

# **Proposed Edits to CH 5 Acute Care Hospital Beds Narrative**

## **Acute Care Committee**

### **May 13, 2025**

The current narrative for “Chapter 5 Acute Care Hospital Beds” in the *State Medical Facilities Plan (SMFP)* contains inconsistent language regarding the calculation of acute care service areas. The Assumptions of the Methodology suggests using inpatient acute days of care (DOC) to determine service areas. Historically, acute care service areas were calculated using the most recent three years of DOC data. However, the Delineation of Service Areas sets forth a methodology that uses patient origin data.

Staff recommend the use of patient origin data for delineating service areas because it is consistent with the language in the delineation methodology. Similarly, patient origin data is utilized when calculating OR service areas. Staff also propose the following edits to the narrative. If approved, the edits will appear in the *Proposed 2026 SMFP*.

#### **Proposed Edits**

##### **Assumptions of the Methodology**

1. Target occupancies of hospitals should encourage efficiency of operation and are based on the midnight average daily census (ADC).
2. In determining utilization rates and ADC, the methodology counts only acute care bed DOC.
3. When a hospital receives a CON to increase or decrease acute care bed capacity, the planning inventory includes this change regardless of the licensure status of the beds.
4. Beginning with the 2011 SMFP, the Agency updates service areas every three years. ~~The updates use DOC by county of residence and county of service to delineate service areas. To update service areas, the Agency uses data on DOC~~ **patient origin data by county of residence and county of service** from the three most recent years of data **provided on License Renewal Applications** ~~available from the Sheps Center.~~

##### **Delineation of Service Areas**

The SMFP contains two types of acute care bed service areas: single county and multicounty. Counties with at least one licensed acute care hospital that are not grouped with another county are single county service areas. A multicounty service area is created under two conditions: 1) counties without a licensed acute care hospital are grouped with the single county where the largest proportion of its patients received inpatient acute care services; 2) if two counties with at least one licensed acute care hospital each provided inpatient acute care services to at least 35% of the residents of a county without a licensed acute care hospital, then the county without a licensed acute care hospital is grouped with both of the counties with a licensed acute care hospital.