

State Health Planning and Development Agency
Mailing address: Post Office Box 303025, Montgomery, Alabama 36130-3025
Street address: 100 North Union Street, Suite 870, Montgomery, Alabama 36104

Request # EQR2021-004
Date Rec.
Received by:

REQUEST FOR DETERMINATION OF EXEMPTION STATUS FOR REPLACEMENT OF EXISTING EQUIPMENT

A filing fee in the amount of \$2438.00 tml has been submitted with this application.

REQUESTER IDENTIFICATION (Check One) HOSPITAL ( XX ) NURSING HOME ( \_\_\_ ) OTHER ( \_\_\_ ) (Specify)

A. Community Hospital of Andalusia d/b/a Andalusia Health
Name of requester

849 S Three Notch Street Andalusia Covington
Address City County
Alabama 36420 (334) 428-7000
State Zip Phone

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

Address City County
State Zip Phone

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

Address City County
State Zip Phone

D. Clint Kendall, CEO
Name and Title of Person Representing Proposal and With Whom SHPDA Should Communicate

849 S. Three Notch Street Andalusia Covington
Address City County
Alabama 36420 (334) 428-7000
State Zip Phone

**DESCRIPTION OF EQUIPMENT TO BE REPLACED    DESCRIPTION OF PROPOSED NEW EQUIPMENT**

- A. **Manufacturer:** GE Healthcare  
**Serial #** 617959BU2
- B. **Model:** Nova IGS 530
- C. **Name of equipment:** GE Innova IGS 530 cath/angio system
- D. **Fair market value of equipment at present:** Rental unit – No value
- E. **Cost of equipment (Include written price quote):** \$1,219,000.00
- F. **Describe use of current equipment:**  
The current equipment has been used to perform non-interventional cardiac catheterizations as well as other interventional cardiac procedures and radiology procedures on adult patients.
- Describe use of proposed equipment:**  
The current equipment will be used to perform non-interventional cardiac catheterizations as well as other interventional cardiac procedures and radiology procedures on adult patients
- G. **List any attachments or additional procedures associated with this equipment that could not be performed by old equipment:**  
The proposed equipment will not be able to perform any additional procedures from what the current equipment can perform.
- H. **Can any procedures be performed with the proposed new equipment that cannot be performed with the replaced equipment? If yes, describe in detail:**  
The proposed equipment will not be able to perform any additional procedures from what the current equipment can perform.
- I. **Location of existing equipment (include room #):**  
The existing equipment has been located in a modular unit in the parking lot on the East side of Andalusia Health's Main Building.
- J. **List specially trained or qualified personnel necessary for operation of equipment:**  
Cardiovascular Technicians, Radiology Technicians, Registered Nurses that have competencies for the Cath lab, and the cardiologist are all trained to operate this equipment.
- K. **What use will be made of old equipment when replaced?  
(Trade in on new equipment, used as back up, save for parts, etc.)**  
The old equipment will returned as it is a rental.
- L. **List job titles of any additional personnel that will be required to operate the new equipment.**  
N/A
- M. **Describe any renovation or new construction that will be necessary for the installation of the replacement equipment and cost.**  
For the installation of the replacement equipment, construction will need to occur. The project includes 386 sf of new construction to connect to a modular building that is being delivered to the site. The project includes constructing the passage way to the lab, pre and post care area, and providing connections to the modular building. These connections include: med gas, normal power, emergency power, domestic cold and hot water, sewer, nurse call, code blue,

and data. Project also includes approximately 2,000 sf of renovation to existing space for Cath Lab support space. The renovation cost should not exceed \$700,000.

N. Describe any new annual operating cost associated with this project such as maintenance contracts, salaries of new employees hired due to equipment, etc. There should not be any new annual operating costs associated with this replacement.

III. COST

- |   |                |
|---|----------------|
| A. Equipment costs<br>(Costs have to be supported by price quote on manufacturer's stationery or letterhead.) Cost of equipment only; do not list lease cost. | \$1,219,000.00 |
| B. Less trade-in of old equipment   | \$0.00         |
| C. Total cost of equipment  | \$1,219,000.00 |

Calculation of fee for this determination:

Multiply dollar amount in III.C. (total cost of equipment) times 1% (the application fee for a Certificate of Need); 20% of this amount is the application fee for non-rural hospitals.

For rural hospitals, the application fee is 25% of the application fee as calculated above for non-rural hospitals.

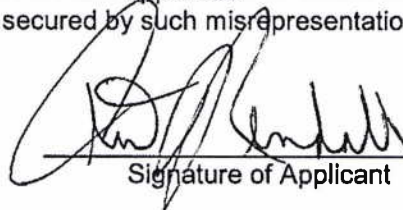
Include manufacturer's literature on old equipment, if available, and on the new equipment.

Include any other information pertinent to the determination.

The Executive Director may request any other information which is relevant to his decision.

IV. CERTIFICATION

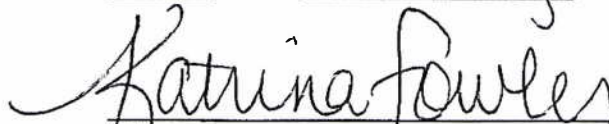
I certify that the information provided herein is true and correct and that there is no additional information which would be pertinent to this application which has not been provided. Further, I understand that any misrepresentation on this application or failure to include relevant information may void any favorable determination secured by such misrepresentation or omission.

  
\_\_\_\_\_  
Signature of Applicant

Clint Kendall CEO  
\_\_\_\_\_  
Applicant's Name and Title  
(Type or Print)

Sworn to and subscribed before me this

19<sup>th</sup> day of January, 20 21.

  
\_\_\_\_\_  
Notary Public (affix seal on original)

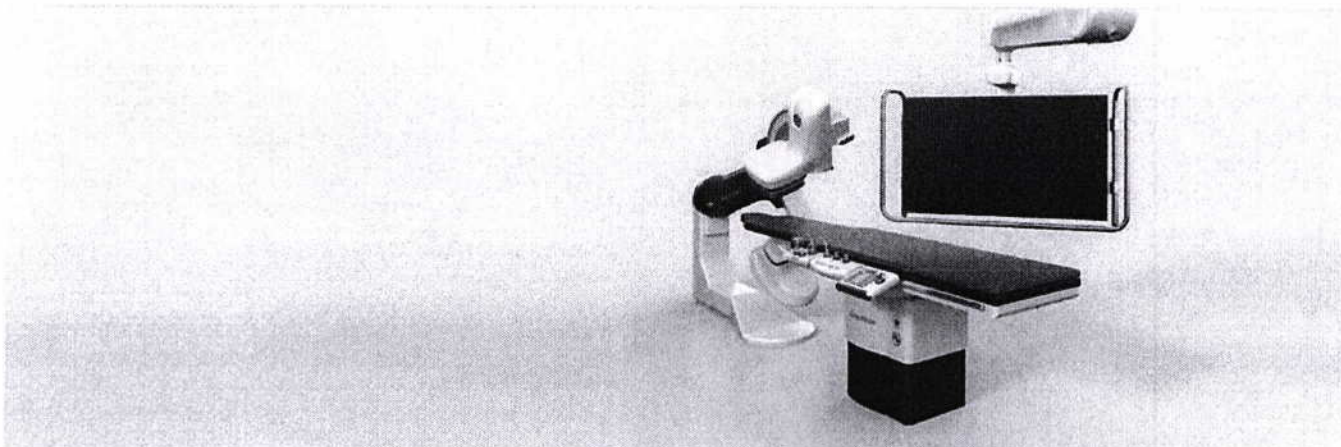
my commission expires 5/30/2022



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## Innova™ IGS 5

### Advanced visualization & multipurpose applications

#### Advanced visualization & multipurpose applications

The Innova IGS 5 system is designed to support a variety of procedures such as cardiovascular, Electrophysiology, Oncology and neuro interventions procedures. It is designed from the ground up to provide the image clarity you need while helping you keep dose as low as possible.

It includes features like Dose Personalization, which gives you the tools to choose from up to four automatic exposure preferences for your system. You can also modify any of these preferences in any clinical protocol to enable multi-procedure, multi-user customization and thus support well-informed decisions. The system features 3DCT HD, GE's next generation of 3D imaging, providing fine image details for visualizing soft tissues and small devices such as intracranial stent struts.

With the new generation of GE's advanced interventional imaging software solutions, ASSIST, you can expand your clinical versatility and successfully plan, guide and assess increasingly sophisticated procedures with greater precision and dose efficiency.

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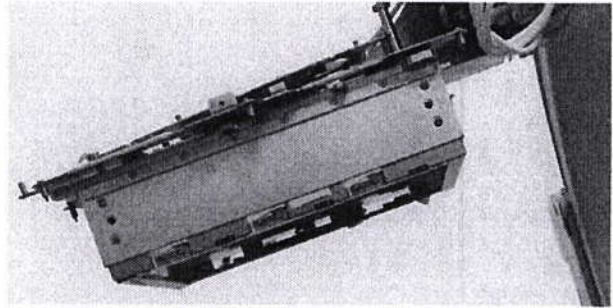


## System

### Superb image quality with high Detective Quantum Efficiency (DQE)

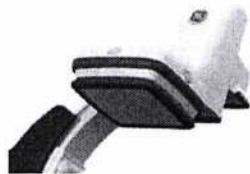
The proprietary angiography flat-panel detector offers one of the industry's highest ratings for Detective Quantum Efficiency (DQE), a parameter internationally acknowledged as an index of detector performance in contrast-and dose-limited imaging performed in clinical studies. High DQE enables better-quality images at the same dose, or the same quality image at a lower dose.

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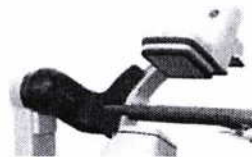
### Optimal detector size adds clinical versatility

With a choice of 3 square panels (20.5 x 20.5 cm (8.1 in), 31 x 31 cm square (12.2 in), or 41 x 41 cm (16.1 in)), we have the size you need to achieve all kinds of interventional procedures.

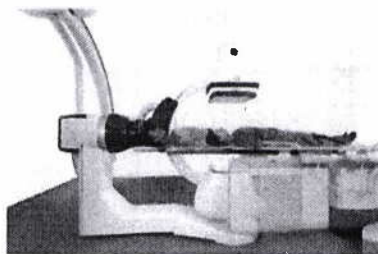


### Offset C-arm

With its unique offset C-Arm, the Innova IGS 5 enables improved access to patient head in complex interventions and helps cover head to groin without moving the gantry.



Feedback

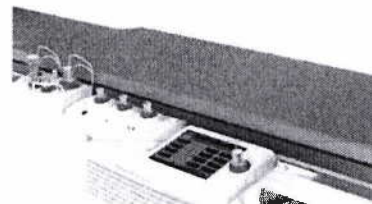


### Clear access to patients during interventions

Thanks to the exclusive design of the C-arm, you get unrestricted access to the patient's head for anesthesia and nursing. In addition, the C-arm design allows you to perform 3D rotational acquisitions of the spine and torso as well as patients' head while intubated.

### Simple, centralized, automated controls

Control your system and images with integrated, intuitive tableside controls. With simple menus, the Central touchscreen lets you control most system functions, configure the system, modify imaging parameters, control your large display monitor, and manipulate advanced applications -all at the tableside. The comfortable, easy-to-grasp control knob makes it easy to pan the table, position the gantry, and perform procedures.

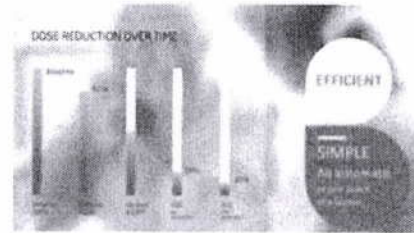


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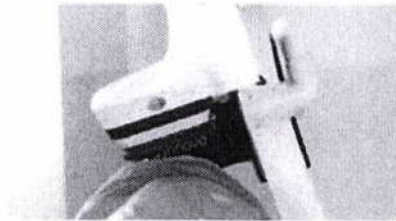
## Imaging

### Lower dose by design

GE designs systems from the ground up with the tried and trusted GE imaging chain, optimized to provide the image clarity you need while helping you keep dose as low as possible. Our dose-reduction features empower you to easily optimize and personalize dose settings from the tableside, while maintaining clinical details you need to make well-informed decisions. But improving dose management takes a strategy - what we call the GE Blueprint. It includes low-dose imaging technologies for minimally invasive procedures, but also considers the people, culture and processes around them.



[Read Less](#) ^



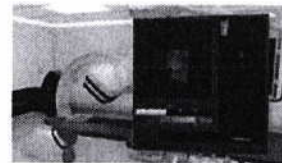
### InnovaSense

Advanced patient contouring technology that uses capacitive sensor to assess movement of the gantry and select the optimal position for the image receptor relative to the patient.

Feedback

### DoseMap

Display of the distribution of the estimated local cumulated dose all along the exam as well as the current projection of the beam. Alerts at configurable dose thresholds.



## Applications

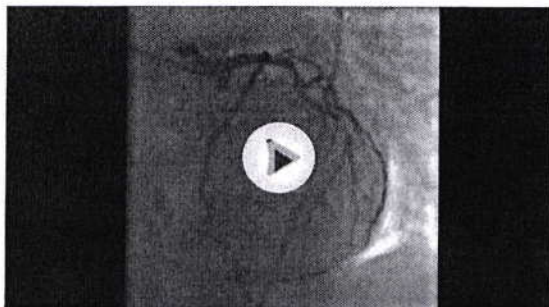
### 3DCT HD

3DCT HD provides fine image details simultaneously on cross-sections and volume rendered to help you clearly visualize vessels, small devices and soft tissues. Specific acquisition parameters and automatic artifact reduction algorithms can improve image quality and increase your clinical confidence for each application. 3DCT HD MAR reduces streak artifacts induced by the presence of small metallic devices such as coils or clips within the 3D field of view.\*



3DCT HD Motion Freeze is designed to reduce artefacts caused by involuntary respiratory motion during the rotational acquisition and recover small detail visibility impacted by motion.<sup>6</sup>

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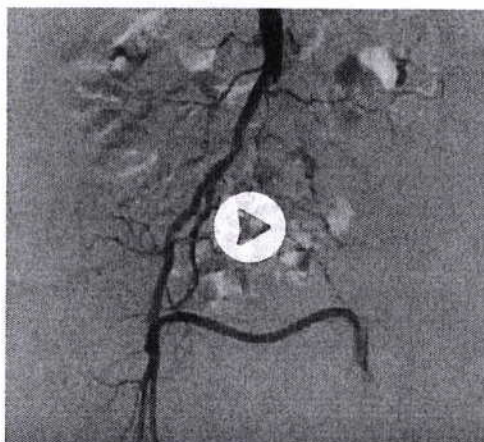
### InnovaSpin

The offset C-arm permits fast-spin rotational angiography over a maximum range of 200° at variable speeds from 20° to 40°/sec (maximum speed of 30°/s from LAO to RAO) with flexible cranio/caudal oblique angulations. The enhanced InnovaSpin™ trajectories are not constrained to a single transverse plane and can be used at oblique angulations within physical constraints.<sup>1</sup>

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### InnovaBreeze

Follow the contrast bolus in real time subtracted images, using variable panning speed control, with an easy workflow. Image pasting to visualize the entire length of the subtracted bolus chase on a single image.<sup>3</sup>



Feedback

### REFERENCES ^

1. Modification of preferences by requesting it to your entity responsible for the servicing of your equipment.
2. 3DCT HD is an option sold separately. Includes 3DXR. Requires AW workstation and Volume Viewer
3. Option may not be available in all countries, nor all systems, check with your local representative
4. Option Available on IGS 520 and IGS 530 configurations
5. InnovaBreeze is optional on IGS 530 and IGS 540 configurations and it requires an AW Workstation. Advantage paste is included in InnovaBreeze.
6. MAR & Motion Freeze are optional features of 3DXR. Sold separately. The improvement related to Motion Freeze depends on the acquisition conditions, table position, patient, type of motion, anatomical location and clinical practice, it has been assessed visually on a physical phantom.





EQR2021-004

RECEIVED

Feb 10 2021

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

02/10/2021

Ms. Emily T. Marsal  
Executive Director  
SHPDA  
100 North Union Street, Suite 870  
Montgomery, Alabama 36104

RE: EQR2021-004  
Community Hospital of Andalusia  
d/b/a Andalusia Health  
SHPDA:039-6530050

Ms. Marsal,

Please see below for additional information requested regarding the Equipment Replacement Request EQR2021-004 submitted January 22, 2021.

Clarification of procedures performed:

- The current equipment is used to perform non-interventional cardiac catheterization procedures and interventional cardiac procedures to include pacemakers, generator changes, ICD, BIV ICD, and Dialysis catheter insertions. Currently performed Radiology procedures include thoracic epidural steroid injection, lumbar epidural steroid injection, cervical epidural steroid injection and joint injections.
- The proposed equipment will be used to perform the same procedures as the existing equipment.

Attachment #1 Please refer to Option 2 on the construction project spreadsheet for the estimated costs involved in the construction/renovation for the installation of GE Innova IGS 530 cath/angio system

Attachment #2 is the original price quote for the purchase of the GE Innova IGS 530 cath/angio system. Pages 5-7 of the original submission were blank due to the way the document printed, there was no additional information on those pages.

Thank you for the opportunity to provide clarification for the application.

Sincerely,

A handwritten signature in black ink that reads "Clint Kendall". The signature is written in a cursive style with a large, sweeping initial "C".

Clint Kendall, CEO  
Andalusia Health



Facility:  
Project:  
City, State:  
Architect:  
Priced From:  
Date:

Andalusia
Cath Lab
Andalusia, AL
HMK
5/20/20

Budget Range (+/-): 10%

**Preliminary & Conceptual Budget**

	Options				Totals
	1	2	3	4	
	Option 1 - Buildout Cath Lab and Recovery per CAMS prepared by A. Baber	Option 2 - Modular Cath with connector to hospital	[Brief project Description]	[Brief project Description]	
*Preliminary Program and Budget to be confirmed					
<b>Total Duration in Months:</b>	10	6			
<b>Allocated Space (SF):</b>					
Cosmetic					
Minor Renovation					
Major Renovation	2,667	1,100			
New Construction					
Shelled Construction					
Shell Buildout - Hospital					
Shell Buildout - MOB					
Canopies & Overhangs		400			
<b>Total Allocated Space</b>	<b>2,667</b>	<b>1,500</b>	<b>0</b>	<b>0</b>	
<b>Budget Categories:</b>					
Planning & Consultants	\$ -	\$ -	\$ -	\$ -	
Sitework & Utilities (Modular foundation and generator pad)	\$ -	\$ 100,000	\$ -	\$ -	
Environmental	\$ -	\$ -	\$ -	\$ -	
Testing	\$ -	\$ -	\$ -	\$ -	
Demolition (if over \$50,000)	\$ -	\$ -	\$ -	\$ -	
Construction	\$ 1,136,142	\$ 555,600	\$ -	\$ -	
Contingency	\$ 108,000	\$ 56,000	\$ -	\$ -	
Design Fees & Reimbursables	\$ 130,000	\$ 65,000	\$ -	\$ -	
Building & Impact Fees	\$ -	\$ -	\$ -	\$ -	
Tenant Buildout	\$ -	\$ -	\$ -	\$ -	
Other - (Define)	\$ -	\$ -	\$ -	\$ -	
Equipment & Furnishings	EST \$ 1,348,000	\$ 1,688,256	\$ -	\$ -	
Land	\$ -	\$ -	\$ -	\$ -	
I/S & Telecom	EST \$ 100,000	\$ 56,000	\$ -	\$ -	
<b>Totals</b>	<b>\$ 2,822,142</b>	<b>\$ 2,520,856</b>	<b>\$ -</b>	<b>\$ -</b>	
Interest	\$ 48,000	\$ 31,223	\$ -	\$ -	
Overhead					
<b>Totals</b>	<b>\$ 2,870,142</b>	<b>\$ 2,552,079</b>	<b>\$ -</b>	<b>\$ -</b>	

NOTES:

- Option 2 - Modular option includes construction of the foundation, the connector, the fire separation wall, a recovery area and patient toilet.
- Option 2 - Modular budget assumes re-using the existing module generator.
- Option 2 - Cost of module is in the equipment portion of the budget.



1040 A Derita Rd.  
Concord, NC 28027  
1.800.710.9996

SALES AGREEMENT #CHA53020201905

September 22, 2020

Transtate Equipment Company Inc., a North Carolina corporation with primary service center located at 1040 A Derita Rd., Concord, NC 28027 ("Transtate") and Community Hospital of Andalusia located in Andalusia, AL (the "Buyer") are entering into this Sales Agreement (the "Agreement") whereby the Buyer will purchase, and Transtate will sell to Buyer the Equipment, Facility and Services described below.

1. DESCRIPTION OF EQUIPMENT:

Qty: 1	<b>GE Innova IGS 530 cath/angio system:</b> Floor Mounted L-Arm with Offset C-Arm Gantry, Performix 160A Water Cooled X-Ray Tube, Coolix X-Ray Tube chiller, 31 x 31cm Flat Panel Digital Detector, Standard Innova IGS User Interface Package, DL 8 Digital Imaging Subsystem with DICOM, Workstation, Omega V Patient Table, 18" Monitors (2) with Ceiling Mounted Suspension capable of holding four monitors, installed cardiac and vascular software and all manuals. GE Mac-Lab hemodynamic monitoring system, Medrad Mark V ProVis injector	Total Price: <b>\$1,219,000.00</b>  Includes delivery and installation
Qty: 1	<b>Full 14'x48' Modular Facility</b>	

2. TOTAL PRICE, TERMS, AND TAXES:

**Total Price: \$1,219,000.00 USD. Terms:** To book this order, the Buyer shall execute this agreement and submit a 20% non-refundable deposit (\$243,800.00) due on or before November 1, 2020. A 70% progress payment (\$853,300.00) is due upon completion of reconditioning and prior to shipping to the customer's site. A final 10% payment (\$121,900.00) is due upon completion of all equipment and facility installation. **Local sales or use tax may apply. Applicable sales / use taxes are the Buyer's responsibility.**

3. WARRANTY:

The equipment described above (the "Equipment") is warranted to meet all OEM specifications in all material respects upon completion of installation and for **24 months** following completion of installation (the "Equipment Warranty Period"). During the Equipment Warranty Period, Transtate will maintain the Equipment according to OEM specifications, providing parts (including tube and detector) and labor as needed. Such warranty service shall constitute Buyer's exclusive remedy and Transtate's sole obligation for any failure of the Equipment to comply with OEM specifications in all material respects. The modular facility is warranted for 12 months following completion of installation.

The Customer warrants that (a) it has the right to service and maintain all Equipment; (b) it has the right to authorize Transtate to perform the services described on the Equipment; and (c) the Customer's authorization of Transtate's performance of the services shall not violate any contract to which the Customer is bound with an OEM, manufacturer or otherwise, or the intellectual property or other proprietary rights of any third party.

Notwithstanding anything to the contrary in this agreement the warranty services provided by Transtate do not cover:

- Equipment damage caused by fire, smoke, water or electrical power surges or other events which originate outside of the equipment.
- Damage caused by customer/operator misuse or negligence, theft, or other malicious actions.
- Consumable items, media, accessories/options, networking hardware/software, workstations, and UPS systems.
- Improper Equipment modification or maintenance.

Except as expressly set forth herein, neither party makes any warranty with respect to the equipment or services provided hereunder, and all other warranties, including without limitation, warranties of merchantability, fitness for a particular purpose, noninfringement quiet enjoyment and data accuracy are hereby disclaimed.



**4. SITE PREPARATION, EQUIPMENT DELIVERY, AND INSTALLATION:**

At Buyer's sole cost, the Buyer will provide all site preparation and will provide information and materials requested by Transtate, including but not limited to; all architectural and engineering drawings, and all construction and materials to build out the site as required for the proper placement of the trailer and installation and operation of the Equipment. The Buyer will cooperate with Transtate as reasonably requested in connection with the placement of the trailer and installation of the Equipment. The Buyer warrants that the site will be prepared as necessary for trailer placement. Transtate will provide technical assistance for the preparation of the site. Transtate will professionally install the Equipment in the trailer according to OEM installation specifications. Equipment is currently in stock with allocation to this order guaranteed upon execution of this Sales Agreement.

**CIP Hospital - packaging and freight are Transtate's responsibility. The risk of Equipment loss or destruction passes to the Buyer upon delivery of the Equipment.**

**5. FORCE MAJEURE:**

Transtate shall not be liable for any failure to perform or for delay in performance due to fire, flood, or other labor difficulty, act of God, government authority, or Customer, acts of war or terrorism, riot, embargo, fuel or energy shortage, wrecks or delay in transportation, inability to obtain necessary labor, materials or services from usual sources, or any cause beyond its reasonable control. If there is a performance delay due to any such cause, the date of delivery or time for completion shall be extended by a time period reasonably necessary to overcome the delay's effect.

**6. INSURANCE AND INDEMNITIES:**

Transtate and Customer shall each carry general commercial liability insurance in commercially reasonable amounts covering their acts or omissions. Customer shall insure the equipment against damage or loss, and each party waives any claims against the other for damages to their property arising out of the acts or omissions of the other. Buyer will defend, indemnify and hold Transtate harmless from any loss, cost or expense arising out of the claims of third parties relating to any Equipment.

**7. LIMITATION OF LIABILITY:**

Transtate's total liability relating to this agreement or to the services performed shall not exceed the fees paid by the customer for the services to which the claim relates. Transtate will not be liable in any event for loss of use of systems, cost of replacement equipment, loss of profits, loss of revenue or any other indirect, special, incidental or consequential damages whatsoever.

**8. NOTICES:**

Any notice, request, demand, instruction or other communication hereunder shall be in writing, deemed to have been received when delivered (i) in person (ii) by certified mail, return receipt requested, or (iii) by a nationally recognized delivery service with receipt verification and addressed to the applicable party at its address set forth above (as such address may be changed by notice pursuant to this Section).

**9. MISCELLANEOUS:**

This agreement contains the entire understanding of the parties with respect to the matters contained herein and supersedes and cancels any and all prior agreements, written or oral, between them relating to the subject matter hereof. This agreement may not be modified except by writing, executed by authorized representatives of both parties. Any additional or deviating terms submitted by the Customer (including, without limitation, on a purchase order or otherwise) shall not be binding on Transtate unless expressly agreed to in writing by Transtate. This agreement shall be construed and enforced in accordance with the laws of the State of North Carolina, but without giving effect to its laws or rules relating to conflicts of laws. All disputes arising under or in connection with this agreement shall be adjudicated in the state and federal courts located in Wake County, North Carolina. Each of the parties acknowledges that venue shall be proper in such courts and expressly consents to the personal jurisdiction of such courts. This agreement may be executed

in one or more counterparts, each of which shall be deemed an original, but all of which shall constitute the same instrument. For the purposes of this agreement, an electronic or scanned signature shall be deemed an original.

**This offer will expire if not signed and returned with the required payment on or before November 1, 2020. Signatures below constitute acceptance by authorized parties to this agreement.**

<b>BUYER:</b>  <b>COMMUNITY HOSPITAL OF ANDALUSIA</b>  Name: _____  Title: _____  Signature: _____  Date: _____	<b>SELLER:</b>  <b>TRANSTATE EQUIPMENT COMPANY INC.</b>  Name: _____  Title: _____  Signature: _____  Date: _____
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