



## Acute Care Services Committee Minutes

September 16, 2008

**Medical Facilities Planning**

**10:00 am – 12 Noon**  
The Jane S. McKimmon Center

**MEMBERS PRESENT:** Michael Tarwater, Chair; Bill Bedsole; Greg Beier; Dr. Don Bradley; Dr. Dana Copeland; Dr. Lawrence Cutchins; Dr. Sandra Greene; Jack Nichols; Dr. Zane Walsh

**MEMBERS ABSENT:** Daniel Hoffmann;  
**Medical Facilities Planning Section Staff Present:** Victoria McClanahan; Kelli Fisk  
**DHSR Staff Present:** Jeff Horton; Elizabeth Brown; Lee Hoffman

Standing Agenda	Discussion	Motions	Recommendations/ Actions
Welcome & Introductions	Mr. Tarwater welcomed all members and visitors.		
Approval of minutes from the May 8, 2008 Meeting	Motion to approve the minutes.	Dr. Bradley Dr. Cutchin	Minutes approved
Update on Data Discrepancy	<p>Ms. McClanahan presented a list of the hospitals which had a discrepancy between their Thomson acute care days and their Licensure acute care days of &gt;5%. The list showed which data, Thomson or licensure, the hospital changed to reconcile the two data sources. Ms. McClanahan explained that after the Sheps Center processes the updated Thomson data, it would be incorporated into Table 5A. She also noted that Columbus County Hospital was unable to reconcile their data and that this would be noted on Table 5A.</p> <p>Motion to Update Table 5A.</p>	Mr. Bedsole Dr. Greene	The motion was unanimously approved.
Review of AC Beds Petitions: 1. Carolinas HealthCare System 2. Novant Health 3. CMC-Union	<p>Ms. McClanahan reviewed the Agency Report and the three petitions. Petitioners made the following requests:</p> <ol style="list-style-type: none"> <li>1. Carolinas HealthCare System requests that the State Health Coordinating Council (SHCC) form an expert workgroup to review and update the acute care bed need methodology for the 2010 State Medical Facilities Plan (SMFP).</li> <li>2. Novant Health requests an adjusted bed need determination for Mecklenburg and Forsyth Counties based upon the HSA-specific patient day growth rate rather than on the North Carolina statewide average acute inpatient days growth rate of 0.01%.</li> <li>3. Carolinas Medical Center-Union requests an adjusted need determination in the 2009</li> </ol>		For the duration of the meeting relating to the three acute care bed petitions, Mr. Tarwater ceded chairmanship of the meeting to Dr. Sandra Greene and recused himself from the discussion and voting. Mr. Beier recused himself from voting on the three petitions, but engaged in discussing the

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	<p>State Medical Facilities Plan (SMFP) for 25 additional acute care beds in Union County.</p> <p>The Agency recommended:</p> <ul style="list-style-type: none"> <li>• Formation of a work group to review the Acute Care Bed Need methodology; and</li> <li>• Denial of the petitions.</li> </ul> <p>Discussion included the following points:</p> <ul style="list-style-type: none"> <li>• Need adjustments are necessary to address issues in Mecklenburg and Forsyth counties.</li> <li>• Relief needed in Charlotte due to high growth.</li> <li>• Support for methodology review voiced.</li> <li>• Region specific growth rate suggested.</li> <li>• Question raised – is issue best addressed with special need determination or with methodology change?</li> <li>• Use of county specific growth rates has been rejected in the past due to their wide variations.</li> <li>• Suggestion that demographic shifts, changes in healthcare services practice patterns affect acute care need.</li> </ul> <p>Motion to approve the Agency recommendation to: Set up a workgroup in early 2009 to review the acute care bed need methodology focused on considering an HSA based growth rate; and Deny the petitions.</p> <p>Discussion included the following points:</p> <ul style="list-style-type: none"> <li>• Work group to report back to the Acute Care Services Committee Spring, 2009.</li> <li>• Work group should consider other factors besides growth rate.</li> <li>• Adjustments to need determinations may be required to address bed needs.</li> </ul>	<p>Mr. Nichols Dr. Bradley</p>	<p>petitions.</p> <p>The motion was unanimously approved, with Mr. Tarwater and Mr. Beier recusing from voting.</p>
<p>Review of AC Beds Petitions: WakeMed</p>	<p>Ms. McClanahan reviewed the Agency Report and the petition. Petitioner made the following request: A special need determination for 18 additional acute care beds in Wake County to be designated for neonatal patients only in the 2009 State Medical Facilities Plan (SMFP). The Agency recommended denial of the petition.</p> <p>Discussion included the following points:</p> <ul style="list-style-type: none"> <li>• Historically, the expansion of neonatal bed capacity across the state was in the academic medical centers but now most tertiary hospitals have neonatal capability.</li> <li>• Wake county needs additional acute care beds.</li> </ul>		<p>Motion carries</p>



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<p>Comments: Trauma/Burn Center Operating Room Exclusion</p>	<p><b>Recommendations for the 2009 SMFP:</b></p> <ol style="list-style-type: none"> <li>1. When determining need for additional operating rooms, exclude one OR at each Level I and Level II designated trauma center and one additional OR at each designated burn intensive care unit and also exclude the associated cases performed in these operating rooms.</li> <li>2. Continue to request trauma/burn case data from the trauma/burn centers only when a need is determined in an operating room service area with a designated trauma/burn center.</li> </ol> <p><b>Additional Recommendations for Consideration in the Future:</b></p> <ol style="list-style-type: none"> <li>1. Develop a standard definition for the excluded trauma and burn cases.</li> <li>2. Explore sources of trauma/burn case data and if accurate readily accessible data is available, use that data to exclude trauma/burn cases at each designated Level I and Level II trauma center and at each designated burn intensive care unit. If accurate readily accessible data is not available, continue to request trauma/burn case data from the trauma/burn centers only when a need is determined in an operating room service area with a designated trauma/burn center.</li> </ol> <p>Discussion included the following points:</p> <ul style="list-style-type: none"> <li>• Non-trauma non-burn cases are being done in excluded trauma/burn ORs and if do trauma/burn cases in all ORs, do not exclude one OR.</li> <li>• In order to qualify as a Level I or II Trauma Center, have to guarantee imminent availability of an OR. Requirements for Level III Trauma Centers are more relaxed.</li> </ul> <p>Motion to approve agency recommendations</p> <p>To implement the motion, Mr. Tarwater suggested that Ms. McClanahan</p> <ul style="list-style-type: none"> <li>• work with hospital planners on a draft definition for trauma/burn cases;</li> <li>• obtain trauma data using the definition;</li> <li>• provide the draft definition and trauma data to the Acute Care Services Committee for review and recommendations</li> </ul>	<p>Mr. Nichols Dr. Greene</p>	<p>The motion was unanimously approved.</p>
<p>Review of Agency Report and Comments: Tiered Operating Room Data</p>	<p>Ms. McClanahan reviewed the Agency Report related to Tiered Operating Room Data noting that the Agency does not recommend adopting the tiered methodology for determining need for additional operating rooms for the 2009 SMFP. However, the Agency recommended continued evaluation of the tiered approach to determining need for</p>		

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	<p>additional operating rooms.</p> <p>Discussion included the following point: The data show excess operating rooms, indicating that some of the assumptions used in the current OR methodology are more generous than the assumptions used in the reported tiered data.</p> <p>Motion to approve agency's recommendations</p>	Dr. Bradley Dr. Cutchin	The motion was unanimously approved.
<ul style="list-style-type: none"> <li>• Single Specialty Ambulatory Surgery Work Group Update</li> <li>• Affordable HealthCare Petition</li> <li>• Carolina Ophthalmology Petition</li> </ul>	<p>Mr. Tarwater provided an update on the Single Specialty Ambulatory Surgery Work Group and the Affordable HealthCare Carolina Ophthalmology Petitions noting:</p> <ul style="list-style-type: none"> <li>• The Committee's decision to table acting on the petitions.</li> <li>• The convening of the Single Specialty Ambulatory Surgery Work Group, led by Dr. Cutchin and Dr. Greene.</li> <li>• Development of the Work Group charge.</li> <li>• The Committee's agreement that the outcome of the QAV work group, which is close to wrapping up, will impact the work done by the Single Specialty Ambulatory Surgery Work Group.</li> <li>• Clarification that the petitioners would be able to proceed with their requests if the SHCC does not act on the petitions before the end of the year.</li> </ul> <p>Motion made to deny both petitions and deny the Agency recommendation made in response to the petitions because the Committee has convened a Single Specialty Ambulatory Surgery Work Group and is awaiting the outcome of the QAV work group.</p>	Dr. Greene Dr. Cutchin	The motion was unanimously approved
Development of Recommendation to the SHCC regarding Operating Rooms	Motion to approve and forward to the SHCC Chapter 6, as amended by actions taken today.	Mr. Nichols Dr. Copeland	The motion was unanimously approved.
Comment related to Heart Lung Bypass Machines and Corrected Table 7A	<p>Ms. McClanahan reviewed the comment related to heart lung bypass machines and explained the correction made to Table 7A, noting the following: The 2007 Open-Heart Surgery procedure data (shown on Table 7A), as published in the Proposed 2009 Plan, showed Total Open-Heart Surgery procedures: Adult procedures and procedures on patients age 14 and younger. The table should have shown only adult procedures. The corrected Table 7A shows only Adult procedures. Table 7B, as published in the Proposed 2009 Plan, is correct.</p> <p>Motion to accept the corrected Table 7A.</p>	Dr. Cutchin Dr. Bradley	The motion was unanimously approved.

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Review of Inpatient Rehab Petition, Agency Report and Comments: Rex Hospital	<p>Ms. McClanahan reviewed the Agency Report and the petition. Petitioner requested that the SHCC adjust the need determination in Health Service Area IV (“HSA IV”) to show a projected need for 16 Inpatient rehabilitation beds in the 2009 State Medical Facilities Plan (“SMFP”). The Agency recommended denial of the petition.</p> <p>Motion made to approve agency’s recommendation to deny the petition.</p>	Dr. Walsh Mr. Nichols	The motion was unanimously approved
Review of Inpatient Rehab Petition, Agency Report and Comments: Rowan Regional Medical Center	<p>Ms. McClanahan reviewed the Agency Report and the petition. Petitioner requested that the SHCC adjust the need determination in the Draft 2009 State Medical Facilities Plan (“SMFP”) to include ten (10) inpatient rehabilitation beds at the Elizabeth C. Stanback Rehabilitation Unit (“Stanback Rehab”) at RRMC in Rowan County. The Agency recommended denial of the petition.</p> <p>Motion made to approve agency’s recommendation to deny the petition.</p> <p>Discussion included the following points:</p> <ul style="list-style-type: none"> <li>• If the Committee approves the Agency recommendation, then Rowan Regional will not be able to keep the inpatient rehab beds currently located at Rowan Regional</li> <li>• The declaratory ruling related to the beds in the petition has been appealed</li> <li>• If the original agreement was for the beds to revert to CMC upon termination of the management agreement, then the original agreement should be honored</li> <li>• Concern expressed for the Rowan Regional rehab patients but point made that the court and not the Acute Care Services Committee should determine the outcome of this issue</li> <li>• Inpatient rehab beds are planned for on an HSA basis and the beds, if moved, will remain in the HSA</li> </ul>	Mr. Nichols Dr. Cutchin	<p>For the duration of the meeting relating to the Rowan petition, Mr. Tarwater ceded chairmanship of the meeting to Dr. Greene and recused himself from voting. Mr. Beier also recused himself from voting</p> <p>The motion was approved.</p>
Forward Acute Care Services Recommendations to the SHCC	Motion made to forward all the Acute Care Services recommendations and motions made today to the SHCC.	Mr. Nichols Dr. Copeland	The motion was unanimously approved.
Other Business	None		
Adjournment	Meeting was adjourned		