



# OVERVIEW OF OPERATING ROOM PETITIONS

2008-2016

# PETITION PROCESS

## Agency submits report to Acute Care Services Committee

- Planner prepares
- Consults with Section/Division

## Committee recommends to SHCC

- Approves or denies Agency recommendation
- In full or part

## SHCC recommends

- Approves or denies Committee recommendation
- In full or part
- Incorporated into SMFP

## Governor decides

- May change SHCC recommendation
- Recommendation not official until gubernatorial action

# TYPES OF PETITIONS

- Spring Petitions (n=10)
  - Policy
  - Methodology
  - Statewide impact
- Summer Petitions (25)
  - Adjustments to need determinations published in the Proposed SMFP (July 1)
  - Affect specific service area

# SPECIAL PURPOSE PETITIONS

- Single Specialty Ambulatory Surgical Facility Demonstration Project
  - Implemented in 2010 SMFP
  - 16 petitions regarding
    - Issues that led to need for demonstration
    - Development of criteria
    - Selection of service areas
  - SHCC has not approved any petitions submitted since criteria were established.
    - Demonstration will be evaluated fully after each of the 3 demonstration facilities have submitted 5 annual reports (summer of 2019).
- Dental Operating Room Demonstration Project
  - Implemented 2016 SMFP
  - 3 petitions
  - All CONs not yet issued

# FOUR PETITIONS ADDRESSED OR METHODOLOGY

- Two approved – recommendations incorporated into methodology
  - Classification of underutilized facilities
  - Rounding method for calculating need determination
- Two denied, but...
  - Service areas – issue raised led to methodology change that resulted in three-year cycle for review of service areas (based on Summer petition)
  - General overhaul of methodology – SHCC acknowledged need to review methodology

# EIGHT ADJUSTED NEED PETITIONS

Seven requested additional ORs

- Two approved
  - Randolph: 2008
  - Catawba: 2010
- Five denied
  - Wake [2]: 2010, 2012
  - Watauga: 2011
  - New Hanover: 2014
  - Catawba: 2016

One requested removal of OR need

- Approved
  - Rowan: 2010

# PETITION TO REMOVE NEED

- Rowan – 2010
  - Remove 1 OR
  - Utilization decreased
  - **Time per case is less than times used in OR methodology**

# APPROVED ADJUSTED NEED PETITIONS

## Randolph County, 2008

- Randolph Hospital: 3 ORs- Approved for 2
- Many residents go outside the county for surgery.
- Previous rounding in methodology disadvantaged the county. (There was no rounding based on number of ORs in service area; .50 was minimum deficit to trigger need.)
  - **Led to methodology enhancement**

## Catawba County, 2010

- Graystone Ophthalmology: 1 OR
- Demand and population increasing.
- “Underutilized” facility prevents need determination, but other facilities are at or near capacity.
  - Facility did not yet meet official definition to be excluded from methodology.



# DENIED ADJUSTED NEED PETITIONS

## Pediatric ORs – Wake County: 2010, 2012

- WakeMed.
  - 2010 - 4 ORs, 2012 - 2 ORs
- Different service/physical plant needs for pediatric patients.
- ORs will exceed capacity in 3 years.
- **Truven data used to support the petition could not identify whether procedures were performed in licensed ORs or in procedure rooms.**

## ORs for unique service area – Watauga County: 2011

- Boone Surgcare. 3 ORs in Watauga County to serve 6-county area (Ashe, Avery, Alleghany, Caldwell, Watauga, Wilkes)
- Growth of permanent and temporary population of region.
- Agency found a surplus of ORs in service areas listed in petition.

# DENIED ADJUSTED NEED PETITIONS (CONT'D.)

## New Hanover, 2014

- Wilmington Health. 2 ORs.
- Service area was very close to triggering need.
- 2 CON-approved ORs had just been completed.
- SHCC decided to wait and see utilization of the new 2 ORs before approving an increase in the number of ORs in the county.

## Catawba County, 2016

- Graystone Ophthalmology. 1 OR.
- Catawba County is regional hub for ambulatory surgery.
- SHCC found that considerable capacity exists in the county.