



Strategic and Business Planning

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DFS Health Planning
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Medical Facilities
PLANNING SECTION

Lynn S. Pitman
Associate Vice President

William Wainwright, Chairman
State Health Coordinating Council
Division of Health Service Regulation
2714 Mail Service Center
Raleigh, NC 27699-214

RE: Comments Regarding Proposed Burn ICU Need Methodology

Dear Chairman Wainwright:

I would like to take this opportunity on behalf of Wake Forest Baptist Health (WFBH) to thank the SHCC and State Medical Facilities Planners for all their time and effort in advancing the State Medical Facilities Plan in order to promote access, quality and cost efficient healthcare services for all North Carolinians. It is important for hospitals, physicians and other providers to work with the State to provide the most accurate and credible data in all areas to ensure that appropriate planning takes place and that the healthcare needs of the citizens of North Carolina are met. I am respectfully submitting comments on the proposed methodology for the Burn ICU bed need.

WFBH is one of only five verified burn centers in the southeastern United States verified by the American Burn Association (ABA). Burn center verification is a joint program of the ABA and the American College of Surgeons (ACS) and to achieve verification, a burn center must meet the rigorous standards for organizational structure, personnel qualifications, facilities resources and medical care services set by the ABA. The WFBH Burn Center currently has eight beds in the burn ICU and 16 beds in the acute care unit, with two hydrotherapy areas for wound care, and a gym for therapy.

SMFP Proposed Burn ICU Bed Need Methodology

WFBH supports the proposed methodology based on days of care and a targeted 80% occupancy rate and would recommend Alternative One be approved, which compounds the 4 year average growth rate of 1.1092 over a one year period for a statewide need determination of eight incremental beds. This number of beds will be more than adequate to meet the State's population expected burn ICU needs, which are cyclical, by 2014 and to allow for operational efficiencies at the 80% occupancy level.

In addition, WFBH recommends that the State consider the addition of the three ICD9 diagnosis codes be counted towards burn ICU days in addition to DRGs 504-511. WFBH routinely has 25-30 discharges accounting for approximately 275 days placed on the burn ICU that are not accounted for in the North Carolina Licensure Renewal Application. The ICD9 diagnosis codes are provided below and represent serious skin conditions that require specialized care provided only in the Burn ICU environment:

ICD9 Code	Description
695.13	STEVENS-JOHNSON SYNDROME
695.15	TOXIC EPIDERM NECROLYSIS
728.86	NECROTIZING FASCIITIS

The addition of the aforementioned ICD9 diagnosis codes would reflect WFBH's true Burn ICU occupancy of 91% in FFY 2011 and result in a 4 year average growth rate of .0038 rather than .0047.

Finally, WFBH would strongly recommend the SHCC emphasize in the State Medical Facilities Plan that the statewide need determination only applies to healthcare facilities that are verified burn centers by the American Burn Association. As mentioned previously, to be verified by the ABA as a Burn Center, a healthcare facility must meet rigorous standards as outlined in the ABA "Resources for Optimal Care of the Injured Patient" document.

In conclusion, WFBH welcomes the opportunity to provide comments and recommends Alternative One of the Burn ICU need determination. Should further information be required, please do not hesitate to contact either myself or Dr. James Holmes, Medical Director of the WFBH Burn Center, and we will be glad to provide additional information. Thank you for the opportunity to voice our concerns through these comments.

Sincerely,



Lynn S. Pitman

Associate Vice President of Strategic and Business Planning
Wake Forest Baptist Health