

**Acute Care Bed Service Area Description**  
**(from the 2009 North Carolina State Medical Facilities Plan)**

“The Acute Care Bed Service Area is a single county, except where there is no hospital located within the county in which case the county or counties without a hospital are combined in a multi-county grouping with a county that has a hospital. Multi-county groupings are determined based on the county in which the hospital or hospitals that provide the largest number of inpatient days of care to the residents of the county which has no hospital. Data to determine patient’s county of residence (based on the Thomson data) that is used to establish the multi-county groupings were provided by the Sheps Center. *(Note: An acute care bed’s service area is the acute care bed planning area in which the bed is located. The acute care bed planning areas are the single and multi-county groupings shown in Figure 5.1.)*”

This description was developed by the 2002-2003 Acute Care Bed Need Methodology Task Force, and was used in the 2004-2009 State Medical Facilities Plans. For the 2010 Plan, the SHCC recommended creation of a Moore-Hoke multi-county acute care bed service area and a Cumberland-Hoke multi-county acute care bed service area.

**Operating Room Service Area Description**  
**(from the 2009 North Carolina State Medical Facilities Plan)**

“Each county is a separate Operating Room Service Area except where there is no licensed facility with an operating room located within the county, in which case the county or counties without a licensed facility providing operating rooms are combined in a multi-county grouping with a county that has at least one licensed facility with an operating room. Multi-county groupings were determined based on surgical patient origin data from the Hospital and the Ambulatory Surgical Facility License Renewal Applications, supplemented by surgical patient origin data from Blue Cross and Blue Shield. Counties without a facility providing operating rooms were grouped with the contiguous county, whenever possible, which served the largest reported number of surgical patients. In 2006, in response to an adjusted need determination petition, the State Health Coordinating Council added Swain County to the Jackson-Graham Multi-County Operating Room Service Area. This created a Multi-County Operating Room Service Area including two counties with operating rooms and one county without operating rooms. *(Note: An operating room’s service area is the operating room planning area in which the operating room is located. The operating room planning areas are the single and multi-county groupings shown in Figure 6.1.)*”

This description was developed by the 2002-2003 Operating Room Need Methodology Work Group, and was used in the 2004-2009 State Medical Facilities Plans. For the 2010 Plan, the SHCC recommended creation of a Moore-Hoke multi-county operating room service area and a Cumberland-Hoke multi-county operating room service area.