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Cc: [Monte Brown](#); [Aman Chhabra](#); [Morgan Jones](#); [Stacy Palmer](#)
Subject: Fw: Durham County Bed Need Data
Date: Monday, September 05, 2016 9:43:41 PM
Attachments: [Truven Durham Bed Need Analysis.xlsx](#)

Ladies,

Following up on conversations with Drs. Craddock and Greene, I wanted to provide some information regarding the data reflected in the Durham County acute care bed need determination. You all had contacted me regarding the effect of the refresh of Truven data on the need, which appeared to increase from 71 to 135 beds.

We went back to look at the data we refreshed, including a comparison with our own internal calculation of inpatient days. Here are the key points we came up with:

- 1) We refreshed the data because our original submission appeared to be missing the last 1-2 days of each quarter. (We are working on this internally to try to avoid future data problems like this.) This increased the reported days by Truven more than we had anticipated.
- 2) We then compared the Truven reported days to our internal data, because the Truven number was somewhat higher than our internal data. The Truven data are correct, with the following caveat: we concluded that Truven may be using a patient's entry into the system as the start of the inpatient admission, rather than the inpatient admission order. For example, patients may be entered into the system when they come to the ED or for outpatient surgery and then be subsequently be admitted as inpatients. We believe that our internal number captures the narrower timeframe for actual inpatient admission.

We don't know whether this is a potential discrepancy unique to Duke (for example, if our data submission is somehow structured differently) or a broader scenario for other hospitals on EPIC. Moreover, it may not necessarily be inappropriate to use the total patient hospital time for this purpose if it is common to other hospitals. However, we feel most confident in our internal data that would exclude the potential additional "soft admit" days. We therefore attach a table that shows our internal days of care in each category used for the need methodology. I understand from Dr. Craddock that these numbers would give rise to a need of 96 beds in the county; this seems to be a reasonable reflection of the actual need at the system for additional beds. (It is possible that using this slightly lower number is artificially decreasing the applicable growth rate if past data pulls by Truven have included the same "soft admit" days, but we believe the result is not unreasonable.)

Overall, we strongly support the need for additional beds. We apologize that our need to refresh the data has created additional confusion at this point in the planning process, but we appreciate your help in resolving this issue. Please let us know how we can help. Thanks.

Catharine

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FINAL FINANCE REVISED (submitted by Duke to DHSR)											
NAME	COUNTY	TOTAL DAYS	PSYCH	REHAB	SUB ABUSE	UNKNOWN	TOTAL MINUS PSYCH/REHAB /SUB ABUSE/ UNKNOWN	DRG 795	NEWBORN REVENUE DAYS	NEWBORN USED	ACUTE DAYS (COL H MINUS NEWBORN USED)
Duke Regional Hospital	Durham	79,734	5,061	7,575	0	0	67,098	3,377	4,818	4,818	62,280
Duke University Medical Center	Durham	285,213	5,684	0	0	0	279,529	3,381	7,070	7,070	272,459

REFRESHED TRUVEN DATA											
NAME	COUNTY	TOTAL DAYS	PSYCH	REHAB	SUB ABUSE	UNKNOWN	TOTAL MINUS PSYCH/REHAB/ SUB ABUSE/ UNKNOWN	DRG 795	NEWBORN REVENUE DAYS	NEWBORN USED	ACUTE DAYS (COL H MINUS NEWBORN USED)
Duke Regional Hospital	Durham	81,773	5,013	7,344	0	367	69,049	3,380	4,560	4,560	64,489
Duke University Medical Center	Durham	289,257	5,690	0	0	789	282,778	3,389	5,904	5,904	276,874

Note: DHSR staff reformatted the table to allow it to fit on a single page.