

Metropolitan Nashville General Hospital
BUDGET PROJECTIONS
ACTUAL 2019 THRU BUDGET 2021

	ACTUAL FY 2019	PROJECTED FY 2020	BUDGET FY 2021	Variance From Budget FY20/ FY21	% Variance From FY 20
Average Daily Census (ADC)	27.2	27.3	28.9	1.5	5.6%
Admissions	2,144	2,247	2,367	120	5.3%
Patient Days	9,922	10,008	10,542	534	5.3%
Observation Visits	2,338	2,343	2,415	72	3.1%
Equiv. Patient Days	32,169	33,867	36,171	2,304	6.8%
Equiv. ADC	88.1	92.5	99.1	6.6	7.1%
Average Length of Stay (ALOS)	4.63	4.45	4.45	(0.00)	0.0%
FTE's Hospital Only	506.60	508.62	513.87	5	1.0%
FTE's Per Equiv. ADC	5.75	5.50	5.19	(0.31)	-5.7%
Patient Charges					
Inpatient	\$66,618,962	\$68,596,330	\$78,137,786	9,541,456	13.9%
Outpatient	148,179,202	167,981,587	193,663,267	25,681,680	15.3%
Total Patient Charges	214,798,164	236,577,917	271,801,053	35,223,136	14.9%
Contractual Adjustments	94,360,086	102,733,397	119,475,600	(16,742,203)	-16.3%
Bad Debt Adjustments	18,524,115	29,165,902	33,294,453	(4,128,551)	-14.2%
Uninsured Discount	12,854,692	14,920,287	16,948,449	(2,028,162)	-13.6%
Charity Adjustments	44,152,466	42,522,512	50,334,665	(7,812,153)	-18.4%
Admin & other Adjustments	3,154,377	3,454,808	3,884,240	(429,432)	-12.4%
Deductions from Revenue	173,045,736	192,796,906	223,937,407	(31,140,501)	-16.2%
Net Patient Revenue	41,752,428	43,781,011	47,863,646	\$4,082,635	9.3%
Net Patient Rev as % of Gross Rev	19.44%	18.51%	17.61%	-0.9%	-4.8%
Other	3,395,810	3,111,310	3,137,878	26,568	0.9%
Additional State Funding/DSH	10,778,087	9,171,700	9,000,000	(171,700)	-1.9%
Essential Access	3,199,501	3,151,174	2,975,378	(175,796)	-5.6%
City Supplement	44,112,100	43,112,100	46,263,388	3,151,288	7.3%
Total Other Revenue	61,485,499	58,546,284	61,376,644	2,830,360	4.8%
Total Net Revenues	103,237,927	102,327,295	109,240,290	6,912,995	6.8%
Salary Expense	35,689,978	38,290,653	40,839,484	(2,548,831)	-6.7%
Benefit Expense	9,524,088	9,558,464	10,158,625	(600,161)	-6.3%
Contract Labor	4,271,961	3,965,482	2,919,425	1,046,057	26.4%
Total Labor Costs	49,486,027	51,814,599	53,917,534	(2,102,935)	-4.1%
- Labor Costs as a % of net revenue	47.93%	50.64%	49.4%	-1.3%	
Supplies	12,351,278	12,792,982	13,907,122	(1,114,140)	-8.7%
Supplies as % of Net Revenue	11.96%	12.50%	12.73%	0.23%	
Other Expenses	30,656,076	31,148,904	31,072,456	76,448	0.2%
Metro Indirect	5,961,500	5,961,500	5,961,500	0	0.0%
Metro ISF Fees	128,176	128,176	128,176	0	0.0%
Interest	1,488,687	1,276,778	1,276,778	0	0.0%
Total Expense (excl Depreciation)	100,071,744	103,122,939	106,263,566	3,140,627	3.0%
Net Margin (Deficit) from Operations	3,166,183	(795,644)	2,976,724	3,772,368	-474.1%
% Net Patient Revenue	3.1%	-0.8%	2.7%	3.5%	
Depreciation & Amortization	4,800,573	4,928,984	4,928,984	0	0.0%
Net Surplus (Deficit)	(1,634,390)	(5,724,628)	(1,952,260)	3,772,368	-65.9%
% Net Patient Revenue	-1.6%	-5.6%	-1.8%	54.6%	
Beginning Cash Balance	5,082,778	3,603,996	1,000,000	(2,603,996)	-72.3%
Cash From Operations (Net Margin)	3,166,183	(795,644)	2,976,724	3,772,368	-474.1%
Cash Contribution from Metro (Capital)	2,003,259	557,982	-	(557,982)	-100.0%
Increases in Account Payable other liab.	505,422	1,969,743	-	(1,969,743)	-100.0%
Other Balance Sheet changes	298,202	-	-	-	0.0%
Principal Payment on Lease	(2,563,609)	(2,762,455)	(2,976,724)	(214,269)	7.8%
Acquisitions of Capital Assets	(3,350,915)	(1,573,622)	-	1,573,622	-100.0%
Increases in Net Receivables	(1,537,324)	-	-	-	-
Ending Cash Balance	3,603,996	1,000,000	1,000,000	-	0.0%

Budget & Finance Committee

Nashville General Hospital

Preliminary Questions to Metropolitan Government Departments

1. What is the amount of the proposed funding decrease from the previous fiscal year?
Nashville General requested \$46.2M Metro funding as part of our overall \$109M Operating Budget - in our February request. This was \$3.1M above 2020 Budget; however, the Mayor's proposed Budget reduced the Hospital Metro funding to the same level as 2020, \$43.1M.
2. Please provide a statement regarding the impact the proposed reductions will have on your department's operations. Specifically, please be sure to address the following questions:
 - a. What services currently provided by your department do you anticipate will be reduced/eliminated? ***We are currently staffing Metro Assessment Centers 5 days a week and have been covering testing centers for Metro and MDHA – which could qualify for Cares Act reimbursement – but failing that, we would have to discontinue those efforts. Additionally, some medical services could be at risk, or at least require us to reduce the number of physician providers in certain specialties – extending the wait for our patients to receive treatment from specialists – and it could actually increase costs if we have to guarantee payment to that provider/health system for charity patient care***
 - b. What impact will such reduction or elimination have on the residents and businesses of Davidson County? ***To the extent we reduce testing and assessment center services, it will slow the diagnosis and tracing and control of COVID 19. Lack of access to needed specialty care is only measured with poorer health outcomes and possibly shifting the burden of care to other health systems in the area.***
 - c. How many department employees do you anticipate will be impacted by the reduction in funding? ***Test and Assessment Centers employ 5-10 staff depending on daily schedule and number of active sites. Specialist physicians typically require 3 staff to support them and would also cause downstream reductions in imaging and surgery services with their absence – perhaps an additional 4 to 5 employees.***
3. Regarding the number of FTE employees in your department:
 - a. How many budgeted employees do you have for the current fiscal year?
508 FTE's
 - b. How many unfilled FTE employees does your department currently have?
We are recruiting for approximately 40 nursing positions, but these are currently filled by contract labor to cover our hospital inpatient needs – at a rate that is 2.5 times higher than employee rate.

- c. How many FTE positions are included in the Mayor's proposed budget?
513 currently - but we will have to reduce that figure to meet the new \$43.1M as proposed.

4. Regarding your department's "departmental savings":
 - a. What is the amount of your department's 'targeted savings' for FY2020?
The Hospital was excluded from the targeted savings program but returned \$2.1M of our appropriation in FY 2019.
 - b. What was your department's budget for FY2020 after the targeted savings?
Not applicable
 - c. How does that compare with the Mayor's proposed FY2021 budget?
The Mayor's proposed Hospital subsidy for 2021 is the same amount as was approved for 2020.

5. Regarding any previous audits in which your department has participated:
 - a. What operations or expenditures have been audited within the last three years? Five years? Ten years?
Nashville General is audited annually as a sub unit of Metro.
 - b. Has any capital spending been audited during the last five years? Ten years?
Our procurement process is audited by Metro Internal approximately every 3 years, but the annual independent audit (by Crosslin last 3 years, as part of the Metro CAFR) tests Capital purchases, recording and depreciation as part of the annual audit.
 - c. Are there any prior audit recommendations still shown as pending/outstanding? If so, please identify these recommendations and provide a response regarding your department's plan to address the recommendation(s).
No - the Hospital received clean audits for 2019 and 2018 with only one minor issue in 2018. The 2017 Audit included a "going concern" qualification due to the uncertain commitment of subsidy for the approaching 2018 year, and a prior Administration's temporary effort to close inpatient services at the Hospital.

Hospital Authority Budget

February 12, 2020

Metro Charter requires the City to operate a Hospital to care for residents of Davidson County who might otherwise lack access to medical care as Charity or Uninsured residents.

- November 2017
 - Announcement of plan to close inpatient services at NGH and transfer Meharry Residency Program to Southern Hills
- By June 2018
 - 20+ physicians left (more than 1/3 of Active Medical Staff)
 - Included key General and Orthopedic Surgeons, Internal Medicine, Hematology/Oncology, and other Sub-Specialties

- Faced with Meharry's difficulty hiring replacements, NGH began recruiting Providers
 - Employed or contracted with Orthopedics, Urology, General Surgery, Ear Nose & Throat, Podiatry, Primary Care, and mid-level Providers to address Patient Access concerns
- Additionally, in October 2018, Meharry terminated a long-standing contract with Vanderbilt to provide Cardiology services at NGH
 - Only 30 days' notice to retain coverage

Excellence in Patient Care

- Accredited by The Joint Commission
- Leapfrog Hospital Safety Grade A
- Commission on Cancer Silver Recognition
- NCQA Recognition as Level 3 (highest available) Patient Centered Medical Home for on-site Primary Care Clinic



Excellence in Fiscal Management

- Clean Financial Audits FY18 and FY19
- Caring for the most fragile while expanding services, backfilling of necessity in some areas
- Working to attract insured patients; will be able to use those margins to offset the costs of care for uninsured

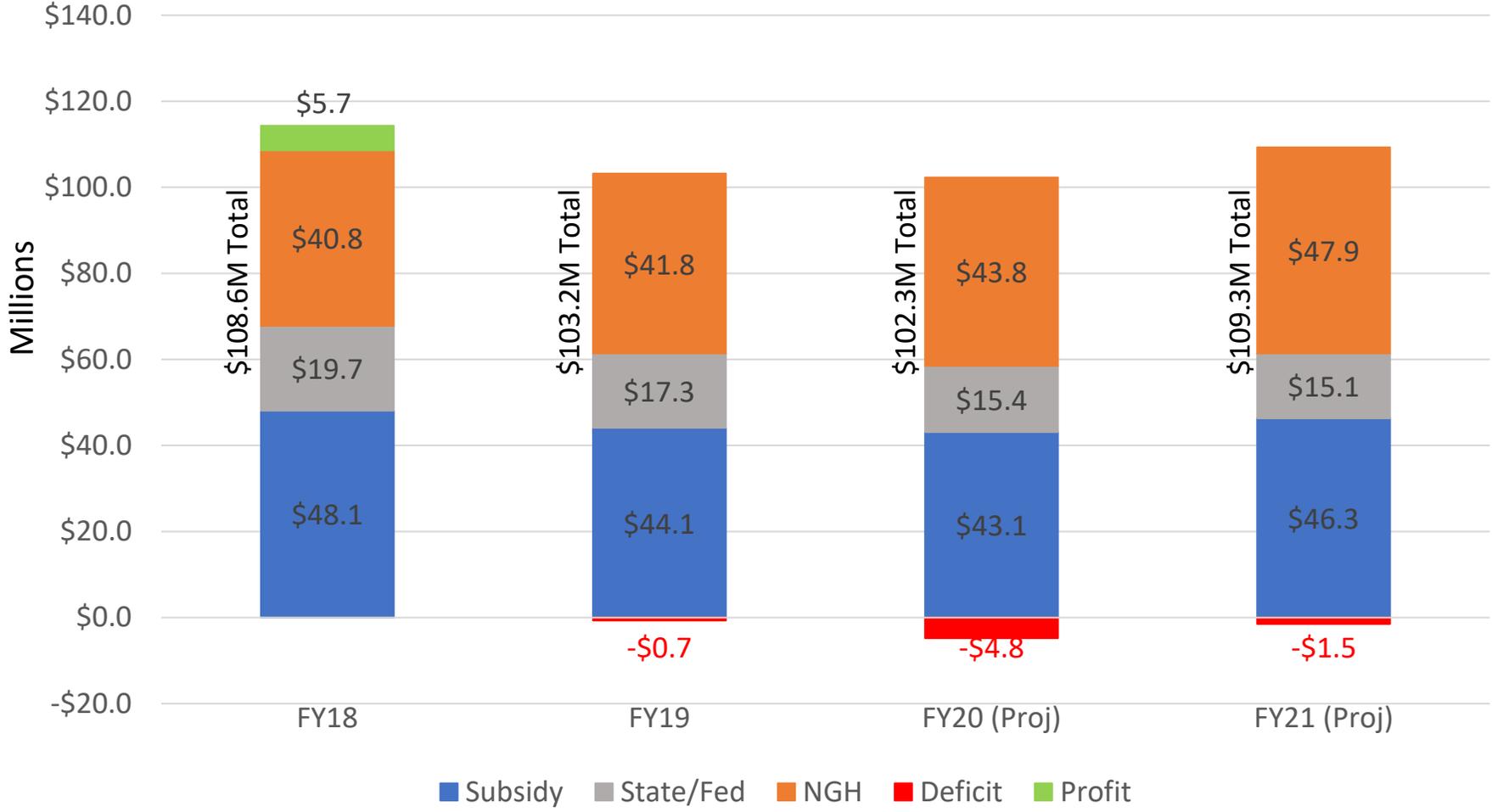
Currently Unbudgeted Item w/Significant Impact

- DCSO (Sheriff) plans to discontinue oversight of Security Services at NGH
 - Since 2010, DCSO (Sheriff) has provided onsite security coverage for NGH
 - Initial coverage was by Sheriff's deputies, DCSO transferred to outside vendor G4S three years ago
- Funding for security is a line item on DCSO budget
 - \$\$ were transferred from NGH to DCSO FY 2011
 - \$740K in FY11; \$640K in FY20 Budget

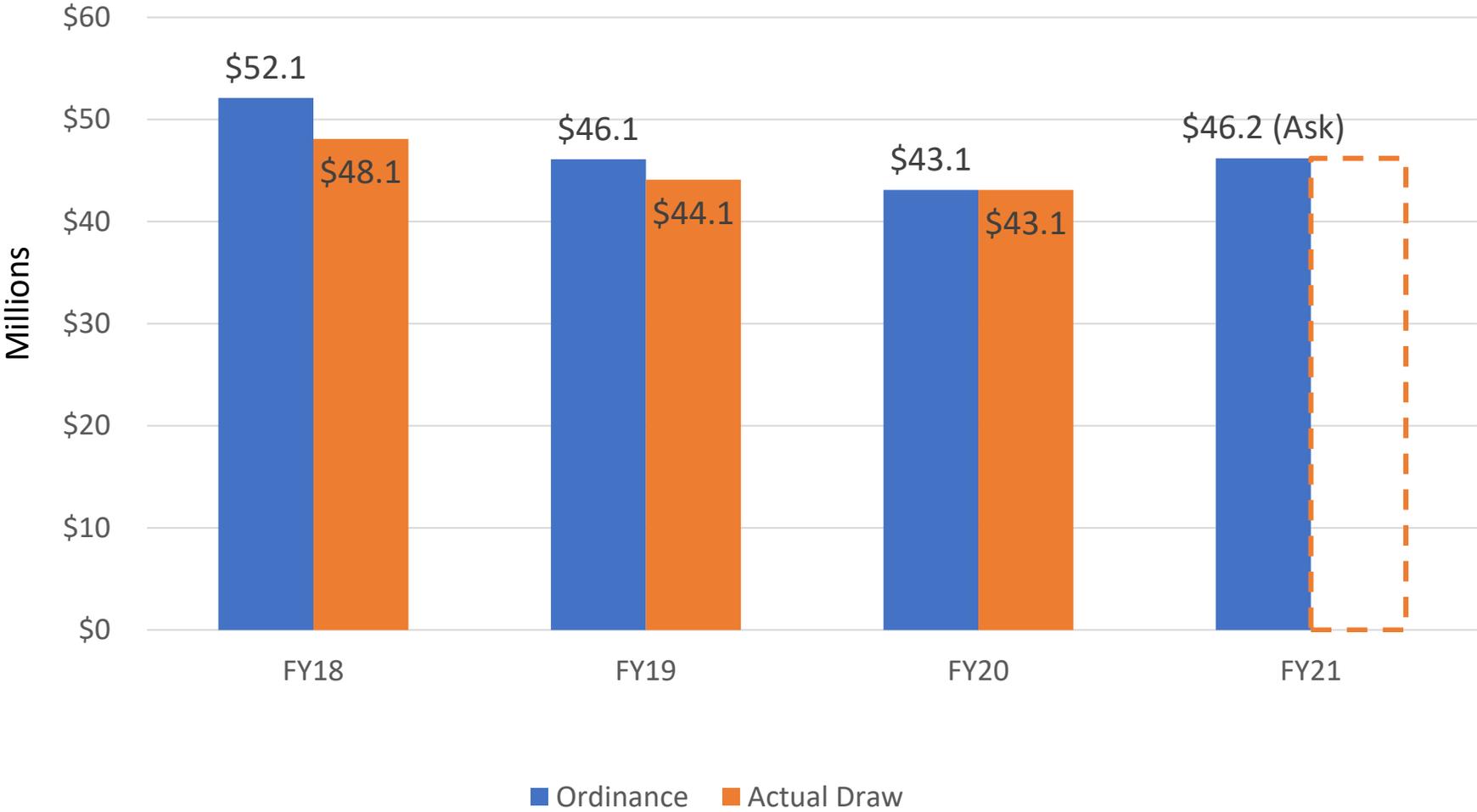
Hospital Authority Budget

May 21, 2020

Revenue Sources



Appropriation vs. Draw



**NASHVILLE GENERAL HOSPITAL
CAPITAL EXPENDITURE REQUEST
FOR THE BUDGET FISCAL YEAR 2021**

PRIORITY	Total Project Amount	Qty	New or Replace	Description	Justification Code	Justification	FY21	Department	Useful Life
1	\$869,014	1	Install	Operating Room/L and D Ground Fault system	A/B	Operating and procedural areas do not have ground fault interruption protection/circuits. Patient safety and employee safety risk - has been cited by regulators in 2019	\$869,014	Operating Room	25
2	\$16,589	1	New	Olympus Shockpulse Lithotripsy	C	Purchase or placement agreement (\$1800/mo) for ureteral stones - requested by Drs. Burleson and Altenburn.	\$16,589	Operating Room	5
3	\$88,000	1	R	Fracture Table	D	Will replace old table for hip fractures - TRAUMA	\$88,000	Operating Room	10
4	\$27,397	1	New	Pelvic Fracture Instrument Set	A	Needed for TRAUMA designation	\$27,397	Operating Room	3
5	\$85,000	12	R	Buy Out remainder of Karl Storz LT lease for scopes, light sources, OR platforms	D	All of our current scopes are past end of life service. Currently do not have enough to support patient volume.	\$85,000	Endoscopy, OR, etc	3
6	\$24,000	2	New	Rapid Infuser	C	Required at onset of trauma program	\$24,000	ED- trauma	5
7	\$3,500	2	New	Departmental communication radio	C	Required at onset of trauma program	\$3,500	ED- trauma	7
8	\$1,500	2	New	Ranger Blood Warmer	C	For TRAUMA	\$1,500	Anesthesia	5
9	\$250,000	2	Rehab	Switch Gear	A/B	Electrical switch gear is failing regularly - Meharry has no lease responsibility for it due to current lease - NOT Hospital grade and well beyond useful life	\$250,000	Facilities	40
10	\$729,000	1	Refurb	CT scanner	C/D	Hospital cannot rely on a single CT unit - we must have a 2nd unit for ED and to avoid transfers of patients for lack of CT. Refurb unit will cost \$295K and construction and shielding etc approx \$440K.	\$729,000	CT	7
11	\$49,000	2	R	Electrocautery Units	D	Replacement	\$49,000	Operating Room	5
12	\$46,500	1	R	Replace Tele Boxes - 6th floor	B/D	Replace and add telemetry boxes- currently limited to less than 40 housewide	\$46,500	6th Floor Med Surg	7
13	\$23,043	2	R	Valleylab FX8 Energy Platform	A/D/E	Current equipment has become inoperative, must have this equipment for L/D surgical procedures.	\$23,043	Labor & Delivery	7
14	\$21,149	1	R	GE HealthcarePanda iRes Bedded Warmer	D	The bed is end of life and needs to be replaced in ER.	\$21,149	NICU bed for ER	15
15	\$20,000	2	New	Abbott i-STAT Analyzer	A,C	The i-STAT analyzers are a requirement for the OR, SDS, for the Level 3 Trauma certification	\$20,000	Laboratory	5
16	\$30,558	4	R	Blanketrol III	A/B/D	Rental equipment with annual cost \$16,272	\$30,558	ICU/Central Supply	5
17	\$11,241	1	R	Triton DTS Advanced Package Traction Unit	D	The traction unit we currently have is broken. We are unable to get parts due to obsolescence. We have multiple requests from physicians and patients.	\$11,241	Physical Therapy	15
18	\$22,635	15	R	Patient Crash Cart	A/B/D	Current carts are more than 15 years old; increase in the number of patients that require isolation	\$22,635	Central Supply	10

19	\$21,600	12	R	Emergency Crash Carts	A/B/D	Current crash carts are more than 10 years old	\$21,600	Central Supply	10
20	\$22,164	1	R	Medication Refrigerators (annual)	A/D/E	Locking mechanisms do not work on current refrigerators (9 refrigerators needed)	\$22,164	Pharmacy	5
21	\$120,000	3	New	SAN Storage	D	Consolidation of data to SAN and to keep pace with growth demand, build in Disaster Recovery system, and provide additional space for online backups.	\$120,000	Information Systems	5
22	\$24,980	10	R	Medical Cadd Solis Pump	A/B/D	Rental equipment with annual cost \$22,510	\$24,980	Central Supply	5
23	\$25,622	2	R	V60 (/CPAP/BIPAP) machine	D	We need to replace 2 CPAP/BiPAP machines due to inability to get parts. Phillips does not support equipment any longer. The noninvasive machines allow the physician to try BIPAP on a patient before intubation.	\$25,622	Respiratory Therapy	10
24	\$7,200	1	New	Vapotherm Precision Flow Plus Roll Stand	B	Vapotherm a non-invasive high-flow respiratory support system used mainly in the treatment of respiratory failure. It uses a mixture of oxygen and air to deliver a set concentration via nasal cannula. The pulmonary physicians are requesting due to being able to deliver higher levels of oxygen than a regular nasal cannula which can reduce intubation needs.	\$7,200	Respiratory Therapy	10
25	\$44,000	1	R	Truck	D	Current truck is 23 yrs old and has failing safety features. 3/4 ton 4x4 truck is needed to move EM / HazMat Trailer as current truck is too small and for normal and emergent ops.	\$44,000	Facilities	7
26	\$80,000	8	R	PHASE 1 UPS Replacements	D	UPS equipment in Hospital Server room and MDF closets at end of life cycle.	\$80,000	Information Systems	5
27	\$167,000	1	R	PHASE 1 Add Additional SAN Storage and Backup devices	D	Current Data growth for PARAGON, One Content, and Imaging will fill up current storage and Bckup devices at current rate of growth by October 2020.	\$167,000	Information Technology	3
28	\$3,661	1	R	Clinical Audiometer	D	End of life and used in NICU/Nursery	\$3,661	NICU/ Nursery	15
29	\$157,500	125	R	PHASE I PC Replacements	C,D	Refresh (130 per year) out-of-date PC/Laptops with physical PCs or Thin Clients and Software License for VDI and Microsoft Assurance for Windows Enterprise	\$157,500	Information Technology	5
30	\$47,890	2	New	TPS Small Bone Drill Instrument Set	C	Needed to meet the needs for Dr. Neff	\$47,890	Operating Room	5
31	\$25,186	1	New	Universal Hardware Removal Set	C	Needed to meet the needs of Drs. Elizando and Neff	\$25,186	Operating Room	5
32	\$5,000	1	R	Microscope for Hematology	D	Replacement for the old microscope in Hematology department. Techs struggling to clarify blood cells on current microscope.	\$5,000	Laboratory / Hematology	10
33	\$30,000	3	R	Workstation on Wheels Patient Access Department	D	Old, refurbished equipment breaks down frequently; leading to increased labor and likely errors using manual process in lieu of. Also structure is too large for ED rooms.	\$30,000	Rev cycle	5
34	\$515,940	4	R	Karl Storz video towers w/ monitors	D	Replacement of non-HD equipment	\$515,940	Operating Room	7
35	\$100,000	1		Ultrasound machine	E	Wireless to increase turn around time for patient care	\$100,000	Ultrasound	7

36	\$54,000	1		Surgical Bed	A/B/D	One additional surgical bed to outfit the 3rd OR room	\$54,000	Operating Room	10
37	\$50,685	1	New	Computer Digital Video System with HD Camera, Lens Adaptor 20mm,, Halogen Light Source, Nasolaryngoscope Pseries, Pentax Handheld Leak Tester, Printer, Portable Swallowing Cart, Configuration, Training onsite and Dicom Interface for swallowing.	B	The digital Swallowing Workstation is an integrated System for Speech Therapist. The Swallowing workstation will allow the Speech Therapist to have objective measurements of key physiologic parameters. Real-time visual feedback for patients to assist with therapy goals, complete video endoscopic system for bedside evaluation, time-linked video and physiologic data for comprehensive assessment, patient database. and mobile cart. A more defined test to help stroke and head/neck cancer patients. This is a standard of practice. The current system is a video disk recorder and images in radiology.	\$50,685	Physical Therapy	7
38	\$30,000	15	R	Welch Allen Vital Sign Monitor/Machines	D	Vital Sign Machines/Direct Patient Care	\$30,000	Nursing, ED, ICU, Med-Surg Women's	5
39	\$25,000	1	R	IHC (Immunohistology) Stainer - Histology	D	Current system is 15yrs old and is "chain driven". Totally obsolete and needs to be updated to improve the Histo stains for tissue biopsies.	\$25,000	Laboratory / AP	10
40	\$25,000	1	R	Digital Camera Microscope	D	Current microscopes in the Pathology department are obsolete and need to be replaced for improvement of digital photographs and microscopic viewing of biopsies, etc.	\$25,000	Laboratory / Blood Bank	10
41	\$23,724	1	New	Inventory Management Software (annual)	C	Metro audit cited need for an electronic inventory management system. This will help maintain inventory levels, reduce shrinkage and collect data on inventory turns.	\$23,724	Pharmacy	5
42	\$6,995	2	R	Auto Scrubber	D	Old scrubbers are not working.	\$6,995	EVS	5
43	\$1,500	1	R	Corder hand burnisher	D	Old equipment not working	\$1,500	EVS	5
44	\$400,000	22	R	Spacelab monitors 22 rooms	D	Replace outdated patient care monitors	\$400,000	Emergency	7
45	\$280,000	1		Digital ER xray machine	E	Replace 1998. End of life on parts. Ramification on reimbursement rates for Medicare.	\$280,000	Medical Imaging	7
46	\$80,000	8	R	PHASE 2 UPS Replacements	D	UPS equipment in Hospital Server room and MDF closets at end of life cycle.	\$80,000	Information Systems	5
47	\$159,998	1	R	AHU 1 Coil Replacing	D	Coils are clogged restricting air flow and the ability to cool the hospital.	\$159,998	Facilities	20
48	\$159,998	1	R	AHU 2 Coil replicant	D	Coils are clogged restricting air flow and the ability to cool the hospital.	\$159,998	Facilities	20
49	\$74,000	1	R	AHU 6 Humidification	B/D	Humidification system failed and we can not maintain proper humidity levels in the OB ORs.	\$74,000	Facilities	20
50	\$50,000	2		Laparoscopic Surgical Instruments	A/B/D	Current instruments are beyond recommended life usage and pose a risk to the patient.	\$50,000	Operating Room	3
51	\$334,000	1	R	PHASE 2 Additional SAN Storage and Backup devices	D	Current Data growth for PARAGON, One Content, and Imaging will fill up current storage and Bckup devices at current rate of growth by October 2020.	\$334,000	Information Technology	3

52	\$157,500	125	R	PHASE 2 PC Replacements	C,D	Refresh (130 per year) out-of-date PC/Laptops with physical PCs or Thin Clients and Software License for VDI and Microsoft Assurance for Windows Enterprise	\$157,500	Information Technology	5
53	\$21,800			3rd Reprocessing room build-OR	A	Required for Joint Commission compliance	\$21,800	Periop/Sterile	5
54	\$21,179	1	New	Ecolab Central Sterile Program	A	Standardizes instrument reprocessing by providing cleaning verification, monitoring and standardized processes to drive measurable improvements in infection prevention. ROI shows positive return.	\$21,179	Central Sterile Processing	5
55	\$9,165	1	New	walk behind burnisher	C	We only have one machine for 6 floor techs.	\$9,165	EVS	5
56	\$6,072	2	R	Infant Scale-Tronix Inc	D	These scales are end of life in NICU/Nursery.	\$6,072	NICU/Nursery	15
57	\$5,000	1	R	Dictaphone - Pathologist	D	Pathologist dictation phone system does not work and needs to be replaced as soon as possible.	\$5,000	Laboratory / AP	7
58	\$43,860	1		MRI-Large Flex Coil	E	Large knees (image quality & patient comfort)	\$43,860	MRI	5
59	\$30,000	1	R	VP Tissue Tek Tissue Processor	B,D	Current tissue processor has broken down a few times which resulted in patients' tissue biopsies being destroyed. Patient safety issue	\$30,000	Laboratory / AP	10
60	\$28,000	1	New	Fax Server	C, D	Move to a digital system for faxing to improve workflows, reduce printing and paper cost, and provide better document privacy	\$28,000	Information Technology	5
61	\$25,195	2	New	Portable AC Units	D	Currently the facility budgets 24K a year to rent large portable AC units to cool critical areas when we loose cooling from Meharry. We can purchase most of what we rent then save 24K funds in future FY.	\$25,195	Facilities	7
62	\$23,625	1		MRI-Extremity Coil	E	Improve images quality & patient comfort	\$23,625	MRI	5
63	\$14,000	2	R	Transport monitor/defibrillator	D	Zoll R series defibrillator/monitor. Replacing outdated equipment.	\$14,000	Emergency	10
64	\$10,000	1		Trophon Cleaning System for US	E	Joint Commission recommeded. Replace GUS station	\$10,000	Ultrasound	5
65	\$1,500	1		ACR-MRI phantom	A	Needed to prepare for ACR accreditation	\$1,500	MRI	10
66	\$30,000	1	New	Nursing Manequin Simulation Program-Nursing Hands on Skills Program (Equipment & Software)	A	Meets JC & ANCC Magnet Designation for Nursing Education. Currently we do not have a robust training program.	\$30,000	Nursing Ed	7
67	\$24,840	2	R	Ambulance Plaza Seal/Waterproof	D	Sections of the plaza are above employee space and leaks are prevalent affecting employee health and morale.	\$24,840	Facilities	10
68	\$15,000		new	Turbochef quick cook	C	As we expand catering and room service, we need faster cooking techniques.	\$15,000	FNS	10
69	\$10,848	12	New	Sentinel XP HP PAPR System	A,B	Isolation motorized hood for bearded employees	\$10,848	Employee Health (3 nursing)	3
70	\$10,000		R	Fryer for grill area in café	D	Current fryer is way past its useful lifespan and is inadequate to keep up with growing volume in Café.	\$10,000	FNS	10
71	\$10,000	1	New	Video Equipment	A	Needed to record inservices & video tutorials for nursing procedures & education to meet the ongoing needs of organizational clinical learning required by JC and Professional organizations.	\$10,000	Nursing Ed	5

72	\$6,084	1	R	Postage Machine	D	Replace postage machine that comes off lease in 2021	\$6,084	Mailroom	7
73	\$3,665	1	New	GE Clear Track (Flow Track)	A/C	For Pulmonary Wedge Pressure monitoring	\$3,665	Anesthesia	5
74	\$50,000	1	R	ER Telemetry upgrade/replacement	B/D	ED telemetry needs to be updated and comparable to Med Surg floors for transport and standardization throughout hospital - too few telemetry units currently especially ED and MedSurg floors	\$50,000	Emergency Department	7
75	\$50,000	1	R	Water tank	D/B	#3 Water tank has reached its life cycle.	\$50,000	Facilities	20
76	\$100,000	1	R	Hardware Upgrade for Paragon	D	Additional hardware due to expanding usage	\$100,000	Information Technology	5
TOTAL	\$6,178,101						\$6,178,101		

Justification Codes

- A Required by Regulatory/Licensure
- B Life Safety
- C Support of New Clinical Program & New Revenue
- D Replace Existing Equipment due to Failure/Obsolescence
- E Emergency Replacement