



## Acute Care Services Committee Minutes

September 15, 2011

10:00 am – 12 Noon

Brown Building Room 104

### Medical Facilities Planning

MEMBERS PRESENT: Dr. Sandra Greene, Bill Bedsole, Greg Beier, Dr. Leslie Marshall, Dr. Prashant Patel, Dr. Zane Walsh, John Young, Dr. T.J. Pulliam
MEMBERS ABSENT: Dr. Don Bradley, Dr. Brenda Latham-Sadler
MFPS Staff Present: Carol Potter, Elizabeth Brown, Kelli Fisk, Jim Keene (consultant to DHSR)
DHSR Staff Present: Drexdal Pratt, Craig Smith, Martha Frisone

Standing Agenda	Discussion	Motions	Recommendations/ Actions
Welcome & Introductions	Dr. Greene welcomed members, staff and visitors. Dr. Greene stated the purpose of the meeting was to review petitions and make recommendations to the State Health Coordinating Council (SHCC) about the 2012 State Medical Facilities Plan (SMFP) chapters covered by the Acute Care Services Committee. The Committee’s recommendations would be forwarded to the Council for consideration at its 9/28/2011 meeting. She noted that the meeting was open to the public, but that the meeting did not include a public hearing. Therefore, discussion would be limited to members of the Committee and staff, unless questions were directed specifically to someone in the audience.		
Review of Executive Orders No. 10 & 67: Ethical Standards for the State Health Coordinating Council	Dr. Greene reviewed Executive Orders No. 10 and 67 “Ethical Standards for the State Health Coordinating Council.” Dr. Greene gave an overview of the procedures to observe before taking action at the meeting. Each member of the Committee commented on his or her professional and institutional interest. The following member recused from the following votes: Mr. Bill Bedsole – WakeMed petition.		Mr. Bedsole recused himself from voting on the WakeMed petition.
Approval of minutes from the May 20, 2011 Meeting	A motion was made and seconded to approve the May 20, 2011 minutes.	Mr. Bedsole Dr. Marshall	Minutes approved
Acute Care (AC) Hospital Beds  Update on Data Discrepancy Correction Process          Petitions/Agency Reports/Comments	<u>Chapter 5: Acute Care Hospital Beds</u> Dr. Potter reviewed data correction activities to reduce the discrepancy between the 2010 Hospital License Renewal Application (“Licensure”) and Thomson Reuters (“Thomson”) acute care days of care. Martin General Hospital did not respond regarding their discrepancy of 10.1%; however, their Thomson days were less than their Licensure days. Refreshing the Thomson data resulted in one change in a need projection in that there is no need determination for beds in Yadkin County. Five hospitals continue to show greater than +/- 5% discrepancy between Thomson and Licensure data, even after refreshing the data. These are Beaufort County Medical Center, Margaret Pardee Hospital, Lenoir Memorial Hospital, Sampson Regional Medical Center and Transylvania Regional Hospital. Differences between the two data sources could not be further corrected for Our Community Hospital, Chowan Hospital and The Outer Banks Hospital. Dr. Potter stated that reconciling data further would not change need determinations. The Committee asked staff to note in Table 5A of the 2012 Plan the hospitals with data discrepancies that exceeded +/- 5%.  Dr. Greene reported that the Council received one petition regarding Acute Care Hospital Beds.		

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<p>Recommendations to the Council regarding Acute Care Hospital Beds</p>	<p>Petition: Pitt County Memorial Hospital requested that the need determination for 97 acute care beds in the Pitt-Greene-Hyde multicounty service area be reduced to 65 beds. A motion was made and seconded to approve the petition.</p> <p>A motion was made and seconded to forward the Acute Care Hospital Beds chapter with approved changes to the SHCC.</p>	<p>Mr. Young Dr. Patel</p> <p>Dr. Patel Mr. Beier</p>	<p>Motion passed to approve the petition from Pitt County Memorial Hospital.</p> <p>Motion passed to forward Chapter 5 to the SHCC.</p>
<p>Operating Rooms (OR)</p> <p>Petitions/Agency Reports/ Comments</p> <p>Report from the Pediatric Operating Room Work Group</p>	<p><u>Chapter 6: Operating Rooms</u> Dr. Greene reported that the Council received two petitions regarding Operating Rooms.</p> <p>Petition: Blue Ridge Bone &amp; Joint Clinic requested that the 2012 SMFP include a demonstration project for a single specialty, two operating room, orthopedic ambulatory surgical facility in the Buncombe-Madison-Yancey operating room (OR) service area.</p> <p>The Committee concluded that, consistent with the demonstration project as outlined in the 2010 SMFP, program evaluation data is needed before considering new sites for projects. A motion was made and seconded to deny the petition.</p> <p>Petition: Boone Surge Care, PLLC requested an adjusted need determination for three additional operating rooms for an ambulatory surgery facility to be located in Watauga County, and serve patients from Watauga, Ashe, Avery, Alleghany, Wilkes and Caldwell counties.</p> <p>The Committee determined that sufficient operating rooms exist in the area discussed in the petition. A motion was made and seconded to deny the petition.</p> <p>Committee member Mr. John Young presented recommendations from the Pediatric Operating Room Workgroup, which was charged “with investigating and developing recommendations about the need for the operating room standard methodology to include a determination of need for dedicated pediatric operating rooms in the SMFP” (W. Wainwright 1/7/2011 memo to Workgroup Members). Chairperson Dr. Dennis Clements led the workgroup, which considered pediatric surgical data and materials to come to the following recommendations for the Proposed 2013 SMFP:</p> <ol style="list-style-type: none"> <li>1) There is a need to change the operating standard methodology and calculate need using a different multiplier [applied to pediatric surgical cases] (1.125) for pediatric operating rooms.</li> <li>2) This calculation means that all [inpatient] pediatric surgeries (except for circumcisions) be weighted at 12.5% more than adult surgeries.</li> <li>3) Pediatric patients for this chapter will be defined as patients &lt;18 years of age.</li> </ol> <p>Committee members expressed their appreciation for the hard work, serious consideration and commitment to quality services for children evidenced by all members of the Workgroup. Following considerable discussion, a motion was made and seconded not to move the Pediatric OR Workgroup’s recommendations forward for the Proposed 2013 SMFP, and to suggest that hospitals</p>	<p>Mr. Beier Dr. Marshall</p> <p>Dr. Patel Mr. Bedsole</p> <p>Mr. Beier Dr. Marshall</p>	<p>Motion passed to deny the petition from Blue Ridge Bone &amp; Joint Clinic.</p> <p>Motion passed to deny the petition from Boone Surge Care, PLLC.</p> <p>Motion passed to recommend not moving forward</p>

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Recommendations to the Council regarding Operating Rooms	<p>with high volumes of pediatric cases consider submitting adjusted need determination petitions to address their needs for pediatric operating rooms. The motion included a request that such petitions address issues related to pediatric surgical case types and times (i.e., in comparison to average adult case times), and appropriate age groupings. The Committee recommended no changes to the operating room need methodology for the 2012 SMFP, but indicated that priority consideration should be given to future adjusted need determination petitions addressing concerns related to the need for pediatric operating rooms based on the work of the Pediatric OR Workgroup.</p> <p>A motion was made and seconded to forward the Operating Room chapter, with approved changes, to the SHCC.</p>	Mr. Young Dr. Walsh	<p>with the workgroup recommendations, and to encourage hospitals to use the adjusted need determination petition process.</p> <p>Motion passed to forward Chapter 6 to the SHCC.</p>
Other Acute Care Services  Petitions/Agency Reports/ Comments	<p><u>Chapter 7: Other Acute Care Services</u> Dr. Greene reported that the Council received two petitions regarding Other Acute Care Services.</p> <p>Petition: Duke University Health System requested that the need methodology for heart-lung bypass equipment be eliminated from the 2012 SMFP. If removal of the methodology were not approved, Duke asked for an adjusted need determination for three additional heart-lung bypass machines in the Durham County service area.</p> <p>Petition: WakeMed Health and Hospitals also requested removing the heart-lung bypass machine need determination methodology from the 2012 Plan.</p> <p>The Committee discussed the changes in use of heart-lung bypass machines, the reduction in the numbers of open-heart surgical cases since 2000, and the fact that acquisition or replacement of heart-lung machines still would require a certificate of need or review by the Certificate of Need Section. A motion was made and seconded to accept the WakeMed petition and the part of the Duke petition to remove the heart-lung bypass machine need determination methodology from the 2012 Plan.</p> <p>A motion was made and seconded to deny the part of Duke University Health System’s petition for an adjusted need determination for three additional heart-lung bypass machines in Durham County.</p> <p>A motion was made and seconded to accept the suggested language for Chapter 7 of the 2012 SMFP, attached to the Agency Report for the Duke and WakeMed petitions.</p>	<p>Mr. Beier Dr. Marshall</p> <p>Mr. Young Dr. Marshall</p> <p>Mr. Beier Dr. Walsh</p>	<p>Motion passed to accept the WakeMed petition and part of the Duke petition to remove the heart-lung bypass machine need determination methodology (Mr. Bedsole recused).</p> <p>Motion passed to deny Duke’s adjusted need determination request.</p> <p>Motion passed to accept the Chapter 7 language.</p>

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Recommendations to the Council regarding Other Acute Care Services	<p><u>Burn Intensive Care Services</u> Dr. Potter reviewed the Agency Report and comments submitted by UNC Hospitals and Wake Forest Baptist Health regarding methodology alternatives for burn intensive care services. The 2012 Proposed Plan included four alternatives to project bed needed when the threshold for need was met.</p> <p>A motion was made and seconded to approve Alternative 1. This projects days of care in the state for the next year by adding 1.00 to the four-year average annual rate of change and multiplying by the previous year's days of care. The resulting need determination statewide is eight additional burn intensive care beds.</p> <p>A motion was made and seconded to forward the Other Acute Care Services chapter with approved changes to the SHCC.</p>	<p>Mr. Young Mr. Beier</p> <p>Dr. Walsh Dr. Marshall</p>	<p>Motion passed to approve Alternative 1 as the final step of the burn intensive care methodology.</p> <p>Motion passed to forward Chapter 7 to the SHCC</p>
Recommendations to the Council regarding Inpatient Rehabilitation Services	<p><u>Chapter 8: Inpatient Rehabilitation Services</u> Dr. Greene reported that the Council received one petition regarding inpatient rehabilitation services.</p> <p>Petition: Duke University Health System requested that the need determination for inpatient rehabilitation beds in Health Service Area (HSA) IV be increased from 4 to 20 in the 2012 SMFP.</p> <p>The Committee noted the significant increase in inpatient rehabilitation days of care in HSA IV, in comparison to the slight increase at the state level. A motion was made and seconded to accept the Duke petition to increase the need determination for inpatient rehabilitation beds in HSA IV from 4 to 20 in the 2012 SMFP</p> <p>A motion was made and seconded to forward the Inpatient Rehabilitation Services chapter with approved changes to the SHCC.</p>	<p>Mr. Beier Mr. Bedsole</p> <p>Dr. Marshall Mr. Beier</p>	<p>Motion passed to approve the petition from Duke University Health System.</p> <p>Motion passed to forward Chapter 8 to the SHCC.</p>
Policy AC-3	<p>Committee member John Young presented comments and recommendations from the North Carolina Hospital Association (NCHA) regarding the SMFP's Policy AC-3 and issues that emerged in two Spring petitions. One petition was from Novant Health, and the second petition was submitted jointly from Duke University Health System, North Carolina Baptist Hospital, University of North Carolina Hospitals and Pitt County Memorial Hospital. Mr. Young explained his role as a liaison between NCHA and the SHCC; John Mays chaired the NCHA committee that developed recommendations to clarify AC-3 policy language. Mr. Young noted that DHSR staff met with NCHA to review the recommended language. Dr. Potter presented the Agency Report, which stated that the Agency was in full support of including the language for Policy AC-3 in the 2012 Plan.</p>		

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	A motion was made and seconded to approve the revised language for Policy AC-3 for inclusion in the 2012 Plan.	Mr. Beier Dr. Marshall	Motion passed to approve revised language for Policy AC-3.
Remaining Spring Petitions	<p>The Committee considered the petition from Novant Health to repeal or revise Policy AC-3 in the 2012 SMFP. A motion was made and seconded to deny the petition.</p> <p>The Committee considered the petition from Duke University Health System, North Carolina Baptist Hospital, University of North Carolina Hospitals and Pitt County Memorial Hospital to amend Policy AC-3 in the 2012 SMFP. A motion was made and seconded to deny the petition.</p>	<p>Mr. Young Dr. Marshall</p> <p>Mr. Young Dr. Marshall</p>	<p>Motion passed to deny the petition from Novant Health (Mr. Beier recused from voting).</p> <p>Motion passed to deny the petition from the four hospitals.</p>
2012 Acute Care Services Committee Meeting Schedule	<p>Dr. Greene reminded all members the next SHCC meeting was scheduled for September 28, 2011. She reviewed the upcoming committee meeting dates for 2012 as being scheduled for April 11, 2012, May 4, 2012 and September 14, 2012. [Note: at a later time, dates were changed to May 8, 2012 and September 18, 2012]</p> <p>A motion was made and seconded to authorize staff to update tables, as indicated.</p>	Dr. Marshall Dr. Patel	Motion passed to authorize staff to update tables as indicated.
Adjournment	Dr. Greene adjourned the meeting.		Meeting adjourned