

**Comments of Myra McGinnis
Regarding Special Need Petition of Hospice Cleveland County
Public Hearing on August 2, 2010**

DFS Health Planning
RECEIVED

AUG 02 2010

Medical Facilities
PLANNING SECTION

Good afternoon. I am Myra McGinnis, Executive Director of Hospice Cleveland County. I am here today in support of our Special Need Petition requesting an adjusted need determination of one hospice inpatient bed in the 2011 State Medical Facilities Plan.

I believe that background information on our organization's previous utilization of the Special Need Petition process will help support the rationale for this requested change. Hospice Cleveland County was one of the first hospices in North Carolina to be granted a Certificate of Need (CON) for a free-standing hospice house. This CON was awarded in 1994 for three inpatient beds and three residential beds. Our Wendover Hospice House opened in Shelby in 1996, and from 1997 through 2003 inpatient occupancy averaged 95%. A waiting list was established during this time and scores of people were denied admission each year due to insufficient bed capacity.

Our first opportunity to address this access problem occurred when the Proposed 2002 State Medical Facilities Plan (SMFP) identified a deficit of two hospice inpatient beds in Cleveland County. Because the two-bed deficit did not meet the methodology criteria of a six-bed deficit for an inpatient hospice house, there was no need determination for hospice inpatient beds in Cleveland County in the Plan. We then submitted a Special Need Petition for an adjusted need determination of two hospice inpatient beds in Cleveland County. The Petition was approved, and our subsequent CON was approved. In 2004, the Wendover Hospice House was expanded to five inpatient beds and nine residential beds—fourteen beds total, but even then not at the six-bed threshold for inpatient beds.

Even with the addition of these two inpatient beds, occupancy at the Wendover Hospice House soon approached and then exceeded levels experienced prior to the expansion. Once again, a waiting list was established and from 2006 through 2007, more than 130 people on the list were denied access to hospice house care and died elsewhere.

When the Proposed 2008 SMFP was issued, it indicated a deficit of four hospice inpatient beds in Cleveland County, which supported our actual experience. As in previous plans, the SMFP did not show a hospice inpatient bed need for Cleveland County because of the methodology requirement for a six-bed deficit. Once again, we submitted a Special Need Petition for an adjusted need determination. This second Special Need Petition was approved, and we then submitted a CON application for a hospice house in Kings Mountain to include four inpatient beds and four residential beds. A CON was awarded and the Kings Mountain Hospice House became operational in May 2010.

Our experience since opening the Kings Mountain Hospice House has mirrored our experience when the Wendover Hospice House was expanded, in that the need for inpatient care is exceeding the availability of beds. For the first three months of operation, Kings Mountain Hospice House inpatient occupancy has averaged 90%. During these same three months, Wendover Hospice House inpatient occupancy was 96%. We continue to maintain a waiting list and we triage daily to determine which patient has access to the next available bed. I must tell you how incredibly difficult it is to talk with family members who plead for the next available bed for their loved one.

The Proposed 2011 SMFP indicates a deficit of one hospice inpatient bed in Cleveland County. Our inpatient waiting list data substantiates the need for this one additional hospice inpatient bed. In 2009 and during the first four months of 2010—prior to the opening of the Kings Mountain Hospice House—an average of five people were on the waiting list for an inpatient bed on a typical day. Although this need has been partially addressed by the addition of four inpatient beds at the Kings Mountain Hospice House, a deficit of one hospice inpatient bed still exists.

While the addition of a single hospice inpatient bed may not seem worthwhile, we believe that this one bed will have a tremendous impact on our ability to serve people who otherwise would die in a hospital or skilled nursing facility. Our average length of stay data

for our inpatient beds indicates that an additional 33 people could be served each year in this single hospice inpatient bed. We strongly believe that adding the capacity to serve an additional 33 people each year is certainly worthwhile.

I'd also like to point out something unique and special about health care in Cleveland County. The Cleveland County HealthCare Enterprise is a group of local health care providers—Hospice Cleveland County included—committed to ensuring that the health care delivery continuum in our community is as seamless and as accessible as possible. These providers are strongly committed to referring patients to the most appropriate level of care, and they have played a significant role in the success of our hospice houses. They recognize hospice as the standard for end-of-life care, and they support hospice inpatient care as an important component in the continuum of care. In Cleveland County, the need for hospice inpatient care, the desire for hospice inpatient care, and the demand for hospice inpatient care will continue to grow.

As I noted previously, under the current hospice inpatient bed need methodology there is no mechanism for allocating additional hospice inpatient beds in Cleveland County until a deficit of six beds is reached. As we have done in the past, Hospice Cleveland County is again requesting a special need adjustment to allocate the one additional hospice inpatient bed identified in the Proposed 2011 SMFP so that hospice patients needing inpatient care can be treated in the most appropriate and cost effective setting possible.

We are asking that you acknowledge what the standard need methodology indicates—that there is a need for one additional hospice inpatient bed in Cleveland County—and include this bed in the 2011 State Medical Facilities Plan need determination at this time. This action will allow us to increase access to our high quality, cost effective, compassionate hospice inpatient care for everyone who has a need for it.

Thank you for your consideration.