stated in 41 C.F.R. Part 60. All small and minority owned firms and women's business enterprises are encouraged to participate.
 Treasury ARP SLFRF financial assistance will be used to fund all or a portion of the contract. The contractor will comply with all applicable Federal law, regulations, executive orders, Treasury policies, procedures, and directives.
 This Advertisement is issued by:
 Owner: City of Franklin
 By: Michelle Hatcher, PE
 Title: Director, Water Management Department

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Recreation

RVs, motorcycles, etc.

RVs/Campers & Access.

ATTENTION
 I BUY CAMPERS, TRAILERS, & MOTOR HOMES- ALL TYPES. ready to go or need work. For FAST CASH Call Lawrence at 931-242-3135



Public Notices

Public Notices

9782420
NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Facilities Commission and all interested parties, in accordance with T.C.A. §68-11-1601 et seq., and the Rules of the Health Facilities Commission, that Vanderbilt University Medical Center, a hospital owned by Vanderbilt University Medical Center with an ownership type of Corporation (Not-for-Profit) and to be managed by itself intends to file an application for a Certificate of Need to initiate Pediatric Lung Transplant and Pediatric Pancreas Transplant services to be located at 1211 Medical Center Drive, Nashville, TN 37232. The proposed project has a projected cost of \$13,000.

The anticipated date of filing the application is February 5, 2024.

The contact person for this project is Ginna Felts, Vice President, Business Development who may be reached at Vanderbilt University Medical Center, 3319 West End Avenue, Suite 920, Nashville, TN 37203 - 615-936-6005.

The published Letter of Intent must contain the following statement pursuant to T.C.A. §68-11-1607 (c)(1). (A) Any healthcare institution wishing to oppose a Certificate of Need application must file a written notice with the Health Facilities Commission no later than fifteen (15) days before the regularly scheduled Health Facilities Commission meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application may file a written objection with the Health Facilities Commission at or prior to the consideration of the application by the Commission, or may appear in person to express opposition. Written notice of opposition may be sent to: Health Facilities Commission, Andrew Jackson Building, 9th Floor, 503 Deaderick Street, Nashville, TN 37243 or email at hsda.staff@tn.gov.

Public Notices

9784845
ITB - DICKSON COUNTY HIGH SCHOOL DRAINAGE & GRADING IMPROVEMENTS

Dickson County Schools is requesting sealed bids for Drainage and Grading Improvements at Dickson County High School. All bid documents can be obtained from Timbra Sutton, Purchasing Clerk, call 615-446-7571 or email tsutton@dcstn.org or Joseph Haddix, CSDG Principal, call 615-248-9999 or email joh@csdgn.com. A mandatory pre-bid meeting will be held at Dickson County High School on February 16th, 2024 at 10:00 am. The bid submission deadline is February 23rd, at 2:00 pm. at which time sealed bids will be publicly opened at Dickson County Schools Central Office. Bids should be delivered by mail or in person only. Electronic submissions will not be accepted. Sealed bids must be directed to the attention of Timbra Sutton and have the provided envelope cover sheet completed and attached. Any bid envelope received after the specified opening time will not be accepted. Dickson County Board of Education reserves the right to accept or reject any submitted bids. It is the policy of the Dickson County Board of Education not to discriminate on the basis of sex, race, national origin, creed, age, marital status or disability in its educational programs, activities or employment policies as required by Title VI and VII of the 1964 Civil Rights Act, Title IX of the 1972 Education Amendments and Section 504 of the Federal Rehabilitation Act of 1973. Dickson County Board of Education encourages minority businesses, women business enterprises and labor surplus area firms to participate in the bidding/proposal process. Es póliza de la Junta de Educación del Condado de Dickson no discriminar por motivos de sexo, raza, origen nacional, credo, edad, estado civil o discapacidad en sus programas educativos, actividades o pólizas de empleo según lo exige el Título VI y VII de la Ley de Derechos Civiles de 1964, el Título IX de las Enmiendas de Educación de 1972 y la Sección 504 de la Ley Federal de Rehabilitación de 1973. La Junta de Educación del Condado de Dickson se reserva el derecho de rechazar todas y cada una de las ofertas. La Junta de Educación del Condado de Dickson alienta a las empresas minoritarias, las empresas de mujeres y las empresas del área con excedente de mano de obra a participar en el proceso de licitación/propuesta.

Public Notices

9789943
NOTICE OF PUBLIC SALE OF COLLATERAL

PLEASE TAKE NOTICE THAT the assets of CAPITALPLUS CONSTRUCTION SERVICES, LLC, CAPITALPLUS SUPPLY CHAIN PARTNERS SPV I LLC and CAPITALPLUS EQUITY, LLC and all "Collateral" as defined in that certain written Security Agreement dated December 18, 2017 (as may be further amended, restated, revised, modified, supplemented or amended and restated from time to time, collectively, the "Security Agreement") in favor of KEYSTONE NATIONAL GROUP, LLC ("Agent"), as administrative and collateral agent, KEYSTONE PRIVATE INCOME FUND ("Additional Lender"); and KEYSTONE PRIVATE MARKET OPPORTUNITIES VIII, L.P., KEYSTONE PRIVATE MARKET OPPORTUNITIES VIII (Q), L.P., KEYSTONE PRIVATE MARKET OPPORTUNITIES IX, L.P., and KEYSTONE PRIVATE MARKET OPPORTUNITIES IX (Q), L.P (each of the foregoing together with the Additional Lender are herein collectively the "Secured Party") will be offered for sale by the Secured Party at a public auction in accordance with Section 9-610 of the Uniform Commercial Code in effect in the State of Utah on February 7, 2024 at 2:00 p.m. prevailing Central Time at the offices of Nelson Mullins Riley & Scarborough LLP, 1222 Demonbreun Street, Suite 1700, Nashville, TN 37203.

This sale is held to enforce the rights of the Secured Party under the Security Agreement. The Collateral will be sold in one parcel, for cash, at such price and on such other commercially reasonable terms as the Secured Party may determine. The Secured Party reserves the right to establish other reasonable bidding procedures, reject any or all bids, and to have potential bidders demonstrate their ability to perform and close to the reasonable satisfaction of the Secured Party. The Secured Party reserves the right to (a) credit bid at the sale or (b) transfer all or a portion of its credit to a third party who may then bid such credit at the sale. The Secured Party also reserves the right to adjourn, continue, or cancel the auction. In addition, the Secured Party reserves the right to reject any or all bids or terminate or adjourn the sale to another time as the Secured Party may desire, by announcement at the place and on the date of sale, and any subsequent adjournment there, without further publication. The Collateral is offered "AS-IS, WHERE IS", with all faults, and the Secured Party makes no guarantee, representation or warranty (including, without limitation, any representation or warranty of merchantability or fitness), express or implied, as to the existence or nonexistence of other liens, the quantity, quality, condition, or description of the Collateral, the value of the Collateral, or the Debtor's rights in or title to the Collateral.

Interested parties who would like additional information regarding the Collateral, the requirements to be "qualified bidder", or the terms of the sale should contact Peter Haley of Nelson Mullins Riley & Scarborough LLP, at peter.haley@nelsonmullins.com.

Peter J. Haley
 Nelson Mullins Riley & Scarborough LLP
 One Financial Center, 35th Floor
 Boston, MA 02111
 (617) 217-4714

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All classified ads are subject to the applicable rate card, copies of which are available from our Advertising Dept. All ads are subject to approval before publication. The Nashville Tennessean reserves the right to edit, refuse, reject, classify or cancel any ad at any time. Errors must be reported in the first day of publication. The Nashville Tennessean shall not be liable for any loss or expense that results from an error in or omission of an advertisement. No refunds for early cancellation of order.

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Labrador retriever puppies, Male and female. We have silver and chocolate lab puppies for sale plus Goldadors! Rolling P Retrievers \$800 (731)437-9394 mat7760@gmail.com



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Public Notices

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Real Estate Rentals

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Rooms For Rent
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 weekly/monthly rates & efficiencies - Free local calls, free HBO & WiFi, \$250 & Up. 615-678-6526

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9786515

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 By: Michelle Hatcher, PE
 Title: Director, Water Management Department

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RVs, motorcycles, etc.

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The anticipated date of filing the application is February 5, 2024.

The contact person for this project is Ginna Felts, Vice President, Business Development who may be reached at Vanderbilt University Medical Center, 3319 West End Avenue, Suite 920, Nashville, TN 37203 - 615-936-6005.

The published Letter of Intent must contain the following statement pursuant to T.C.A. §68-11-1607 (c)(1). (A) Any healthcare institution wishing to oppose a Certificate of Need application must file a written notice with the Health Facilities Commission no later than fifteen (15) days before the regularly scheduled Health Facilities Commission meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application may file a written objection with the Health Facilities Commission at or prior to the consideration of the application by the Commission, or may appear in person to express opposition. Written notice of opposition may be sent to: Health Facilities Commission, Andrew Jackson Building, 9th Floor, 503 Deaderick Street, Nashville, TN 37243 or email at hsda.staff@tn.gov.

Public Notices

9784845
ITB - DICKSON COUNTY HIGH SCHOOL DRAINAGE & GRADING IMPROVEMENTS

Dickson County Schools is requesting sealed bids for Drainage and Grading Improvements at Dickson County High School. All bid documents can be obtained from Timbra Sutton, Purchasing Clerk, call 615-446-7571 or email tsutton@dcstn.org or Joseph Haddix, CSDG Principal, call 615-248-9999 or email joh@csdgn.com. A mandatory pre-bid meeting will be held at Dickson County High School on February 16th, 2024 at 10:00 am. The bid submission deadline is February 23rd, at 2:00 pm. at which time sealed bids will be publicly opened at Dickson County Schools Central Office. Bids should be delivered by mail or in person only. Electronic submissions will not be accepted. Sealed bids must be directed to the attention of Timbra Sutton and have the provided envelope cover sheet completed and attached. Any bid envelope received after the specified opening time will not be accepted. Dickson County Board of Education reserves the right to accept or reject any submitted bids. It is the policy of the Dickson County Board of Education not to discriminate on the basis of sex, race, national origin, creed, age, marital status or disability in its educational programs, activities or employment policies as required by Title VI and VII of the 1964 Civil Rights Act, Title IX of the 1972 Education Amendments and Section 504 of the Federal Rehabilitation Act of 1973. Dickson County Board of Education encourages minority businesses, women business enterprises and labor surplus area firms to participate in the bidding/proposal process. Es póliza de la Junta de Educación del Condado de Dickson no discriminar por motivos de sexo, raza, origen nacional, credo, edad, estado civil o discapacidad en sus programas educativos, actividades o pólizas de empleo según lo exige el Título VI y VII de la Ley de Derechos Civiles de 1964, el Título IX de las Enmiendas de Educación de 1972 y la Sección 504 de la Ley Federal de Rehabilitación de 1973. La Junta de Educación del Condado de Dickson se reserva el derecho de rechazar todas y cada una de las ofertas. La Junta de Educación del Condado de Dickson alienta a las empresas minoritarias, las empresas de mujeres y las empresas del área con excedente de mano de obra a participar en el proceso de licitación/propuesta.

Public Notices

9789943
NOTICE OF PUBLIC SALE OF COLLATERAL

PLEASE TAKE NOTICE THAT the assets of CAPITALPLUS CONSTRUCTION SERVICES, LLC, CAPITALPLUS SUPPLY CHAIN PARTNERS SPV I, LLC and CAPITALPLUS EQUITY, LLC and all "Collateral" as defined in that certain written Security Agreement dated December 18, 2017 (as may be further amended, restated, revised, modified, supplemented or amended and restated from time to time, collectively, the "Security Agreement") in favor of KEYSTONE NATIONAL GROUP, LLC ("Agent"), as administrative and collateral agent, KEYSTONE PRIVATE INCOME FUND ("Additional Lender"); and KEYSTONE PRIVATE MARKET OPPORTUNITIES VIII, L.P., KEYSTONE PRIVATE MARKET OPPORTUNITIES VIII (Q), L.P., KEYSTONE PRIVATE MARKET OPPORTUNITIES IX, L.P., and KEYSTONE PRIVATE MARKET OPPORTUNITIES IX (Q), L.P (each of the foregoing together with the Additional Lender are herein collectively the "Secured Party") will be offered for sale by the Secured Party at a public auction in accordance with Section 9-610 of the Uniform Commercial Code in effect in the State of Utah on February 7, 2024 at 2:00 p.m. prevailing Central Time at the offices of Nelson Mullins Riley & Scarborough LLP, 1222 Demonbreun Street, Suite 1700, Nashville, TN 37203.

This sale is held to enforce the rights of the Secured Party under the Security Agreement. The Collateral will be sold in one parcel, for cash, at such price and on such other commercially reasonable terms as the Secured Party may determine. The Secured Party reserves the right to establish other reasonable bidding procedures, reject any or all bids, and to have potential bidders demonstrate their ability to perform and close to the reasonable satisfaction of the Secured Party. The Secured Party reserves the right to (a) credit bid at the sale or (b) transfer all or a portion of its credit to a third party who may then bid such credit at the sale. The Secured Party also reserves the right to adjourn, continue, or cancel the auction. In addition, the Secured Party reserves the right to reject any or all bids or terminate or adjourn the sale to another time as the Secured Party may desire, by announcement at the place and on the date of sale, and any subsequent adjournment there, without further publication. The Collateral is offered "AS-IS, WHERE IS", with all faults, and the Secured Party makes no guarantee, representation or warranty (including, without limitation, any representation or warranty of merchantability or fitness), express or implied, as to the existence or nonexistence of other liens, the quantity, quality, condition, or description of the Collateral, the value of the Collateral, or the Debtor's rights in or title to the Collateral.

Interested parties who would like additional information regarding the Collateral, the requirements to be a "qualified bidder", or the terms of the sale should contact Peter Haley of Nelson Mullins Riley & Scarborough LLP, at peter.haley@nelsonmullins.com.

Peter J. Haley
 Nelson Mullins Riley & Scarborough LLP
 One Financial Center, 35th Floor
 Boston, MA 02111
 (617) 217-4714

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Public Notices

9771832
 Notice is hereby given that the Pinnacle Bank located at 150 3rd Ave., So., Suite 900, Nashville, TN 37201 has made application/notification to the Federal Deposit Insurance Corporation and the Tennessee Department of Financial Institutions as of January 24, 2024, for approval to open a new branch location at 4075 Wilson Boulevard, Arlington, VA 22203.

Any person wishing to comment on this application/notification may file his or her comments in writing with the Regional Director (DSC) of the Federal Deposit Insurance Corporation at its Regional Office, Dallas Regional Office, 600 North Pearl Street, Suite 700, Dallas, TX 75201, not later than 15 days from this date of publication (February 1, 2024). The nonconfidential portions of the application/notification are on file in the Area Office and are available for public inspection during regular business hours. Photocopies of information in the nonconfidential portion of the file will be made available upon request.

Any person wishing to comment on or protest this application/notification or any person having information which may have a bearing on the fitness of any of the organizers or proponents of this application/notification, may file comments with the Commissioner of Financial Institutions, Tennessee Tower, 26th Floor, 312 Rosa L. Parks Avenue, Nashville, Tennessee 37243, or telephone the Department of Financial Institutions at 615/741-5018 or submit comments by email to Debra.Grissom@tn.gov or William.Cook@tn.gov. Written or telephonic notice must be made to the Commissioner within fifteen (15) days of this publication.

Pinnacle Bank
 M. Terry Turner
 President

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Public Notices

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Public Notices

9786515

ADVERTISEMENT FOR BIDS
 CITY OF FRANKLIN
 FRANKLIN, TENNESSEE
 FRANKLIN WATER RECLAMATION FACILITY REHABILITATION & RESILIENCY IMPROVEMENTS
 General Notice
 The City of Franklin (Owner) is requesting Bids for the construction of the following Project:
 Franklin Water Reclamation Facility Rehabilitation and Resiliency Improvements
 City of Franklin Project No. 2023-015
 City of Franklin Procurement Solicitation No. 2024-008
 Bids for the construction of the Project will be received at the City of Franklin Purchasing Office located at Franklin City Hall, Suite 107, 109 3rd Avenue South, Franklin, TN 37064, until March 21, 2024 at 2:00 p.m. local time. At that time the Bids received will be publicly opened and read. This project is being supported with Treasury, Coronavirus State and Local Recovery Fund grant funding. Therefore, certain restrictions and other federal requirements attach to this opportunity.
 The Project includes the following Work:
 Replacement of the existing odor control system, ductwork, and appurtenances at the Influent Pump Station; repairs and application of a protective lining at the junction box upstream of the Influent Pump Station and in the pump station wet wells; rehabilitation of the automatic backwash (ABW) filter; replacement of the existing sodium hypochlorite storage and feed system that provides disinfection of reclaimed water; demolition of the existing reclaimed and plant water pumps and installation of a new plant water pumping system; replacement of existing MCCs, switchboard, and ancillary equipment at the Return Sludge Pump Station; re-feeding of existing MCC-RPS located at the RAS/WAS Pump Station; other electrical demolition and modifications; instrumentation and controls; yard piping, grading, and paving; installation, maintenance, and removal of all erosion and sediment control, and other environmental protection measures, including all permits and approvals required; testing, start-up, training, and miscellaneous work as shown on the Drawings and as specified herein; site cleanup and restoration; and other work as shown on the Drawings and/or as specified herein.
 Owner anticipates that the Project's total bid price will be approximately \$11,000,000. The Project has an expected duration of 720 days.
 Obtaining the Bidding Documents
 Information and Bidding Documents for the Project may be obtained by browsing to the following designated website: <https://www.franklintn.gov/business/business-opportunities-with-the-city-1494>
 Bidding Documents may be downloaded from the Owner's online sourcing application accessible from the designated website at no charge. The Owner's online sourcing application accessible from the designated website will be updated periodically with addenda, reports, and other information relevant to submitting a Bid for the Project. All official notifications, addenda, and other Bidding Documents will be offered only through the Owner's online sourcing application accessible from the designated website. Neither Owner nor Engineer will be responsible for Bidding Documents, including addenda, if any, obtained from sources other than the Owner's online sourcing application accessible from the designated website. Bidders are responsible for determining whether Addenda have been posted to the Owner's online sourcing application accessible from the designated website. Per T.C.A. § 12-4-116, small businesses and minority-owned businesses who wish to compete for the City's business are not required to receive or respond to any respective procurement solicitation, whether formal or informal, electronically. To request to receive or respond to such procurement solicitation other than electronically, please contact either the department or office issuing the procurement solicitation or the City of Franklin Purchasing Office (purchasing@franklintn.gov; 615-550-6692).
 The Issuing Office for the Bidding Documents is:
 City of Franklin Purchasing Office
 Franklin City Hall, Suite 107
 109 3rd Ave. South
 Franklin, TN 37064
 Tel: (615) 550-6692
 Information for Bidders; the Bid Form; the Form of Agreement; Drawings; Specifications information; Bid Bond, Performance Bond, and Payment Bond information; and other Contract Documents may be examined at the addresses below.
 Builders Exchange of Tennessee (www.bxtn.org)
 301 S. Perimeter Park Drive, Suite 100
 Nashville, Tennessee 37211
 (615) 690-7200
 Builders Exchange of Tennessee (www.bxtn.org)
 300 Clark Street
 Knoxville, Tennessee 37921
 (865) 525-0443
 This Project is listed on the Current Procurement Opportunities website of the Governor's Office of Diversity Business Enterprise (<https://www.tn.gov/content/tn/generalservices/procurement/current-procurement-office-cpo-go-dbe/current-procurement-opportunities/Grants.html>).
 Pre-bid Conference
 A mandatory pre-bid conference and site visit for the Project will be held on February 15, 2024 at 1:00 p.m. local time in the Solids Processing Building Bio Lab at the Franklin WRF, 135 Claude Yates Drive, Franklin, TN 37064. Bids will not be accepted from Bidders that do not attend the mandatory pre-bid conference and the site visit.
 Instructions to Bidders
 For all further requirements regarding bid submittal, qualifications, procedures, and contract award, refer to the Instructions to Bidders that are included in the Bidding Documents. The Owner reserves the right to waive any informalities or to reject any or all bids.
 The City of Franklin hereby notifies all bidders that it will affirmatively insure that in any contract entered into pursuant to this advertisement will be afforded full opportunity to submit bids in response to this invitation and will not be discriminated against on the grounds of race, color, sex, or national origin in consideration for an award. The City of Franklin is an Equal Opportunity Employer. Any contract that uses federal funds to pay for construction work is a "federally assisted construction contract" and must include the equal opportunity clause found in 2 C.F.R. Part 200, unless otherwise stated in 41 C.F.R. Part 60. All small and minority owned firms and women's business enterprises are encouraged to participate.
 Treasury ARP SLFRF financial assistance will be used to fund all or a portion of the contract. The contractor will comply with all applicable Federal law, regulations, executive orders, Treasury policies, procedures, and directives.
 This Advertisement is issued by:
 Owner: City of Franklin
 By: Michelle Hatcher, PE
 Title: Director, Water Management Department

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Public Notices

Public Notices

9782420
 NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Facilities Commission and all interested parties, in accordance with T.C.A. §68-11-1601 et seq., and the Rules of the Health Facilities Commission, that Vanderbilt University Medical Center, a hospital owned by Vanderbilt University Medical Center with an ownership type of Corporation (Not-for-Profit) and to be managed by itself intends to file an application for a Certificate of Need to initiate Pediatric Lung Transplant and Pediatric Pancreas Transplant services to be located at 1211 Medical Center Drive, Nashville, TN 37232. The proposed project has a projected cost of \$13,000.

The anticipated date of filing the application is February 5, 2024.

The contact person for this project is Ginna Felts, Vice President, Business Development who may be reached at Vanderbilt University Medical Center, 3319 West End Avenue, Suite 920, Nashville, TN 37203 - 615-936-6005.

The published Letter of Intent must contain the following statement pursuant to T.C.A. §68-11-1607 (c)(1). (A) Any healthcare institution wishing to oppose a Certificate of Need application must file a written notice with the Health Facilities Commission no later than fifteen (15) days before the regularly scheduled Health Facilities Commission meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application may file a written objection with the Health Facilities Commission at or prior to the consideration of the application by the Commission, or may appear in person to express opposition. Written notice of opposition may be sent to: Health Facilities Commission, Andrew Jackson Building, 9th Floor, 503 Deaderick Street, Nashville, TN 37243 or email at hsda.staff@tn.gov.

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Public Notices

9789943
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Interested parties who would like additional information regarding the Collateral, the requirements to be "qualified bidder", or the terms of the sale should contact Peter Haley of Nelson Mullins Riley & Scarborough LLP, at peter.haley@nelsonmullins.com.

Peter J. Haley
 Nelson Mullins Riley & Scarborough LLP
 One Financial Center, 35th Floor
 Boston, MA 02111
 (617) 217-4714

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1. General

Please confirm whether any bed type, not currently listed on the applicant's license is being added through this project. If not, the attached bed count form can be removed from the application.

RESPONSE: No additional beds are being added as part of this project.

2. Item 10A., Floor Plan

Please attach a Floor Plan for the project labeled as Attachment 10AR.

RESPONSE: There are no additional beds or floors being added to VUMC as part of this project. The VUMC transplant center utilizes multiple resources across the VUMC footprint and is not dedicated to one floor of the hospital.

3. Item 1E., Overview

What organ transplantation projects have been CON approved for the applicant in the past?

RESPONSE: VUMC has not filed a CON for transplant services. All organ transplant services at VUMC were initiated prior to the 2016 legislation that added the initiation of organ transplantation (by organ).

Please identify any applicable CON numbers and discuss any limitation on those CONs.

RESPONSE: n/a

When were pediatric transplant services first initiated at VUMC? Which transplant types were added over time?

RESPONSE: Pediatric kidney transplant services were first initiated in July 1973 at VUMC, followed by pediatric heart transplant services in February 1987 and then pediatric liver transplant in May 1991.

Where are pediatric transplants performed currently, at the main campus of VUMC or at the Children's Hospital?

RESPONSE: All pediatric solid organ transplants should happen at Monroe Carell. In a rare case, there may be the need to consider doing a transplant at Vanderbilt University Hospital.

4. Item 2E., Rationale for Approval

What is the other pediatric hospital in Tennessee that offers pediatric transplantation and which types are offered at that facility?

RESPONSE: Methodist Le Bonheur Children's Hospital in Memphis, Tennessee, performs pediatric kidney, pediatric liver and pediatric heart transplantation.

What other adult transplant programs are available Tennessee which perform lung and pancreas transplant services?

RESPONSE: In Tennessee, the hospitals listed below provide adult lung and adult pancreas transplant services.

Adult Lung: Vanderbilt University Hospital

Adult Pancreas: Vanderbilt University Hospital, Methodist University Hospital

5. Item 2N., Service Area

Please demonstrate the regional radius for which this transplant program will represent the closest available option to pediatric patients. Please provide a map showing the distances to the nearest pediatric lung and pancreas transplant centers.

RESPONSE: Please find the attached map.

6. Item 5N., Service Area Historical Utilization

Please list the other adult transplant programs are available in Tennessee which perform lung and pancreas transplant services in response to Item 5N.

RESPONSE: In Tennessee, the hospitals listed below provide adult lung and adult pancreas transplant services.

Adult Lung: Vanderbilt University Hospital

Adult Pancreas: Vanderbilt University Hospital, Methodist University Hospital

7. Item 6N., Applicant's Historical and Projected Utilization

Please describe the referral network of regional providers who send pediatric patients to VUMC clinics for this type of specialty care.

RESPONSE: The Vanderbilt Transplant Center is largest transplant center in the region and the fifth largest in the nation. As a tertiary medical center, the center accepts patients from all over Tennessee as well as the Southeast. The center is one of eight (8) centers of excellence for pulmonary hypertension and expects patients requiring lung transplants to be referred through this. Additionally, VUMC has a robust cystic fibrosis center where patients who may require pancreas transplants will be referred.

What is the geographical range and volume of patients being referred to VUMC?

RESPONSE: The Vanderbilt Transplant Center is one of the largest, most experienced centers. With that transplant referrals to the center derive from 15 different states across the Southeast, Midwest and Northeast. In CY2023, there were approximately 9000.

How many VUMC clinic patients were referred out to regional/national facilities in the past three years for pediatric lung and/or pediatric pancreas transplants? Which national facilities are they being referred to?

RESPONSE: VUMC has transferred four (4) patients to other transplant centers, such as Texas Childrens and Cincinnati Children's, for lung transplants. No patients have been referred for pancreas transplant.

8. Item 2C., Commercial Plans

It is noted that the applicant has selected UnitedHealthcare Community Plan West Tennessee, but not UnitedHealthcare Community Plan Middle Tennessee. Is this correct? If not, please revise Item 2C. in the main application.

RESPONSE: Please see the revised chart in the main application attached.

9. Item 4C., Availability of Human Resources

How many transplant physicians/surgeons are currently on staff who have performed adult pancreas and lung transplants?

RESPONSE: For pancreas transplant, VUMC has two (2) physicians and two (2) surgeons on staff. For lung transplant, VUMC has three (3) physicians and three (3) surgeons on staff.

Please confirm the number of those physicians/surgeons who will be available to perform these pediatric procedures in addition to the adult transplant procedures.

RESPONSE: For pediatric pancreas transplant, there will be one (1) physician and one (1) surgeon available. Similarly for lung transplant, there will be one (1) physician and one (1) surgeon available.

Please discuss any specific credentialing required or held by the physicians/surgeons who are currently on staff and will be performing the transplants?

RESPONSE: The pediatric lung, pancreas surgeons and physicians are approved by the United Network for Organ Sharing as the primary transplant surgeons and physicians. As set forth below, UNOS has an established certification process utilized to ensure appropriate quality.

10. Item 5C., Licensure, Certification, Accreditation

Please discuss the role of The Joint Commission's accreditation standards as they relate the applicant's pediatric transplant program?

RESPONSE: Transplant inpatient units are under the healthcare organization's Joint Commission Hospital Accreditation.

Are the transplant center's services included under The Joint Commission's review?

RESPONSE: Yes, they are reviewed under the Comprehensive Accreditation Manual for Hospitals (CAMH). Included within the CAMH standards are the

Transplant Safety standards focused on organ donation, organ transplantation responsibilities, tissue management and tracing, and adverse events related to tissue use and organ donor infections.

Please discuss role of the United Network for Organ Sharing (UNOS), Scientific Registry of Transplant Recipients (SRTR) and Organ Procurement Transplantation Network (OPTN) in CMS Certification of the program and/or ongoing quality assurance for the program.

RESPONSE: The OPTN is the government oversight agency for transplant and contracts with UNOS to provide the oversight. UNOS is the national membership organization for transplant centers. To be able to receive organs for transplant, a transplant center must meet the UNOS membership requirements and be approved by the UNOS Board of Directors. CMS certifies transplant centers to be able to received Medicare payment for transplant. CMS has it's own transplant conditions of participation that must be met by transplant centers to become and stay certified. Both CMS and UNOS have requirements that transplant programs must maintain a transplant quality assessment and performance improvement program.

The attached TJC Accreditation is labeled Lebanon, Tennessee. Is this for the VUMC Wilson County facility? If so, please provide a copy of the most recent accreditation for the hospitals relevant to this project.

RESPONSE: Please find VUMC's TJC Accreditation attached.

11. Item 2Q., Quality Standards

It is noted that the applicant has selected that it is not committed to maintaining staffing comparable to the staffing chart? Is this correct? If not, please revised this item in the main application.

RESPONSE: No, that was incorrect. VUMC is committed to maintaining staffing in the chart. This has been revised in the application.

Please respond to the following service specific criteria questions as an attachment labeled Attachment 1N-Supplemental #1.

12. Item 1N., Project Specific Criteria, Organ Transplantation, Item #1 Determination of Need and Minimum Volume Standard

How many adult lung, and adult pancreas transplants were included in the (76) total transplants performed by VUMC in FY23?

RESPONSE: In FY23, there were 75 adult lung transplants and 1 adult pancreas transplants performed. Please note this does not include the simultaneous pancreas/kidney transplants that were performed at VUMC.

**13. Item 1N., Project Specific Criteria, Organ Transplantation, Item #3
Establishment of Service Area**

Please include a map of the distances to other pediatric transplant programs in the region/nation that offer pediatric lung and pancreas transplants.

RESPONSE: Please see the attached map.

Are adult and/or pediatric intestine transplants performed at VUMC?

RESPONSE: Adult and/or Pediatric intestine transplants are not performed at VUMC.

**14. Item 1N., Project Specific Criteria, Organ Transplantation, Item #4
Relationship to Existing Similar Services in the Area**

Please identify the existing transplantation services of the type being applied for in the local region of the Organ Procurement and Transplantation Network and document the number of transplants performed in the previous 12 months at these identified centers as well. The applicant should also document the number of individuals on the transplant waiting list in the previous 12 months in the proposed service area.

RESPONSE: VUMC is located within Region 11 which consists of Kentucky, North Carolina, South Carolina, Tennessee and Virginia.

Currently, the following pediatric transplant programs exist in Region 11 for lung and pancreas:

Pediatric Lung

Duke University Hospital
University of North Carolina Hospitals
Medical University of South Carolina

Pediatric Pancreas

Wake Forest Baptist Medical Center
Duke University Hospital
University of North Carolina Hospitals

In CY2023, there was one pediatric lung transplant performed in Region 11 (Medical University of South Carolina) and one pediatric pancreas transplant (Duke University Hospital).

There is currently one pediatric lung transplant candidate on a waiting list in Region 11.

**15. Item 1N., Project Specific Criteria, Organ Transplantation, Item #6
Planning Horizon**

Please table the number of procedures that will be performed by the end of the third year of operation for each of the first three years individually and by organ type in response to the criteria #6.

RESPONSE: Please see the chart below.

	Pediatric Lung	Pediatric Lung
Year 1 - FY25	1	1
Year 2 - FY26	1	1
Year 3 - FY27	1	1

**16. Item 1N., Project Specific Criteria, Organ Transplantation, Item #7
Selection of Transplant Candidates**

Please attach written procedures for the selection of transplant candidates and the distribution of organs in a fair and equitable manner are required by criterion #7.

RESPONSE: VUMC's existing pediatric heart, pediatric liver and pediatric kidney transplant programs are accredited by CMS. VUMC participates in the United Network for Organ Sharing (UNOS) and the Organ Procurement and Transplantation Network (OPTN). It contributes data for peer review to the Scientific Registry of Transplant Recipients (SRTS). When approved, VUMC will adopt its current policies and procedures for its pediatric solid organ programs for the selection of transplant candidates and the distribution of

organs to the new pediatric pancreas and pediatric lung program. For example, the referral process will be most often initiated from the Monroe Carell Jr. Children's Hospital at Vanderbilt Division of Pulmonology where patients are seen by their primary pulmonologist. If it is determined that the patient could benefit from lung transplantation, then the patient will be referred for evaluation by the pediatric lung transplant multidisciplinary team, including medical, surgical and psychosocial team members. The patient will then be presented to the selection committee for final approval before the patient will be listed for transplant.

When was the last time the procedures were reviewed and certified as being in compliance with the Organ Procurement and Transplantation Network allocation priorities?

RESPONSE: The last survey to ensure VUMC was in compliance with the OPTN policy was Spring 2023.

**17. Item 1N., Project Specific Criteria, Organ Transplantation, Item #8
Certification of Nondiscriminatory Practices**

Please include a reference to the Attachment number in the response to Item 8.

RESPONSE: Please see attached.

**18. Item 1N., Project Specific Criteria, Organ Transplantation, Item #11
Adequate Staffing**

Please confirm that the transplant surgeons and transplant physicians meet UNOS standards for the relevant transplant program.

RESPONSE: Yes, pediatric lung transplant surgeon and physician and pediatric pancreas transplant surgeon and physician have been approved by OPTN/UNOS as primary surgeons and physicians.

**19. Item 1N., Project Specific Criteria, Organ Transplantation, Item #14
Licensure and Quality Considerations**

Is there a minimum number of pediatric procedures required to be performed to obtain approval or re-approval of the transplant center's CMS certification for these specific service lines.

RESPONSE: There are not pediatric transplant volume criteria for CMS certification. The pediatric lung and pediatric pancreas transplant programs will fall under the CMS certification of the adult lung and pancreas transplant programs.

What is involved in the CMS certification of the new service lines at the transplant center?

RESPONSE: The pediatric lung and pediatric pancreas transplant programs will fall under the CMS certification of the adult lung and pancreas transplant programs. CMS must be notified of the addition of the pediatric transplant programs under the Vanderbilt adult transplant programs and provided the OPTN/UNOS letter of approval.

Are the pediatric transplant services approved separately from the adult services by CMS? Are there volume related exemptions for specific pediatric transplant types?

RESPONSE: The pediatric lung and pediatric pancreas transplant programs will fall under the CMS certification of the adult lung and pancreas transplant programs. There are no transplant volume requirements for pediatric transplant programs.

Please identify and document the applicant's existing or proposed plan for data reporting, quality improvement, and outcomes.

RESPONSE: Please find the attached QAPI Plan 2024.

Please provide a listing of all citations by UNOS Membership and Professional Standards Committee and/or CMS and the corresponding corrective action plans and resolutions by the relevant regulatory agency.

RESPONSE: Please find the attached.

*2C. List all commercial private insurance plans contracted or plan to be contracted by the applicant

- Aetna Health Insurance Company
- Ambetter of Tennessee Ambetter
- Blue Cross Blue Shield of Tennessee
- Blue Cross Blue Shield of Tennessee Network S
- Blue Cross Blue Shiled of Tennessee Network P
- BlueAdvantage
- Bright HealthCare
- Cigna PPO
- Cigna Local Plus
- Cigna HMO - Nashville Network
- Cigna HMO - Tennessee Select
- Cigna HMO - Nashville HMO
- Cigna HMO - Tennessee POS
- Cigna HMO - Tennessee Network
- Golden Rule Insurance Company
- HealthSpring Life and Health Insurance Company, Inc.
- Humana Health Plan, Inc.
- Humana Insurance Company
- John Hancock Life & Health Insurance Company
- Omaha Health Insurance Company
- Omaha Supplemental Insurance Company
- State Farm Health Insurance Company
- United Healthcare UHC
- UnitedHealthcare Community Plan East Tennessee
- UnitedHealthcare Community Plan Middle Tennessee
- UnitedHealthcare Community Plan West Tennessee
- WellCare Health Insurance of Tennessee, Inc.
- Others



Vanderbilt University Medical Center

Nashville, TN

has been Accredited by

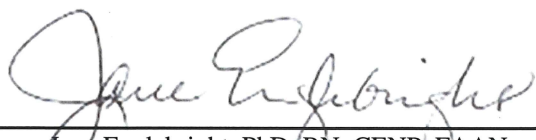


The Joint Commission

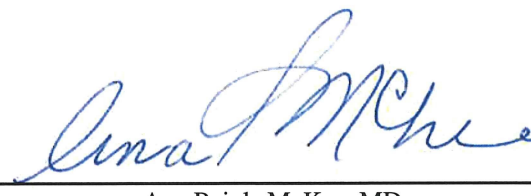
Which has surveyed this organization and found it to meet the requirements for the
Hospital Accreditation Program

November 20, 2021

Accreditation is customarily valid for up to 36 months.


Jane Englebright, PhD, RN, CENP, FAAN
Chair, Board of Commissioners

ID #7892
Print/Reprint Date: 02/10/2022


Ana Pujols McKee, MD
Interim President & CEO

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.





February 9, 2022

Wright Pinson, MBA, MD
Deputy Vice Chancellor for Health Affairs, CEO
Vanderbilt University Medical Center
1211 Medical Center Drive
Nashville, TN 37232-2101

Re: # 7892
CCN: # 440039
Deemed Program: Hospital
Accreditation Expiration Date: November 20, 2024

Dear Dr. Pinson:

This letter confirms that your November 15, 2021 - November 19, 2021 unannounced full resurvey was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on January 18, 2022. The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of November 20, 2021.

The Joint Commission is also recommending your organization for continued Medicare certification effective November 20, 2021. Please note that the Centers for Medicare and Medicaid Services (CMS) Medicare Administrative Contractor (MAC) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following location(s):

Vanderbilt University Medical Center
d/b/a Vanderbilt University Hospital
1211 Medical Center Drive, Nashville, TN, 37232-2101

Vanderbilt Sleep Disorders Center
Marriott @ Vanderbilt, 2555 West End Ave, Nashville, TN, 37203

Vanderbilt Rheumatology Cool Springs
2001 Mallory Lane, Suite 100, Franklin, TN, 37067

Vanderbilt Sleep Disorders Center - Franklin
650 Bakers Bridge Avenue, Franklin, TN, 37067



Vanderbilt Surgery Center
225 Bedford Way, Franklin, TN, 37064

Vanderbilt Health One Hundred Oaks
719 Thompson Lane, Nashville, TN, 37204

Vanderbilt Multiple Sclerosis Center
3810 Bedford Ave., Suite 100, Nashville, TN, 37215

Vanderbilt Medical Group at Coolsprings Blvd.
324 Coolsprings Blvd., Franklin, TN, 37067-1631

Vanderbilt Health at 500 Northcrest Blvd.
500 Northcrest Blvd., Springfield, TN, 37172

Vanderbilt Heath at 1003 Reserve Blvd.
1003 Reserve Blvd., Spring Hill, TN, 37174

Vanderbilt University Medical Center
d/b/a Monroe Carell Jr. Children's Hospital
2200 Children's Way, Nashville, TN, 37232

Vanderbilt University Medical Center
d/b/a 3601 The Vanderbilt Clinic
1301 Medical Center Drive, Nashville, TN, 37232

Vanderbilt University Medical Center
d/b/a Medical Center North building
1161 21st Ave. South, Nashville, TN, 37232

Vanderbilt University Medical Center
d/b/a Village at Vanderbilt building
1500 21st Ave. South, Nashville, TN, 37232

Vanderbilt University Medical Center
d/b/a Free Electron Laser building
410 24th Ave. South, Nashville, TN, 37232

Vanderbilt University Medical Center
d/b/a Dayani Center building
1500 22nd Ave South, Nashville, TN, 37232



Vanderbilt University Medical Center
d/b/a Vanderbilt Eye Institute building
2311 Pierce Ave., Nashville, TN, 37232

Vanderbilt University Medical Center
d/b/a Vanderbilt Psychiatric Hospital
1601 23rd Ave. South, Nashville, TN, 37232

Vanderbilt University Medical Center
d/b/a Medical Center East, North Tower building
1215 21st Ave. South, Nashville, TN, 37232

Vanderbilt University Medical Center
d/b/a Medical Center East, South Tower building
1215 21st Avenue South, Nashville, TN, 37232

Vanderbilt University Medical Center
d/b/a Medical Arts building
1211 21st Ave. South, Nashville, TN, 37232

Osher Center for Integrative Medicine at Vanderbilt
3401 West End Ave.; Suite 380, Nashville, TN, 37203

Monroe Carell Jr Children's Hospital Vanderbilt Sgy& Clinics
d/b/a Vanderbilt Children's Surgery and Clinics
2102 W. Northfield Blvd., Murfreesboro, TN, 37129

Please be assured that The Joint Commission will keep the report confidential, except as required by law or court order. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

A handwritten signature in black ink that reads "Mark Pelletier".

Mark G. Pelletier, RN, MS
Chief Operating Officer and Chief Nurse Executive
Division of Accreditation and Certification Operations



cc: CMS/Central Office/Survey & Certification Group/Division of Acute Care Services
CMS/Regional Office 4 /Survey and Certification Staff

VANDERBILT  UNIVERSITY
MEDICAL CENTER

Policy: Nondiscrimination

Category	Clinical Operations
Approval Date	January 2023
Effective Date	January 2023
Supersedes	December 2019

Applicable to

VUMC

Team Members Performing

All faculty & staff Faculty & staff providing direct patient care or contact MD House Staff APRN/PA RN LPN

Other:

Responsible Committee

<input checked="" type="checkbox"/> Clinical Operations Committee	<input type="checkbox"/> Pharmacy, Therapeutics, and Diagnostics Committee
<input type="checkbox"/> Clinical Practice Committee	<input type="checkbox"/> Health Record Executive Committee
<input type="checkbox"/> Quality Steering Committee	<input type="checkbox"/> Information Privacy and Security Executive Committee
<input type="checkbox"/> Infection Prevention Executive Committee	<input type="checkbox"/> Medical Center Safety Committee

Content Experts

Lead Author: Terrell Smith, Director of Patient and Family Engagement
Lori Anne Parker-Danley, Director of Patient Education
Rochelle Johnson, Senior Director, Employee and Labor Relations

I. Purpose:

To provide standards for consistency in applying nondiscrimination practices across Vanderbilt University Medical Center (VUMC).

II. Policy:

VUMC does not discriminate in admission, treatment or participation in its programs, services and activities against any person on the basis of race, sex, religion, color, national or ethnic origin, age, disability, veteran status, or genetic information or any other characteristic protected under applicable federal or state law. In addition, VUMC does not discriminate against individuals on the basis of their sexual orientation, gender identity, or gender expression.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964 (nondiscrimination on the basis of race, color, national origin), Section 504 of the Rehabilitation Act of 1973 (nondiscrimination on the basis of disability), the Age Discrimination Act of 1975 (nondiscrimination on the basis of age), regulations of the U.S. Department of Health and Human Services issued pursuant to these three statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91, and Section 1557 of the Patient Protection and Affordable Care Act of 2010, 42 U.S.C. § 18116.

For questions, please contact:

Section 504 Coordinator: Rochelle Johnson
Telephone number: (615) 343-4759
Email: employeerelations.vumc.org or rochelle.t.johnson@vumc.org

III. Endorsement:

Clinical Operations Policy Committee December 2022

Executive Policy Committee January 2023

IV. Approval:

Michele Hasselblad, DNP, RN, NE-BC 1/27/23
Vice President for Adult Ambulatory Nursing
On behalf of Marilyn Dubree, MSN, RN, NE-BC
Executive Chief Nursing Officer, VUMC

C. Wright Pinson, MBA, MD 1/27/23
Deputy CEO and Chief Health System Officer, VUMC

V. References:

Title VI of the Civil Rights Act of 1964. Nondiscrimination on the basis of race, color, national origin.

Section 504 of the Rehabilitation Act of 1973. Nondiscrimination on the basis of disability.

Age Discrimination Act of 1975. Nondiscrimination on the basis of age.

U.S. Department of Health and Human Services. Title 45 Code of Federal Regulations Parts 80, 84, and 91.

Section 1557 of the Patient Protection and Affordable Care Act of 2010, 42 U.S.C. § 18116.

Vanderbilt Transplant Center Quality Assessment Performance Improvement Plan

A. MISSION

The mission of the Vanderbilt Transplant Center Quality Assessment Performance Improvement (QAPI) program is to focus on continually monitoring and providing accurate, actionable data for the purpose of improvement, innovation, and creating a culture of safety for our transplant patients and living donors.

B. SERVICES PROVIDED

Vanderbilt Transplant Center is approved by the United Network for Organ Sharing (UNOS) to provide transplant services for heart, kidney, pancreas, lung, liver, larynx, pediatric heart, pediatric kidney, pediatric liver, pediatric pancreas, pediatric lung and living donation. Services provided include pre-transplant, perioperative, and post-transplant care which occurs in the ambulatory or inpatient setting.

C. MULTIDISCIPLINARY CARE

Vanderbilt Transplant Center utilizes a multidisciplinary approach to patient care for all transplant patients and living donors. The multidisciplinary team includes transplant physician, transplant surgeon, transplant coordinator, inpatient nursing, social work, nutrition, financial coordinator, and pharmacist; ad hoc members include child life, psychiatry, and infectious disease. The multidisciplinary teams meet at regular intervals determined by the organ specific program.

D. DESIGN AND SCOPE

The Vanderbilt Transplant Center's QAPI program was designed to be an ongoing and comprehensive evaluation of solid organ transplantation, living donation, and vascularized composite allograft (VCA) transplantation with a focus on monitoring and improving. Each program has identified process and outcome indicators for each phase of transplantation/donation in order to evaluate performance with regard to transplant activities and outcomes. See attachment A for a list of all process and outcome indicators. The QAPI program also includes a regular review of safety events, hospital quality indicators, and survival outcomes.

The scope of the Vanderbilt Transplant Center's QAPI program begins at the initial time of referral for transplant, through perioperative care, and post-transplant care for transplant recipients and living donors.

E. GOVERNANCE AND LEADERSHIP

Vanderbilt Transplant Center's QAPI program is directly connected to both Vanderbilt University Hospital Quality department and Vanderbilt Children's Hospital's Quality department. See attachment B for organizational reporting chart. The reporting structure was designed to provide bidirectional communication between hospital leadership, transplant center leadership, and front-line transplant staff. Transplant quality and leadership will report out to the Vanderbilt Children's Performance Management and Improvement Committee, Vanderbilt University Medical Center

Adult Executive Quality Committee, and Executive Quality Steering Committee at least annually.

Transplant Leadership

The following leaders are responsible for the execution of the QAPI plan:

- Transplant Physician Director
- Transplant Administrator
- Transplant Quality Director
- Transplant Administrative Director
- Transplant Quality Team

F. STRUCTURE

Transplant Organ Specific QAPI Committees

Each organ specific transplant team has a QAPI committee responsible for ongoing quality assessment and support performance improvement. Each organ transplant committee meets a minimum of twice a year. See attachment C for QAPI calendar meeting schedule. This committee is chaired by the medical or surgical directors of the program. The committee is open to all associated with that organ specific program, including inpatient nursing, hospital quality consultants, and every member of the multidisciplinary team. See Attachment D for members of the organ specific QAPI committees. The responsibilities of this committee are as follows:

- Establish and maintain a systematic, documented approach to identify, evaluate and improve the quality and effectiveness of care for transplant patients and living donors throughout the phases of transplant
- Develop and monitor data driven process and outcome measures related to transplant activities
- Monitor performance by reviewing benchmarks, safety events, hospital quality indicators, survival outcomes, and organ offer/acceptance practices
- Develop and implement process improvement initiatives to address high risk, high volume (or very low volume), problem prone areas
- Quality indicators are reviewed at least biennial as a committee to determine appropriate benchmarks

G. FEEDBACK, DATA SYSTEMS, AND MONITORING

Data Sources

Feedback and data utilized in the Vanderbilt Transplant Center QAPI program is obtained from numerous sources, including the following:

- Hospital system electronic health record- Estar
- Hospital business intelligence tools
- Hospital event reporting system- Veritas
- Hospital quality indicators reporting-Tableau
- Pediatric Health Information System (PHIS) Database
- Health Information System-Vizient
- Scientific Registry of Transplant Recipients (SRTR)

- UNET- United Network for Organ Sharing Database
- Statistical software packages (SAS and R)
- RedCap
- Press Ganey
- HCAPS
- Hospital quality
- Inpatient nursing
- Transplant staff

Data is being continually reviewed, analyzed and disseminated to the organ specific committees and to the transplant center. This data is readily available to the transplant center staff and leadership. All data utilized for quality review is kept confidential according to Tennessee Code Title 63.

Monitoring

Measures have been put into place to ensure the highest level of data integrity and reproducibility.

1. Regulatory Indicators

Compliance monitoring of United Network for Organ Sharing (UNOS) and Center for Medicare and Medicaid Services (CMS) policies and regulations occur on every transplant patient and living donor. These results are disseminated to the entire transplant center each month via the compliance dashboard. These results are also presented in the organ specific QAPI committees.

2. Process and Outcome Clinical Metrics

Clinical metrics are obtained monthly for every transplant patient and living donor. These results are disseminated out to the organ specific committees at their QAPI meetings and are available at any time on request.

3. Survival Outcomes

Survival Outcomes are being continually monitored and disseminated to transplant leadership and at organ specific QAPI meetings. Monthly outcome reports are sent to the medical and surgical directors of each program as well as transplant leadership. These reports are available to transplant staff at any time.

4. Hospital Indicators

Hospital indicators are reviewed monthly, and transplant patients are identified to be presented at the organ specific QAPIs.

5. Safety Events

Reported safety events and events from the Veritas system are reviewed monthly. They are then categorized and receive follow up action according to the Safety Matrix™. All adverse events are reviewed in the organ specific QAPI meetings and elevated as indicated by the safety algorithm.

6. Morbidity and Mortality Reviews

Reviews are program specific and include the multidisciplinary team. M&Ms are conducted for transplant patients who have had a death or graft loss that occurred within the first year post transplant, living donors who have experienced an adverse event, or any other identified events purposed by the multidisciplinary care team. See attachment F for organ specific M&M schedules

Methodologies and Tools:

The Vanderbilt transplant quality team utilizes a variety of different tools and techniques Below are some of these methods:

- Descriptive Statistics
- Survival Analysis
- Hazard Models
- The Institute for Healthcare Improvement (IHI) model for Improvement Framework
- Lean Methodology
- QI tools: Timeline, Fishbone Diagrams, 5 Whys, Process Mapping, etc.
- Root Cause Analysis
- RCA2
- Safer Matrix TM

H. SYSTEMATIC ANALYSIS AND ACTION

- I. The Vanderbilt Transplant Center uses a systematic approach to identify, report, and analyze events to determine the extent of follow-up actions. This is outlined in the Vanderbilt Medical Center's Occurrence Reporting: Patient and Visitor policy, the Vanderbilt Medical Center's Sentinel Event Analysis and Response, and the Vanderbilt Transplant Center Occurrence policy.

The Vanderbilt Transplant Center Occurrence policy contains the following:

- The notification process to follow when a transplant related event has been identified
- Transplant quality monitoring of the Veritas system reported events and utilizing the Safer Matrix to categorize and determine follow up actions
- The relationship between transplant quality, hospital safety, and risk management to conduct intensive event analysis when warranted

J. PERFORMANCE IMPROVEMENT ACTIVITIES

The Vanderbilt Transplant Center quality team determines which process initiatives will be completed based on input from organ specific committees, identified trends in data or outcomes, occurrence reports, safety events, and alignment with strategic goals. Process improvement initiatives are completed with members from the multidisciplinary team and are presented at the organ specific QAPI meetings.

Prioritization of PI projects is based on the framework below:

- Vanderbilt's mission, credo and strategic goals
- Vanderbilt Transplant Center's strategic goals

- Impact on patient outcomes, safety, and quality of care
- High risk, high volume, or problem prone areas
- Identified or potential risk to patient safety
- Input from transplant leadership, organ specific committees, and transplant staff

List of Attachments:

Attachment A: List of Process and Outcome Measurements

Attachment B: Quality Organizational Reporting Structure

Attachment C: QAPI Meeting Calendar

Attachment D: Organ Specific QAPI Committees

Attachment E: Vanderbilt Transplant Center Morbidity and Mortality Schedule

Attachment F: Vanderbilt Transplant Center Contracted Services

Attachment A

2021 QAPI Metrics

HEART	
PRE-TRANSPLANT	
Process	Two ABOs prior to listing
Process	Patient notification letters
Process	Evaluation consent
Process	SRTR outcomes form
Process	Patient selection committee encounters
Outcome	Waitlist mortality
Outcome	Time on waitlist prior to transplant (days)
PERI-TRANSPLANT	
Process	OR ABO Verification
Outcome	Median LOS (days)
Outcome	Median ICU LOS (days)
Outcome	Unplanned return to OR
Outcome	CRRT / HD post-transplant
Outcome	Primary graft dysfunction
Process	PHS surgical consent
Process	HCV NAT+ surgical consent
Process	PHS labs resulted <56 days
Process	Waitlist removal < 24 hours
Outcome	Average removal time (hours)
Process	Social work documentation
POST-TRANSPLANT	
Outcome	Readmission < 30 days post-transplant
Outcome	Rejection (2R or greater) < 30 days post-transplant
Outcome	Infection < 30 days post-transplant
Process	Social work documentation
Process	Medicare Transplant Time Sheet documentation compliance
PEDIATRIC HEART	
PRE-TRANSPLANT	
Process	Two ABOs prior to listing
Process	Patient notification letters
Process	Informed consent
Process	SRTR outcomes form
Process	Patient selection forms
Outcome	Time on waitlist prior to transplant (days)
Outcome	Waitlist mortality
PERI-TRANSPLANT	
Process	OR ABO Verification
Outcome	Median LOS (days)
Outcome	Median ICU LOS (days)

Outcome	Unplanned return to OR
Process	PHS surgical consent
Process	HCV NAT+ surgical consent
Process	PHS labs resulted <56 days
Process	Waitlist removal < 24 hours
Outcome	Average removal time (hours)
Process	Social work documentation
POST-TRANSPLANT	
Outcome	Readmission < 30 days post-transplant
Outcome	Rejection (2R or greater) < 30 days post-transplant
Outcome	Infection < 30 days post-transplant
Process	Social work documentation
Process	Medicare Transplant Time Sheet documentation compliance
LUNG	
PRE-TRANSPLANT	
Process	Two ABOs prior to listing
Process	Patient notification letters
Process	Informed consent
Process	SRTR outcomes form
Process	Patient selection forms
Outcome	Time on waitlist prior to transplant (days)
Outcome	Waitlist mortality
PERI-TRANSPLANT	
Process	OR ABO Verification
Outcome	Median LOS (days)
Outcome	Median ICU LOS (days)
Outcome	Unplanned return to OR
Outcome	ECMO
Outcome	Median LAS score at time of transplant
Process	PHS surgical consent
Process	HCV NAT+ surgical consent
Process	PHS labs resulted <56 days
Process	Waitlist removal < 24 hours
Outcome	Average removal time (hours)
Process	Social work documentation
POST-TRANSPLANT	
Outcome	Readmission < 30 days post-transplant
Outcome	Rejection < 30 days post-transplant
Outcome	Infection < 30 days post-transplant
Outcome	VTE <90 days post-transplant
Process	Social work documentation
Process	Medicare Transplant Time Sheet documentation compliance

LIVER	
PRE-TRANSPLANT	
Process	Two ABOs prior to listing
Process	Patient notification letters
Process	Informed consent
Process	SRTR outcomes form
Process	Patient selection forms
Outcome	Time on waitlist prior to transplant (days)
Outcome	Waitlist mortality
PERI-TRANSPLANT	
Process	OR ABO Verification
Outcome	Median LOS (days)
Outcome	Median ICU LOS (days)
Outcome	Unplanned return to OR
Outcome	Hospitalized prior to transplant
Outcome	CRRT / HD prior to transplant
Outcome	CRRT / HD during transplant admission
Process	PHS surgical consent
Process	HCV NAT+ surgical consent
Process	PHS labs resulted <56 days
Process	Waitlist removal < 24 hours
Outcome	Average removal time (hours)
Process	Social work documentation
POST-TRANSPLANT	
Outcome	Readmission < 30 days post-transplant
Outcome	Rejection < 30 days post-transplant
Outcome	Infection < 30 days post-transplant
Outcome	Reoperation <90 days post-transplant
Outcome	Total biliary complications < 90 days post-transplant
Outcome	Stricture < 90 days post-transplant
Outcome	Leak < 90 days post-transplant
Outcome	Stones < 90 days post-transplant
Outcome	Total vascular complications < 90 days post-transplant
Outcome	HAS < 90 days post-transplant
Outcome	HAT < 90 days post-transplant
Outcome	PVT < 90 days post-transplant
Outcome	PVS < 90 days post-transplant
Process	Social work documentation
Process	Medicare Transplant Time Sheet documentation compliance
PEDIATRIC LIVER	
PRE-TRANSPLANT	
Process	Two ABOs prior to listing
Process	Patient notification letters
Process	Informed consent
Process	SRTR outcomes form

Process	Patient selection forms
Outcome	Time on waitlist prior to transplant (days)
Outcome	Waitlist mortality
PERI-TRANSPLANT	
Process	OR ABO Verification
Process	HCV NAT+ surgical consent
Process	PHS surgical consent
Process	PHS labs resulted <56 days
Outcome	Median LOS (days)
Outcome	Median ICU LOS (days)
Outcome	Return to OR
Process	Waitlist removal < 24 hours
Outcome	Average removal time (hours)
Process	Social work documentation
POST-TRANSPLANT	
Outcome	Total vascular complications < 90 days post-transplant
Outcome	HAS <90 days post-transplant
Outcome	HAT < 90 days post-transplant
Outcome	PVT < 90 days post-transplant
Outcome	PVS < 90 days post-transplant
Outcome	Readmission < 90 days post-transplant
Outcome	Rejection < 90 days post-transplant
Outcome	Infection < 90 days post-transplant
Outcome	Reoperation < 90 days post-transplant
Outcome	Total biliary complications < 90 days post-transplant
Outcome	Stricture < 90 days post-transplant
Outcome	Leak < 90 days post-transplant
Outcome	Stones < 90 days post-transplant
Process	Social work documentation
Process	Medicare Transplant Time Sheet documentation compliance
KIDNEY	
PRE-TRANSPLANT	
Process	Two ABOs prior to listing
Process	Patient notification letters
Process	Informed consent
Process	SRTR outcomes form
Process	Patient selection forms
Outcome	Time on waitlist prior to transplant (days)
Outcome	Waitlist mortality – VUMC
Outcome	Waitlist mortality – VA
PERI-TRANSPLANT	
Process	OR ABO Verification
Outcome	Median LOS (days)
Outcome	Unanticipated return to OR

Outcome	Delayed graft function
Process	PHS surgical consent
Process	HCV NAT+ surgical consent
Process	PHS labs resulted <56 days
Process	Waitlist removal < 24 hours
Outcome	Average removal time (hours)
Process	Social work documentation
POST-TRANSPLANT	
Outcome	Readmission < 30 days post-transplant
Outcome	Infection < 30 days post-transplant
Outcome	Arterial thrombosis <90 days
Outcome	Venous thrombosis <90 days
Outcome	Lymphocele <90 days
Outcome	Ureteral leak <90 days
Outcome	Ureteral stricture <90 days
Outcome	Wound infection <90 days
Outcome	Hernia <90 days
Outcome	Incidence of VTE < 90 days post-transplant
Process	Social work documentation
Process	Medicare Transplant Time Sheet documentation compliance
PEDIATRIC KIDNEY	
PRE-TRANSPLANT	
Process	Two ABOs prior to listing
Process	Patient notification letters
Process	Informed consent
Process	SRTR outcomes form
Process	Patient selection forms
Outcome	Time on waitlist prior to transplant (days)
Outcome	Waitlist mortality
PERI-TRANSPLANT	
Process	OR ABO Verification
Outcome	Median LOS (days)
Outcome	Unplanned return to OR
Outcome	Delayed graft function
Process	PHS surgical consent
Process	HCV NAT+ surgical consent
Process	PHS labs resulted <56 days
Process	Waitlist removal < 24 hours
Outcome	Average removal time (hours)
Process	Social work documentation
POST-TRANSPLANT	
Outcome	Readmission < 30 days post-transplant

Outcome	Infection < 30 days post-transplant
Process	Social work documentation
Process	Medicare Transplant Time Sheet documentation compliance
KIDNEY LIVING DONOR	
PRE-DONATION	
Process	Altruistic donors
Process	Patient notification letters
Process	Informed consent
Process	SRTR outcomes form
Process	Patient selection forms
Process	Cancellations
PERI-DONATION	
Process	Altruistic donors
Process	Two ABOs prior to donation
Process	OR ABO Verification
Outcome	Median LOS (days)
POST-DONATION	
Outcome	Readmission < 30 days post-donation
Outcome	ED visit < 30 days post-donation
Outcome	Infection < 30 days post-donation
Process	Medicare Transplant Time Sheet documentation compliance
LIVER LIVING DONOR	
PRE-DONATION	
Process	Altruistic donors
Process	Patient notification letters
Process	Informed consent
Process	SRTR outcomes form
Process	Patient selection forms
Process	Cancellations
PERI-DONATION	
Process	Altruistic donors
Process	Two ABOs prior to donation
Process	OR ABO Verification
Outcome	Median LOS (days)
POST-DONATION	
Outcome	Readmission < 30 days post-donation
Outcome	ED visit < 30 days post-donation
Outcome	Infection < 30 days post-donation
Process	Medicare Transplant Time Sheet documentation compliance

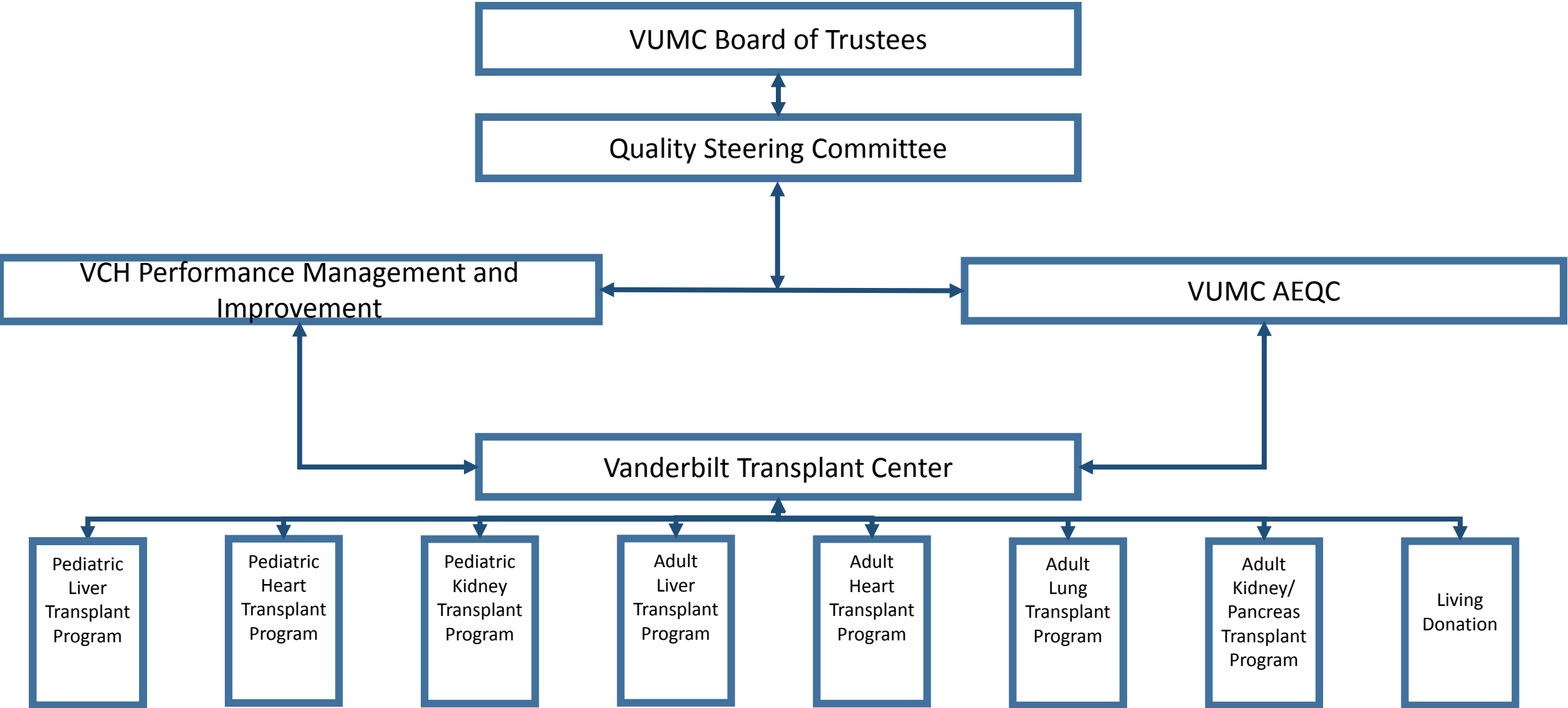
LARYNX	
PRE-TRANSPLANT	
Process	Two ABOs prior to listing
Process	Patient notification letters
Process	Informed consent
Process	SRTR outcomes form
Process	Patient selection forms
Outcome	Time on waitlist prior to transplant (days)
Outcome	Waitlist mortality
PERI-TRANSPLANT	
Process	OR ABO Verification
Outcome	Median LOS (days)
Outcome	Median ICU LOS (days)
Outcome	Unplanned return to OR
Outcome	Intubation
Process	PHS surgical consent
Process	HCV NAT+ surgical consent
Process	PHS labs resulted <56 days
Process	Waitlist removal < 24 hours
Outcome	Average removal time (hours)
Process	Social work documentation
POST-TRANSPLANT	
Outcome	Readmission < 30 days post-transplant
Outcome	Rejection < 30 days post-transplant
Outcome	Infection < 30 days post-transplant
Outcome	Intubation
Process	Social work documentation
Process	Medicare Transplant Time Sheet documentation compliance

Pediatric Lung	
PRE-TRANSPLANT	
Process	Two ABOs prior to listing
Process	Patient notification letters
Process	Informed consent
Process	SRTR outcomes form
Process	Patient selection forms
Outcome	Time on waitlist prior to transplant (days)
Outcome	Waitlist mortality
PERI-TRANSPLANT	
Process	OR ABO Verification
Outcome	Median LOS (days)
Outcome	Median ICU LOS (days)
Outcome	Unplanned return to OR
Outcome	ECMO
Process	PHS surgical consent
Process	HCV NAT+ surgical consent
Process	PHS labs resulted <56 days
Process	Waitlist removal < 24 hours
Outcome	Average removal time (hours)
Process	Social work documentation
POST-TRANSPLANT	
Outcome	Readmission < 30 days post-transplant
Outcome	Rejection < 30 days post-transplant
Outcome	Infection < 30 days post-transplant
Outcome	VTE <90 days post-transplant
Process	Social work documentation
Process	Medicare Transplant Time Sheet documentation compliance

PEDIATRIC PANCREAS	
PRE-TRANSPLANT	
Process	Two ABOs prior to listing
Process	Patient notification letters
Process	Informed consent
Process	SRTR outcomes form
Process	Patient selection forms
Outcome	Time on waitlist prior to transplant (days)
Outcome	Waitlist mortality
PERI-TRANSPLANT	
Process	OR ABO Verification
Outcome	Median LOS (days)
Outcome	Median ICU LOS (days)
Outcome	Unplanned return to OR
Outcome	Delayed graft function
Process	Risk criteria surgical consent
Process	HCV NAT+ surgical consent
Process	Risk criteria labs resulted 28-56 days
Process	Waitlist removal < 24 hours
Outcome	Average removal time (hours)
Process	Social work documentation
POST-TRANSPLANT	
Outcome	Readmission <30 days post-initial discharge
Outcome	Infection <30 days post-transplant
Process	Social work documentation
Process	Medicare Transplant Time Sheet documentation compliance

Attachment B

Vanderbilt Transplant Center Quality Reporting Structure



Pediatric pancreas and pediatric lung transplant programs added 2024

Updated January 2024

Attachment C

Transplant Center Adult & Pediatric QAPI Committee Meetings - 2021

ADULT	Recurring Meeting Schedule	Medical Director	Surgical Director
Kidney & Living Donor	3 x per year schedule on Mon in the pm	Alp Ikizler (Interim) Bea Concepcion (Assoc) Heidi Schaefer (LD)	Rachel Forbes
Liver & Living Donor	3 x per year schedule on Mon or Fri in the pm	Roman Perri	Sophoclis Alexopoulos
Heart	3 x per year schedule on Tues or Thurs @ 7:00 a.m.	Kelly Schlendorf	Ashish Shah
Lung	3 x per year always on Friday @ 7:00 am	Ivan Robbins (Interim) Anil Trindade (Assoc)	Eric Lambright
PEDIATRIC	Recurring Meeting Schedule	Medical Director	Surgical Director
Kidney	2 x per year	Kathy Jabs	David Shaffer
Heart	2 x per year	Debra Dodd	David Bichell (Interim)
Liver	2 x per year held in place of the monthly Peds Liver Ops Mtg (2nd Tues)	Lynette Gillis	Sophoclis Alexopoulos

Attachment D

Vanderbilt Transplant Center	
Adult Lung Transplant QAPI Committee	
Updated 12/ 4/ 2019	
Purpose	The Adult Lung Transplant QAPI Committee is responsible for ongoing quality assessment and supporting performance improvement. This committee is chaired and championed by the medical and surgical directors. The committee is open to all associated with Adult Lung Transplant, including members of the multidisciplinary team, inpatient nursing, and hospital quality consultants. The committee will meet a minimum of twice a year.
Responsibilities:	Establish and maintain a systematic, documented approach to identify, evaluate and improve the quality and effectiveness of care for transplant patients throughout the phases of transplant.
	Develop and monitor data driven process and outcome measures related to transplant activities.
	Monitor performance by reviewing benchmarks, safety events, hospital quality indicators, survival outcomes, and organ offer/acceptance practices.
	Develop and implement process improvement initiatives to address high risk, high volume (or very low volume), problem prone areas.
	Quality indicators are reviewed every other year as a committee to determine appropriate benchmarks.
Membership:	Role:
	Medical Director
	Surgical Director
	Transplant Quality Director
	Social Work
	Thoracic Transplant & Procurement APN Manager
	CVICU Manager
	9N Manager
	Transplant Leadership
	Liver Transplant Nurse Practitioners & Coordinators
	Pulmonologists
	Surgeons
	Pharmacists
	Nutritionists
	Psychiatry
	Infectious Disease
Transplant Quality Team	
Inpatient Nursing for Surgical Intensive Care Unit and Transplant Unit	

Vanderbilt Transplant Center	
Adult Heart Transplant QAPI Committee	
Updated 12/4/2019	
Purpose	The Adult Heart Transplant QAPI Committee is responsible for ongoing quality assessment and supporting performance improvement. This committee is chaired and championed by the medical and surgical directors. The committee is open to all associated with Adult Heart Transplant, including members of the multidisciplinary team, inpatient nursing, and hospital quality consultants. The committee will meet a minimum of twice a year.
Responsibilities:	Establish and maintain a systematic, documented approach to identify, evaluate and improve the quality and effectiveness of care for transplant patients throughout the phases of transplant.
	Develop and monitor data driven process and outcome measures related to transplant activities.
	Monitor performance by reviewing benchmarks, safety events, hospital quality indicators, survival outcomes, and organ offer/acceptance practices.
	Develop and implement process improvement initiatives to address high risk, high volume (or very low volume), problem prone areas.
	Quality indicators are reviewed every other year as a committee to determine appropriate benchmarks.
Membership:	Role
	Medical Director
	Surgical Director
	Transplant Quality Director
	Social Work
	Thoracic Transplant & Procurement APN Manager
	CVICU Manager
	7N Manager
	Heart Transplant Nurse Practitioners & Coordinators
	Cardiologists
	Surgeons
	Pharmacists
	Nutritionists
	Psychiatry
	Infectious Disease
Transplant Quality Team	
Inpatient Nursing for Surgical Intensive Care Unit and Transplant Unit	

Vanderbilt Transplant Center	
Adult Kidney & Pancreas Transplant QAPI Committee	
Updated 12/4/2019	
Purpose	The Adult Kidney and Pancreas Transplant QAPI Committee is responsible for ongoing quality assessment and supporting performance improvement. This committee is chaired and championed by the medical and surgical directors. The committee is open to all associated with Adult Kidney and Pancreas Transplant, including members of the multidisciplinary team, inpatient nursing, and hospital quality consultants. The committee will meet a minimum of twice a year.
Responsibilities:	Establish and maintain a systematic, documented approach to identify, evaluate and improve the quality and effectiveness of care for transplant patients throughout the phases of transplant.
	Develop and monitor data driven process and outcome measures related to transplant activities.
	Monitor performance by reviewing benchmarks, safety events, hospital quality indicators, survival outcomes, and organ offer/acceptance practices.
	Develop and implement process improvement initiatives to address high risk, high volume (or very low volume), problem prone areas.
	Quality indicators are reviewed every other year as a committee to determine appropriate benchmarks.
Membership:	Role
	Interim Medical Director
	Surgical Director
	Transplant Quality Director
	Social Work
	Abdominal Transplant APN Manager
	7T3 Manager
	Transplant Leadership
	Kidney Transplant Nurse Practitioners & Coordinators
	Nephrologists
	Surgeons
	Pharmacists
	Nutritionists
	Psychiatry
	Infectious Disease
Transplant Quality Team	
Inpatient Nursing for Surgical Intensive Care Unit and Transplant Unit	

Vanderbilt Transplant Center	
Living Donor Kidney QAPI Committee	
Updated 12/4/2019	
Purpose	The Living Donor QAPI Committee is responsible for ongoing quality assessment and supporting performance improvement. This committee is chaired and championed by the medical and surgical directors. The committee is open to all associated with Living Donor Program, including members of the multidisciplinary team, inpatient nursing, and hospital quality consultants. The committee will meet in tandem with kidney QAPI a minimum of twice a year.
Responsibilities:	Establish and maintain a systematic, documented approach to identify, evaluate and improve the quality and effectiveness of care for living donors throughout the phases of donation.
	Develop and monitor data driven process and outcome measures related to transplant activities.
	Monitor performance by reviewing benchmarks, safety events, hospital quality indicators, survival outcomes, and organ offer/acceptance practices.
	Develop and implement process improvement initiatives to address high risk, high volume (or very low volume), problem prone areas.
	Quality indicators are reviewed every other year as a committee to determine appropriate benchmarks.
Membership:	Role
	Medical Director
	Surgical Director
	Transplant Quality Director
	Social Work
	Abdominal Transplant APN Manager
	7T3 Manager
	Transplant Leadership
	Living Donor Transplant Nurse Practitioners & Coordinators
	Nephrologists
	Surgeons
	Pharmacists
	Nutritionists
	Psychiatry
	Infectious Disease
	Independent Living Donor Advocates
Transplant Quality Team	
Inpatient Nursing for Surgical Intensive Care Unit and Transplant Unit	

Vanderbilt Transplant Center	
Adult Liver Transplant QAPI Committee	
Updated 12/4/2019	
Purpose	The Adult Liver Transplant QAPI Committee is responsible for ongoing quality assessment and supporting performance improvement. This committee is chaired and championed by the medical and surgical directors. The committee is open to all associated with Adult Liver Transplant, including members of the multidisciplinary team, inpatient nursing, and hospital quality consultants. The committee will meet a minimum of twice a year.
Responsibilities:	Establish and maintain a systematic, documented approach to identify, evaluate and improve the quality and effectiveness of care for transplant patients throughout the phases of transplant.
	Develop and monitor data driven process and outcome measures related to transplant activities.
	Monitor performance by reviewing benchmarks, safety events, hospital quality indicators, survival outcomes, and organ offer/acceptance practices.
	Develop and implement process improvement initiatives to address high risk, high volume (or very low volume), problem prone areas.
	Quality indicators are reviewed every other year as a committee to determine appropriate benchmarks.
Membership:	Role
	Medical Director
	Surgical Director
	Transplant Quality Director
	Social Work
	Abdominal Transplant APN Manager
	SICU Manager
	7T3 Manager
	Transplant Leadership
	Liver Transplant Nurse Practitioners & Coordinators
	Hepatologists
	Surgeons
	Pharmacists
	Nutritionists
	Psychiatry
	Infectious Disease
Transplant Quality Team	
Inpatient Nursing for Surgical Intensive Care Unit and Transplant Unit	

Vanderbilt Transplant Center	
Living Donor Liver QAPI Committee	
Updated 12/4/2019	
Purpose	The Living Donor QAPI Committee is responsible for ongoing quality assessment and supporting performance improvement. This committee is chaired and championed by the medical and surgical directors. The committee is open to all associated with Living Donor Program, including members of the multidisciplinary team, inpatient nursing, and hospital quality consultants. The committee will meet in tandem with Liver QAPI as needed.
Responsibilities:	Establish and maintain a systematic, documented approach to identify, evaluate and improve the quality and effectiveness of care for living donors throughout the phases of donation.
	Develop and monitor data driven process and outcome measures related to transplant activities.
	Monitor performance by reviewing benchmarks, safety events, hospital quality indicators, survival outcomes, and organ offer/acceptance practices.
	Develop and implement process improvement initiatives to address high risk, high volume (or very low volume), problem prone areas.
	Quality indicators are reviewed every other year as a committee to determine appropriate benchmarks.
Membership:	Role
	Medical Director
	Surgical Director
	Transplant Quality Director
	Social Work
	Abdominal Transplant APN Manager
	7T3 Manager
	Transplant Leadership
	Living Donor Transplant Nurse Practitioners & Coordinators
	Hepatologists
	Surgeons
	Pharmacists
	Nutritionists
	Psychiatry
	Infectious Disease
	Independent Living Donor Advocates
Transplant Quality Team	
Inpatient Nursing for Surgical Intensive Care Unit and Transplant Unit	

Vanderbilt Transplant Center	
Pediatric Heart Transplant QAPI Committee	
Updated 12/4/2019	
Purpose	The Pediatric Heart Transplant QAPI Committee is responsible for ongoing quality assessment and supporting performance improvement. This committee is chaired and championed by the medical and surgical directors. The committee is open to all associated with Pediatric Heart Transplant, including members of the multidisciplinary team, inpatient nursing, and hospital quality consultants. The committee will meet a minimum of twice a year.
Responsibilities:	Establish and maintain a systematic, documented approach to identify, evaluate and improve the quality and effectiveness of care for transplant patients the phases of transplant.
	Develop and monitor data driven process and outcome measures related to transplant activities.
	Monitor performance by reviewing benchmarks, safety events, hospital quality indicators, survival outcomes, and organ offer/acceptance practices.
	Develop and implement process improvement initiatives to address high risk, high volume (or very low volume), problem prone areas.
	Quality indicators are reviewed every other year as a committee to determine appropriate benchmarks.
Membership:	Role
	Medical Director
	Surgical Director
	Transplant Quality Director
	Social Work
	PCICU Manager
	Cardiac stepdown Manager
	Transplant Leadership
	Pediatric Heart Transplant Nurse Practitioners & Coordinators
	Cardiologists
	Surgeons
	Pharmacist
	Nutritionists
	Child Life Specialists
	Infectious Disease
Transplant Quality Team	
Inpatient Nursing for Surgical Intensive Care Unit and Transplant Unit	

Vanderbilt Transplant Center	
Pediatric Kidney Transplant QAPI Committee	
Updated 12/ 4/ 2019	
Purpose	The Pediatric Kidney Transplant QAPI Committee is responsible for ongoing quality assessment and supporting performance improvement. This committee is chaired and championed by the medical and surgical directors. The committee is open to all associated with Pediatric Kidney Transplant, including members of the multidisciplinary team, inpatient nursing, and hospital quality consultants. The committee will meet a minimum of twice a year.
Responsibilities:	Establish and maintain a systematic, documented approach to identify, evaluate and improve the quality and effectiveness of care for transplant patients the phases of transplant.
	Develop and monitor data driven process and outcome measures related to transplant activities.
	Monitor performance by reviewing benchmarks, safety events, hospital quality indicators, survival outcomes, and organ offer/acceptance practices.
	Develop and implement process improvement initiatives to address high risk, high volume (or very low volume), problem prone areas.
	Quality indicators are reviewed every other year as a committee to determine appropriate benchmarks.
Membership:	Role
	Medical Director
	Surgical Director
	Transplant Quality Director
	Social Work
	Interim PICU Manager
	8th Floor VCH
	Transplant Leadership
	Pediatric Kidney Transplant Coordinators
	Nephrologists
	Surgeons
	Pharmacist
	Nutritionists
	Child Life Specialists
	Infectious Disease
	Transplant Quality Team
Inpatient Nursing for Surgical Intensive Care Unit and Transplant Unit	

Vanderbilt Transplant Center	
Pediatric Liver Transplant QAPI Committee	
Updated 12/4/2019	
Purpose	The Pediatric Liver Transplant QAPI Committee is responsible for ongoing quality assessment and supporting performance improvement. This committee is chaired and championed by the medical and surgical directors. The committee is open to all associated with Pediatric Liver Transplant, including members of the multidisciplinary team, inpatient nursing, and hospital quality consultants. The committee will meet a minimum of twice a year.
Responsibilities:	Establish and maintain a systematic, documented approach to identify, evaluate and improve the quality and effectiveness of care for transplant patients throughout the phases of transplant.
	Develop and monitor data driven process and outcome measures related to transplant activities.
	Monitor performance by reviewing benchmarks, safety events, hospital quality indicators, survival outcomes, and organ offer/acceptance practices.
	Develop and implement process improvement initiatives to address high risk, high volume (or very low volume), problem prone areas.
	Quality indicators are reviewed every other year as a committee to determine appropriate benchmarks.
Membership:	Role
	Medical Director
	Surgical Director
	Transplant Quality Director
	Social Work
	PICU Manager
	Transplant Leadership
	Pediatric Liver Transplant Nurse Practitioners & Coordinators
	Hepatologists
	Surgeons
	Pharmacist
	Nutritionists
	Child Life Specialists
	Infectious Disease
	Transplant Quality Team
Program Coordinator	
Inpatient Nursing for Surgical Intensive Care Unit and Transplant Unit	

Vanderbilt Transplant Center	
Adult Larynx Transplant QAPI Committee	
	Updated 1/27/2023
Purpose	The Adult Larynx Transplant QAPI Committee is responsible for ongoing quality assessment and supporting performance improvement. This committee is chaired and championed by the medical and surgical directors. The committee is open to all associated with Adult Larynx Transplant, including members of the multidisciplinary team, inpatient nursing, and hospital quality consultants. The committee will meet a minimum of twice a year.
Responsibilities:	Establish and maintain a systematic, documented approach to identify, evaluate, and improve the quality and effectiveness of care for transplant patients throughout phases of transplant.
	Develop and monitor data driven process and outcome measures related to transplant activities.
	Monitor performance by reviewing benchmarks, safety events, hospital quality indicators, survival outcomes, and organ offer/acceptance practices.
	Develop and implement process improvement initiatives to address high risk, high volume (or very low volume), problem prone areas.
	Quality indicators are reviewed every other year as a committee to determine appropriate benchmarks.
Membership:	Role
	Medical Director
	Surgical Director
	Transplant Quality Director
	Social Work
	Procurement
	SICU Manager
	9N Manager
	Transplant Leadership
	Pulmonologists
	Surgeons
	Pharmacists
	Nutritionists
	Psychiatry
	Infectious Disease
Transplant Quality Team	

Vanderbilt Transplant Center	
Pediatric Lung Transplant QAPI Committee	
	Updated 1/4/2024
Purpose	The Pediatric Lung Transplant QAPI Committee is responsible for ongoing quality assessment and supporting performance improvement. This committee is chaired and championed by the medical and surgical directors. The committee is open to all associated with Adult Larynx Transplant, including members of the multidisciplinary team, inpatient nursing, and hospital quality consultants. The committee will meet a minimum of twice a year.
Responsibilities:	Establish and maintain a systematic, documented approach to identify, evaluate, and improve the quality and effectiveness of care for transplant patients throughout phases of transplant.
	Develop and monitor data driven process and outcome measures related to transplant activities.
	Monitor performance by reviewing benchmarks, safety events, hospital quality indicators, survival outcomes, and organ offer/acceptance practices.
	Develop and implement process improvement initiatives to address high risk, high volume (or very low volume), problem prone areas.
	Quality indicators are reviewed every other year as a committee to determine appropriate benchmarks.
Membership:	Role
	Medical Director
	Surgical Director
	Transplant Quality Director
	Social Work
	PCICU Manager
	Cardiac Stepdown Manager
	Transplant Leadership
	Pulmonologists
	Surgeons
	Pharmacists
	Nutritionists
	Child Life Specialists
	Inpatient Nursing for Surgical Intensive Care Unit and Transplant Unit
	Infectious Disease
Transplant Quality Team	

Vanderbilt Transplant Center	
Pediatric Pancreas Transplant QAPI Committee	
	Updated 1/4/2024
Purpose	The Pediatric Pancreas Transplant QAPI Committee is responsible for ongoing quality assessment and supporting performance improvement. This committee is chaired and championed by the medical and surgical directors. The committee is open to all associated with Adult Pancreas Transplant, including members of the multidisciplinary team, inpatient nursing, and hospital quality consultants. The committee will meet a minimum of twice a year.
Responsibilities:	Establish and maintain a systematic, documented approach to identify, evaluate, and improve the quality and effectiveness of care for transplant patients throughout phases of transplant.
	Develop and monitor data driven process and outcome measures related to transplant activities.
	Monitor performance by reviewing benchmarks, safety events, hospital quality indicators, survival outcomes, and organ offer/acceptance practices.
	Develop and implement process improvement initiatives to address high risk, high volume (or very low volume), problem prone areas.
	Quality indicators are reviewed every other year as a committee to determine appropriate benchmarks.
Membership:	Role
	Medical Director
	Surgical Director
	Transplant Quality Director
	Social Work
	PICU Manager
	PSTAM Manager
	Transplant Leadership
	Nephrology
	Surgeons
	Pharmacists
	Nutritionists
	Child Life Specialists
	Inpatient Nursing for Surgical Intensive Care Unit and Transplant Unit
	Infectious Disease
Transplant Quality Team	

Attachment E

Vanderbilt Transplant Center Morbidity and Mortality Conference Schedule

Program	Schedule
Adult Heart Transplant	<ul style="list-style-type: none"> • VAD/Transplant M&M: Each month's M&M presentation will be assigned to an advanced HF fellow and to one of the AHF Attendings, who will assume the role of case preceptor, working with the fellow to identify a case, review the fellow's presentation in advance, and help to moderate the discussion. • RCA within 30 days: Multidisciplinary team formally analyze and discuss in detail any cases of patient death that occur within 30 days of heart transplant, ideally within 7-14 days of the event.
Adult Liver Transplant	M&M takes place every third Wednesday of the month at selection committee with a call for cases by the moderator and identifying physicians for presentation.
Adult Kidney and Pancreas Transplant	Case Review occurs quarterly focusing on deaths and graft failures that have occurred less than 3 years post-transplant. Physicians volunteer to select specific cases.
Adult Lung Transplant	Deaths that occur less than a year are reviewed and presented at selection committee.
Pediatric Liver Transplant	Ad hoc when needed will be scheduled during operations meeting with multidisciplinary team.
Pediatric Heart Transplant	<ul style="list-style-type: none"> • Presented at monthly PHI M&M • Ad hoc when needed will be scheduled during QAPI meeting with multidisciplinary team
Pediatric Kidney Transplant	Case Review occurs quarterly focusing on deaths and graft failures that have occurred less than 3 years post-transplant. Physicians volunteer to select specific cases.
Living Donor	RCA to be performed on all deaths and complications.

Attachment F

Vanderbilt Transplant Center Contracted Services

Vendor Name	Description of Services	Compliance Metrics
Tennessee Donor Services (TDS) Organ Procurement Organization	Performs and coordinates the recovery, preservation and transportation of organs and tissues.	<ul style="list-style-type: none"> • Organ allocation including transplant rates • Import vs Export statistics • Recovery data for VUMC
DCI Transplant Immunology Laboratory	Provides histocompatibility testing for pre-transplant work ups, at time of transplant, and post-transplant.	<ul style="list-style-type: none"> • Incident report • Turn-around-time • HIPAA Violations
DCI Logistics	DCI operates aviation services for organ procurement	<ul style="list-style-type: none"> • Incident report • Financial data • Trip metrics
AB Jets	AB Jets operates aviation services for organ procurement	<ul style="list-style-type: none"> • Incident Report • Financial Invoices

Regulatory Board	Date	Organ	Citations	CAP	Resolution
CMS	Reapproval survey- 9/27/2021	All transplant programs	Zero Citations	N/A	N/A
OPTN MPSC	Routine Survey April 19 2023	Heart	OPTN 6.1 Adult Status Assignments and Update Requirements and 6.3 Status updates OPTN Policy 15.2 Candidate Pre-Transplant Infectious Disease Reporting and Testing Requirements OPTN Policy 15.3.C Required Post-Transplant Infectious Disease Testing OPTN Policy 18.1 Data Submission Requirements	Attached	Resolved 8/8/2023
		Kidney	OPTN Policy 15.2 Candidate Pre-Transplant Infectious Disease Reporting and Testing Requirements OPTN Policy 15.3.C Required Post-Transplant Infectious Disease Testing OPTN Policy 18.1 Data Submission Requirements	Attached	Resolved 8/8/2023
		Living Donor Kidney	OPTN 13.4.C Additional Requirements for KPD donors OPTN Policy 14.3 Informed Consent Requirements OPTN Policy 14.8.B Living Donor Specimen Collection and Storage OPTN Policy 18.1 Data Submission Requirements	Attached	Resolved 8/8/2023- Desk audits for policy 13.4.C and 14.8.B
		Living Donor Liver	OPTN Policy 14.3 Informed Consent Requirements OPTN Policy 14.4.C Additional Requirements for the medical evaluation of living liver donors OPTN Policy 14.8.B Living Donor Specimen Collection and Storage OPTN Policy 18.1 Data Submission Requirements	Attached	Resolved 8/8/2023- Desk audits for policy 14.8.B

		Liver	OPTN Policy 9.5 Specific Standardized MELD or PELD Score Exceptions and 9.2 Status and Laboratory Values Update Schedule OPTN Policy 15.2 Candidate Pre-Transplant Infectious Disease Reporting and Testing Requirements OPTN Policy 15.3.C Required Post-Transplant Infectious Disease Testing OPTN Policy 18.1 Data Submission Requirements Policy 16.6.C Reporting extra vessel disposition within 7 days after use or destruction	Attached	Resolved 8/8/2023
		Lung	OPTN Policy 10.1 Priorities and Score Assignments for Lung Candidates OPTN Policy 15.2 Candidate Pre-Transplant Infectious Disease Reporting and Testing Requirements OPTN Policy 15.3.C Required Post-Transplant Infectious Disease Testing OPTN Policy 18.1 Data Submission Requirements	Attached	Resolved 8/8/2023- Desk audits for 10.1
		Pancreas	OPTN Policy 15.2 Candidate Pre-Transplant Infectious Disease Reporting and Testing Requirements OPTN Policy 18.1 Data Submission Requirements	Attached	Resolved 8/8/2023- Desk audits 15.2
		Transplant Policy	OPTN Policy 3.3 Candidate Blood type - Add "all known available" OPTN Policy 5.8.B- Sources used for verification OPTN Policy 14.2.- Protocol consistent with ACS OPTN Policy 14.5 Living Donor Blood type- Add "all known available" OPTN Policy 14.7 Living Donor Pre-Recovery Verification- sources used for verification	All policies updated and approved	Resolved 8/8/2023

OPTN Policy 6.1 Adult Status Assignments and Update Requirements Corrective Action Plan (CAP)

A. Define the noncompliance:

Of the 24 listings reviewed, one was unable to be verified. [REDACTED] had a typo error in UNet documentation.

B. Assess the root cause of each instance of noncompliance and describe your findings:

Upon review of this record, it was determined that the root cause for noncompliance was a data entry error. Medical record showed 8/19/20 but entered in UNet as 8/9/20.

C. Establish a CAP to address each identified root cause

Educate heart transplant coordinators on documentation accuracy.

D. Describe how and when you will implement each CAP

Education on the importance of accurate data entry was sent via email to heart pre-transplant coordinators and their direct supervisor on 6/8/23 (Appendix A). The findings and additional education will be included in upcoming Heart Transplant QAPI on July 7, 2023 (Appendix B).

E. Describe any education/communication that will be needed to implement the CAP and provide evidence of that education/communication, if available (i.e. sign-in sheets, email distribution lists, online training attendees)

Appendix A shows the communication sent out to the heart pre-transplant coordinators and their direct supervisor. Appendix B shows the education slide that will be included in the next QAPI meeting.

F. Describe your plan for monitoring the effectiveness of your CAP, including the frequency of your monitoring, the target compliance threshold you plan to meet, and who is designated to perform the monitoring

Due to low volume of occurrences found during the review, errors will be reassessed annually for trends. If trends are identified, a systematic audit will be initiated.

G. Provide any updated policies, procedures, forms, templates

H. Identify an owner for each CAP

[REDACTED] Thoracic Transplant Clinical Services Director

**OPTN Policies 9.5 Specific Standardized MELD or PELD Score Exceptions and 9.2 Status
and Laboratory Values Update Schedule
Corrective Action Plan (CAP)**

A. Define the noncompliance.

Of the 27 listings/applications reviewed, four were unable to be verified. [REDACTED]
[REDACTED] all had typo or rounding errors in UNet documentation.

B. Assess the root cause of each instance of noncompliance and describe your findings.

Upon reviewing the process for documenting MELD exception and MELD lab value data, the root cause was determined to be rounding and data entry errors.

C. Establish a CAP to address each identified root cause.

Education was provided to the liver transplant team on importance of data entry via email on June 8, 2023. Education will also occur during the next Liver Transplant QAPI regarding the importance of data accuracy and double-checking entries when entering data into UNet.

D. Describe how and when you will implement each CAP.

Education on the importance of accurate data entry was sent to the liver transplant team via email on June 8, 2023. The findings and additional education will also be discussed during the upcoming Liver Transplant QAPI on July 6, 2023.

E. Describe any education/communication that will be needed to implement the CAP and provide evidence of that education/communication, if available (i.e. sign-in sheets, email distribution lists, online training attendees).

Appendix A shows the education email distributed to the liver nurse coordinators and their direct supervisor on June 8, 2023. Appendix B shows the education slide that will be included in the next QAPI meeting.

F. Describe your plan for monitoring the effectiveness of your CAP, including the frequency of your monitoring, the target compliance threshold you plan to meet, and who is designated to perform the monitoring.

Due to the low volume of occurrences found during the review, errors will be reassessed annually for trends. If trends are identified, a systematic audit will be initiated.

G. Provide any updated policies, procedures, forms, templates.

No updates needed.

H. Identify an owner for each CAP.

██████████ Manager Patient Care Services, Abdominal Transplant

OPTN Policy 10.1 Priorities and Score Assignments for Lung Candidates

Corrective Action Plan (CAP)

A. Define the noncompliance:

Of the 15 records reviewed there was 11 listing elements that were unable to be verified.

B. Assess the root cause of each instance of noncompliance and describe your findings: Upon review of these records, it was determined that the root cause for noncompliance was documentation standards not being upheld by the lung transplant team due to changes in lung transplant personnel and EMR systems.

C. Establish a CAP to address each identified root cause

Education occurred with current lung transplant coordinators on documentation requirements for compliance with Policy 10.1. During the review, a new documentation process was created that includes the creation of a smart phrase to standardize documentation of functional status, diabetes, assisted ventilation and supplemental O2.

D. Describe how and when you will implement each CAP

The new documentation smart phrase was created and implemented on 3/20/2023.

E. Describe any education/communication that will be needed to implement the CAP and provide evidence of that education/communication, if available (i.e. sign-in sheets, email distribution lists, online training attendees)

Education occurred with the lung transplant coordinators and the thoracic nurse manager on 3/20/2023. Appendix A is attendees to that meeting. Education will also be included in the upcoming lung QAPI meeting on July 7, 2023.

F. Describe your plan for monitoring the effectiveness of your CAP, including the frequency of your monitoring, the target compliance threshold you plan to meet, and who is designated to perform the monitoring

A sample audit will be completed weekly by the transplant data specialist. All noncompliance will be reported back to the lung transplant coordinators and the thoracic nurse manager.

G. Provide any updated policies, procedures, forms, templates

Appendix B is the smart phrase created to improve documentation standards.

H. Identify an owner for each CAP

Dawn Eck, Thoracic Nurse Manager

I. (Optional) Provide evidence of compliance with the CAP (i.e. medical record documentation; internal self-assessment/monitoring documentation).

Appendix C (located in separate excel document) is documentation of the LAS audit which was implemented in the beginning of April 2023. When a discrepancy in documentation is noted the clinical coordinators and direct supervisor are notified and educated. These audits are also included in the organ specific QAPIs.

OPTN Policy 14.3 Informed Consent Requirements
Corrective Action Plan (CAP)

A. Define the noncompliance.

Of the ten living donor kidney and living donor liver records reviewed, three living kidney donor ([REDACTED]) and four living liver donor [REDACTED] had one element in the evaluation consent that was unable to be verified. The evaluation consents for living kidney donors [REDACTED] and living liver donor [REDACTED] include the required language regarding obtaining and storing a living donor blood specimen for ten years, only to be used for investigation of potential donor-derived disease, and are included in Appendix A.

B. Assess the root cause of each instance of noncompliance and describe your findings.

A review of the current evaluation consent process revealed that the root cause for noncompliance was the use of an electronic evaluation consent due to a process implemented during the COVID-19 pandemic. The electronic evaluation consent was not updated to include the required language about living donor blood specimen storage when the paper evaluation consent was updated.

C. Establish a CAP to address each identified root cause.

The electronic living kidney and liver donor evaluation consents were updated on June 7, 2023 to include the required language (Appendix B). Moving forward, any time a paper consent is updated, a check will be done to ensure the corresponding electronic consent is appropriately updated as well.

D. Describe how and when you will implement each CAP.

Any time a paper (hard copy) consent is updated, a verification check will be completed of the electronic consent is updated as well with the same language.

E. Describe any education/communication that will be needed to implement the CAP and provide evidence of that education/communication, if available (i.e. sign-in sheets, email distribution lists, online training attendees).

Education about the new process will be disseminated throughout the transplant center at all organ-specific QAPIs in summer 2023 (Appendix C).

- F. Describe your plan for monitoring the effectiveness of your CAP, including the frequency of your monitoring, the target compliance threshold you plan to meet, and who is designated to perform the monitoring.

The abdominal and thoracic quality consultants currently keep a record of all policies and procedures including most updated date. Consents will be added to this record, to monitor when both paper and electronic consents are updated (Appendix D)..

- G. Provide any updated policies, procedures, forms, templates.

Updated policy template included in Appendix D.

- H. Identify an owner for each CAP.

██████████, Transplant Quality Director

OPTN Policy 14.4.C Additional Requirements for the Medical Evaluation of Living Liver Donors
Corrective Action Plan (CAP)

- A. Define the noncompliance.

Of the five records reviewed, three (████████████████████) had an unverified element – the ferritin lab during donor evaluation.

- B. Assess the root cause of each instance of noncompliance and describe your findings.

A review of the current donor evaluation process revealed that the root cause for noncompliance was the ferritin lab not being included in the donor evaluation orderset.

- C. Establish a CAP to address each identified root cause.

The living liver donor pre-donation patient management policy was updated on April 17, 2023 to include ferritin in the evaluation labs (Appendix A). The liver donor evaluation orderset was updated on the same date to include ferritin as well (Appendix B). Education will be completed during the next Liver Transplant QAPI on July 6, 2023 (Appendix C).

- D. Describe how and when you will implement each CAP.

The living liver donor pre-donation patient management policy and evaluation orderset were updated in April 2023. Additional education regarding the need for the ferritin lab to be drawn during the donor evaluation period will be disseminated in the upcoming QAPI on July 6, 2023 (Appendix C).

- E. Describe any education/communication that will be needed to implement the CAP and provide evidence of that education/communication, if available (i.e. sign-in sheets, email distribution lists, online training attendees).

Attached are all relevant education and communications, including the updated pre-donation patient management policy (Appendix A), updated evaluation orderset (Appendix B), and upcoming QAPI education (Appendix C).

- F. Describe your plan for monitoring the effectiveness of your CAP, including the frequency of your monitoring, the target compliance threshold you plan to meet, and who is designated to perform the monitoring.

The living donor liver nurse coordinator will continue to confirm that each liver donor has had a ferritin lab drawn during the evaluation process.

G. Provide any updated policies, procedures, forms, templates.

Updated pre-donation management policy included in Appendix A and updated evaluation orderset included in Appendix B.

H. Identify an owner for each CAP.

██████████ Manager Patient Care Services, Abdominal Transplant

OPTN Policy 15.2 Candidate Pre-Transplant Infectious Disease Reporting and Testing Requirements
Corrective Action Plan (CAP)

A. Define the noncompliance:

Of the four records reviewed, one was unable to be verified. [REDACTED] need for HBV vaccination was not assessed and reason for not initiating/completing HBV vaccination was not documented.

B. Assess the root cause of each instance of noncompliance and describe your findings:

Upon reviewing the process of reporting and documenting the reason for not initiating/completing HBV vaccination prior to transplant, the root cause was determined to be patient being transplanted on 12/22/2022. At that time a process had not been formally implemented to assess/document HBV vaccination status.

C. Establish a CAP to address each identified root cause

On November 8, 2022, documentation education was sent to Transplant nursing leadership. On December 14, 2022, the quality team provided education on the HBV vaccination policy including the newly updated eStar process for documentation during each organ QAPI. Additionally, reminder education will be completed July 12, 2023 during Kidney/Pancreas QAPI to reinforce Hepatitis B vaccination documentation requirements.

D. Describe how and when you will implement each CAP

A tips sheet demonstrating how to document reasons for not initiating/completing HBV vaccination was disseminated to each organ program's nursing leadership (Appendix A). In December the quality team educated each program on the HBV vaccination policy during QAPI presentations (Appendix B). Additionally, the findings and additional education will be provided at upcoming Kidney/Pancreas QAPI July 12, 2023 (Appendix C).

E. Describe any education/communication that will be needed to implement the CAP and provide evidence of that education/communication, if available (i.e. sign-in sheets, email distribution lists, online training attendees)

Attached are all relevant education and communications, including tips sheets that were sent to nursing leadership (Appendix A), QAPI education distributed in November 2022 (Appendix B), and additional QAPI education that will be distributed in July 2023 (Appendix C).

F. Describe your plan for monitoring the effectiveness of your CAP, including the frequency of your monitoring, the target compliance threshold you plan to meet, and who is designated to perform the monitoring

Due to low volume of occurrences found during the review, errors will be reassessed annually for trends. If trends are identified, a systematic audit will be initiated.

G. Provide any updated policies, procedures, forms, templates

The eStar documentation process was updated as shown in Appendix A.

H. Identify an owner for each CAP

██████████, Transplant Quality Director

OPTN Policy 18.4. B Reporting Requirements After Living Liver Donation

A. Define the noncompliance:

Of the four living donor liver one year follow up forms reviewed, one of the forms did not meet the clinical compliance standard resulting in a 75% compliance rate.

B. Assess the root cause of each instance of noncompliance and describe your findings

The root cause for noncompliance with policy 18.4.B was determined to be one of the donors in this cohort was not seen within the compliance deadline. Appendix A shows that the living donor coordinator attempted to contact the donor multiple times in order to complete one year follow up.

C. Establish a CAP to address each identified root cause

Education is provided to donors during evaluation about the importance of following up post donation. The living liver donor coordinator makes multiple attempts to contact donors to be in compliance with reporting requirements. Compliance is presented at each organ specific QAPI.

D. Describe how and when you will implement each CAP

The current communication procedure with donors and ongoing monitoring of compliance has previously been established.

E. Describe any education/communication that will be needed to implement the CAP and provide evidence of that education/communication, if available (i.e. sign-in sheets, email distribution lists, online training attendees)

Education on reporting requirements and compliance will be presented to the Living Donor Liver QAPI on July 6, 2023 and will be disseminated to the living donor team.

F. Describe your plan for monitoring the effectiveness of your CAP, including the frequency of your monitoring, the target compliance threshold you plan to meet, and who is designated to perform the monitoring

Compliance with living donor reporting requirements is monitored by using the OPTN living liver donor follow up report and is disseminated to the living donor team at each QAPI meeting.

G. Provide any updated policies, procedures, forms, templates

H. Identify an owner for each CAP

██████████, Transplant Quality Director

OPTN Policy 18.1 TIEDI Accuracy Corrective Action Plan (CAP)- Living Donor Liver

A. Define the noncompliance:

	Noncompliance by Organ	Action
Living Donor-Liver	Of the 130 elements reviewed, 15 elements were unable to be verified by medical documentation.	Corrected in TIEDI

B. Assess the root cause of each instance of noncompliance and describe your findings

The root cause for noncompliance with policy 18.1 was determined to be a lack of understanding and familiarity with how to accurately report on LDR forms.

C. Establish a CAP to address each identified root cause

1:1 education was provided on 5.25.2023 to the coordinator and their direct supervisor. A process was also developed for the transplant quality director to review all LDRs prior to them being validated.

D. Describe how and when you will implement each CAP

1:1 education was provided on 5.25.2023 to the coordinator and their direct supervisor. The new verification process was implemented 5.25.2023.

E. Describe any education/communication that will be needed to implement the CAP and provide evidence of that education/communication, if available (i.e. sign-in sheets, email distribution lists, online training attendees)

See Appendix A for copy of communication with living donor coordinator and direct supervisor.

F. Describe your plan for monitoring the effectiveness of your CAP, including the frequency of your monitoring, the target compliance threshold you plan to meet, and who is designated to perform the monitoring

The Transplant Quality Director will perform a verification on all living donor liver LDRs prior to them being validated and will provide real time education if discrepancies are noted.

G. Provide any updated policies, procedures, forms, templates

H. Identify an owner for each CAP

██████████, Transplant Quality Director

- I. (Optional) Provide evidence of compliance with the CAP (i.e. medical record documentation; internal self-assessment/monitoring documentation).

OPTN Policy 18.1 TIEDI Accuracy Corrective Action Plan (CAP)

A. Define the noncompliance:

	Noncompliance by Organ	Action
Kidney	Of the 18 elements reviewed, 8 elements were unable to be verified by medical documentation.	Corrected in TIEDI
Liver	Of the 21 elements reviewed, 6 elements were unable to be verified by medical documentation.	Corrected in TIEDI
Heart	Of the 27 elements reviewed, 10 elements were unable to be verified by medical documentation.	Corrected in TIEDI

B. Assess the root cause of each instance of noncompliance and describe your findings

The root cause for noncompliance with policy 18.1 is a lack of understanding on how to accurately report infectious testing on TIEDI forms in accordance with policy 15.3.C required post-transplant infectious disease testing.

C. Establish a CAP to address each identified root cause

Education was provided 1:1 with the data coordinators about the requirements of policy 15.3.C and how to accurately report infectious testing in TIEDI based on timing of results. Education will also occur in our staff meeting with the addition of TRF tracers to be included at each staff meeting.

D. Describe how and when you will implement each CAP

An email with education and the TIEDI corrections were sent out to the individual teammates on 5.25.2023 (Appendix A). Additional group education was held at the quality staff meeting on 6.20.2023 (Appendix B) including the start of TRF tracers to continuously monitor for accuracy with policy 15.3.C.

E. Describe any education/communication that will be needed to implement the CAP and provide evidence of that education/communication, if available (i.e. sign-in sheets, email distribution lists, online training attendees)

An email with education and the TIEDI corrections needed were sent out to the individual teammates on 5.25.2023 (Appendix A). Additional group education was held at the quality staff meeting on 6.20.2023 (Appendix B).

- F. Describe your plan for monitoring the effectiveness of your CAP, including the frequency of your monitoring, the target compliance threshold you plan to meet, and who is designated to perform the monitoring

The Transplant Quality Director will perform monthly audits on a sample of TRFs, verifying accuracy of reporting of infectious disease elements. Tracer results will be presented at each staff meeting to determine data integrity and accountability.

- G. Provide any updated policies, procedures, forms, templates

TRF Tracer Tool:

SSN	Organ	Transplant Date	Start Window	End Window	TRF HIV NAT	TRF HBV NAT	TRF HCV NAT	EMR documentation

- H. Identify an owner for each CAP

Lindsay Smith, Transplant Quality Director

- I. (Optional) Provide evidence of compliance with the CAP (i.e. medical record documentation; internal self-assessment/monitoring documentation).

6.20 Audit

SSN	Organ	Transplant Date	Start Window	End Window	TRF HIV NAT	TRF HBV NAT	TRF HCV NAT	EMR documentation
██████	Kidney	9/27/2022	10/25/2022	11/22/2022	Neg	Neg	Neg	11/19/2022
██████	Heart	11/25/22022	12/23/2022	1/20/2023	Not Done	Not Done	Not Done	12/22/2022-good catch
██████	Lung	10/6/2022	11/3/2022	12/1/2022	Neg	Neg	Neg	11/5/2022
██████	Liver	11/19/2022	12/17/2022	1/14/2023	Neg	Neg	Neg	12/19/2022

OPTN Policy 18.1 Timely Submission of Living Donor Registration Forms

A. Define the noncompliance:

	Noncompliance by Organ
Living Donor-Liver	Of the 12 records reviewed, 1 was submitted after the expected date.
Living Donor-Kidney	Of the 103 records reviewed, 38 were submitted after the expected date.

B. Assess the root cause of each instance of noncompliance and describe your findings

The root cause for noncompliance with policy 18.1 was determined to be a lack of understanding and familiarity with the policy changes for Policy 18.1 Data Submission Requirements and the previous CMS COPs which stated the 90-day deadline.

C. Establish a CAP to address each identified root cause

The new OPTN policy requirements provide clarity and make the deadlines clearer. To meet compliance, the living donor forms are being sent out weekly to all living donor coordinators and supervisor in an effort to ensure forms are validated in a timely manner.

D. Describe how and when you will implement each CAP

1:1 education was provided on 5.25.2023 with the coordinators and direct supervisor.

E. Describe any education/communication that will be needed to implement the CAP and provide evidence of that education/communication, if available (i.e. sign-in sheets, email distribution lists, online training attendees)

See Appendix A for copy of communication with living donor coordinator and direct supervisor.

F. Describe your plan for monitoring the effectiveness of your CAP, including the frequency of your monitoring, the target compliance threshold you plan to meet, and who is designated to perform the monitoring

The Transplant Quality Director will continue to perform weekly audits on LDRs and LDFs verifying timely data submission.

G. Provide any updated policies, procedures, forms, templates

H. Identify an owner for each CAP

██████████, Transplant Quality Director

I. (Optional) Provide evidence of compliance with the CAP (i.e. medical record documentation; internal self-assessment/monitoring documentation).

Audit 5.26.2023

Organ	Form Type	Current Date- 5/25
Donor	LDR- Kidney	6/21/2023
	LDF- Kidney	7/18/2023
	LDR- Liver	NA
	LDF-Liver	7/11/2023

**OPTN Policy 16.6.C Reporting Extra Vessel Disposition Within 7 Days After Use or
Destruction**
Corrective Action Plan (CAP)

- A. Define the noncompliance.

Of the 185 records reviewed, 19 were unable to be verified with disposition within 7 days after use or destruction.

- B. Assess the root cause of each instance of noncompliance and describe your findings.

Upon reviewing the 19 cases of late reporting it was identified that the root cause for noncompliance was education among new circulators.

- C. Establish a CAP to address each identified root cause.

Education was provided to the OR circulators on June 9, 2023 on the process and policy requirements for reporting disposition of vessels.

- D. Describe how and when you will implement each CAP.

Education and training were completed on June 9, 2023 to ensure transplant OR circulators can identify and report vessels that have been used or destroyed according to policy. The vessel policy was also sent out to the OR circulators on June 20, 2023. Additional education will be included in the Liver Transplant QAPI on July 6, 2023.

- E. Describe any education/communication that will be needed to implement the CAP and provide evidence of that education/communication, if available (i.e. sign-in sheets, email distribution lists, online training attendees).

Appendix A shows the minutes and sign-in sheet from education on June 9, 2023. Appendix B shows the education slide that will be shown in the next Liver Transplant QAPI meeting.

- F. Describe your plan for monitoring the effectiveness of your CAP, including the frequency of your monitoring, the target compliance threshold you plan to meet, and who is designated to perform the monitoring.

The OR transplant manager or their designee, will run a monthly report to assess for compliance. Compliance will also be included in the organ-specific QAPI meetings with a compliance goal of 100%.

- G. Provide any updated policies, procedures, forms, templates.

No updates needed to current policy but was included in education Appendix C.

H. Identify an owner for each CAP.

██████████, OR Manager, Patient Care Services

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

NAME OF FACILITY: Vanderbilt University Medical Center

I, Gianna Felts, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

Gianna Felts
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 20TH day of FEBRUARY 2024, witness my hand at office in the County of DAVIDSON, State of Tennessee.

Kelly Samons
NOTARY PUBLIC

My commission expires 8/15/2026, _____.

HF-0043

Revised 7/02



1. Item 10A., Floor Plan

Please attach a Floor Plan for the project labeled as Attachment 10AR.

Response: Please find the attached floor plans for the operating rooms and the pediatric intensive care unit (PICU) at the Monroe Carell Jr. Children's Hospital at Vanderbilt.

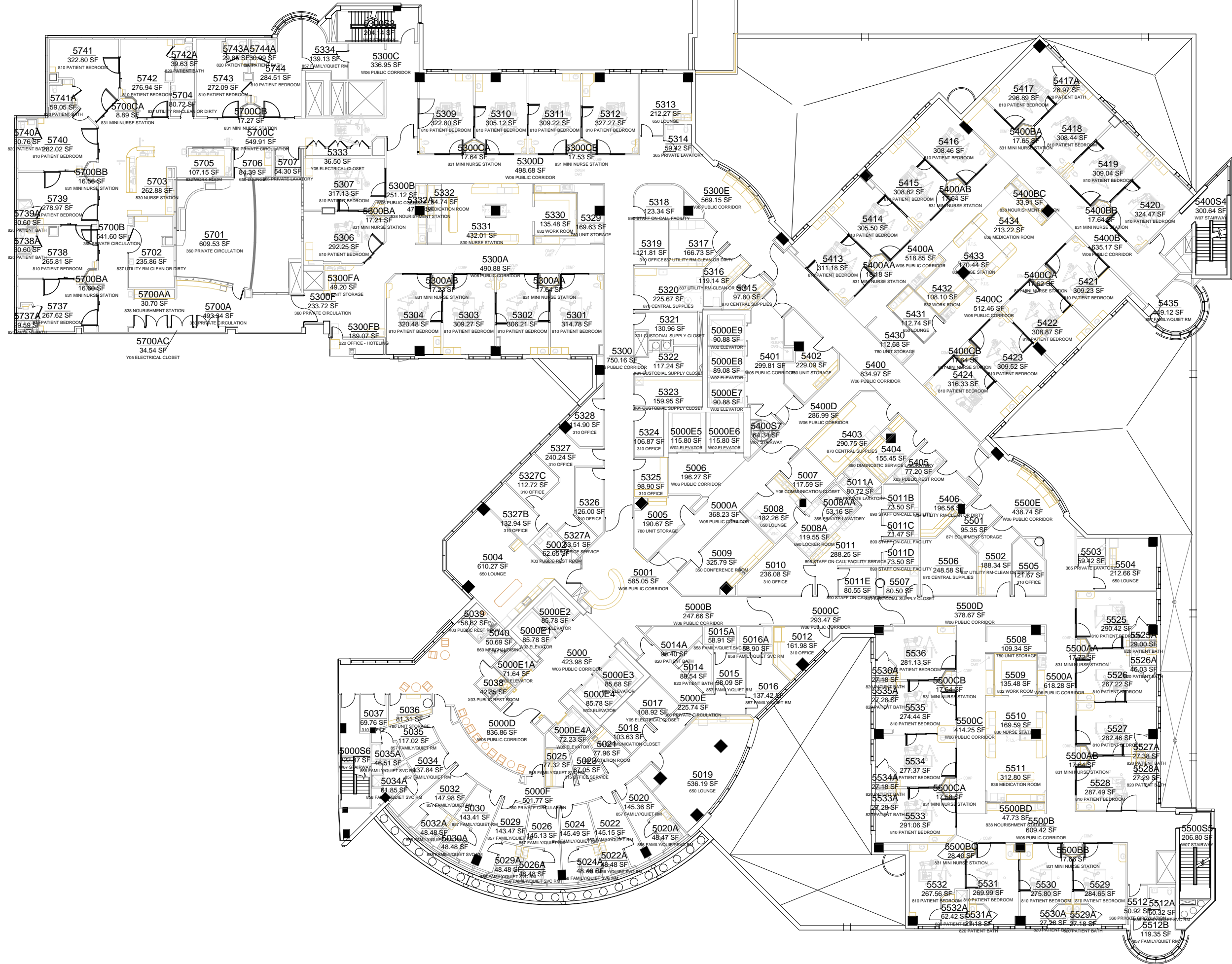


BLDG 245
3RD FLOOR

VANDERBILT UNIVERSITY MONROE CARELL JR. CHILDREN'S HOSPITAL
MEDICAL CENTER
2200 CHILDREN'S WAY
Space Management

2/2024
DH

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AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF Williamson

NAME OF FACILITY: Vanderbilt University Medical Center

I, Gina Felts, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

Gina Felts
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 22 day of February, 2024, witness my hand at office in the County of Williamson, State of Tennessee.

Ethan J. Hillman
NOTARY PUBLIC

My commission expires July 17th, 2027.

HF-0043

Revised 7/02

