

July 25, 2022

North Carolina State Health Coordinating Council  
c/o Healthcare Planning & Certificate of Need Section  
Division of Health Service Regulation  
2714 Mail Service Center  
Raleigh, NC 27699-2714

**Re: Cape Fear Valley Health System Petition to Include an Adjusted Need Determination for 20 Additional Acute Care Beds in the Cumberland County Service Area in the 2023 SMFP**

**I. Petitioner**

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**II. Requested Adjustment**

Cape Fear Valley Health System (CFVHS) is submitting this petition for an adjusted need determination to include 20 additional acute care beds in the Cumberland County service area in the 2023 SMFP.

Table 5A, Column L of the *Proposed 2023 State Medical Facilities Plan (SMFP)* shows a need for zero (0) acute care beds in the Cumberland County service area. While CFVHS fully supports the State Health Coordinating Council's (SHCC) acute care bed need methodology, we feel there are several factors at this time that necessitate the proposed adjusted need determination of 20 additional acute care beds for Cumberland County in the 2023 SMFP.

**III. Background**

Cape Fear Valley Medical Center (CFVMC) is the flagship hospital of the 8th largest healthcare system in North Carolina. Designated a Level III Trauma Center, CFVMC's ED is the busiest in North Carolina and one of the top 13 busiest in the nation. CFVMC specializes in heart care, cancer treatment, and surgical services. CFVMC also hosts a full-service Family Birth Center, as well as a Level-III and Level-IV Neonatal Intensive Care Unit (NICU). CFVMC is the healthcare provider of choice for hundreds of

thousands of families in the Cape Fear Region.

Table 5A, Column E of the Proposed 2023 SMFP identifies an adjustment for 65 previously approved acute care beds at CFVMC. Twenty (20) of the 65 acute care beds became operational in March 2022. The remaining 45 acute care beds are being developed on a new sixth floor being constructed on the existing CFVMC main campus bed tower.

Pursuant to the need determination in the 2022 SMFP, CFVMC received a CON to develop 29 additional acute care beds (Project I.D. M-12178-22). The 29 additional acute care beds are being developed on CFVMC’s main campus.

Upon completion of the previously approved CON projects in Fall 2024, CFVMC will be licensed for 618 acute care beds (including 44 NICU beds).

**IV. Reasons for Proposed Adjustment**

The proposed adjustment is needed to help address the increasing demand for acute care beds in Cumberland County. CFVMC has consistently operated its existing licensed acute care beds at a very high occupancy rate. Table 1 shows the historical utilization of licensed acute care beds at CFVMC as reported in CFVMC’s annual license renewal applications.

**Table 1: CFVMC Historical Acute Care Bed Utilization, FY2014-FY2021**

	<b>FY2014</b>	<b>FY2015</b>	<b>FY2016</b>	<b>FY2017</b>	<b>FY2018</b>	<b>FY2019</b>	<b>FY2020</b>	<b>FY2021</b>
Acute Care Discharges*	29,699	30,150	30,792	32,355	33,182	35,291	33,631	31,795
Patient Acute Care Days*	160,154	161,367	157,720	160,933	165,573	171,903	166,724	171,245
ADC^	442	447	429	446	446	454	449	469
Licensed Bed Capacity	490	490	501	516	524	524	524	524
SMFP Target Occupancy	78.0%	78.0%	78.0%	78.0%	78.0%	78.0%	78.0%	78.0%
<b>Occupancy of Licensed Beds^</b>	<b>89.5%</b>	<b>90.2%</b>	<b>86.0%</b>	<b>85.4%</b>	<b>86.6%</b>	<b>89.9%</b>	<b>86.9%</b>	<b>89.5%</b>

\*Excludes Normal Newborn, Psych, Rehab, Substance Abuse  
 ^ADC and occupancy rates during FY2016 & FY2020 based on 366 days  
 Source: 2015-2022 License Renewal Applications

The need for additional inpatient bed capacity is the result of year-over-year volume increases at CFVMC. Pre-COVID, CFVMC’s acute care discharges increased by 18.8% from FY2014-FY2019 or a compound annual growth rate (CAGR) of 3.5%. In response to ongoing capacity constraints, CFVMC has continuously obtained temporary bed capacity approvals pursuant to the Licensure Rule at 10A

Chapter 5 of the Proposed 2023 SMFP includes substantive changes from the previous year to include 1) exclusion of acute inpatient days of care provided in Level II, III, and IV NICU services and 2) application of a County Growth Rate Multiplier based on days of care for 2016-2019, i.e., pre-COVID days of care. Table 2 reflects CFVMC’s historical acute care utilization excluding acute inpatient days of care provided in Level II, III, and IV NICU services.

**Table 2: CFVMC Historical Acute Care Bed Utilization, FY2014-FY2021  
Excluding Level II, III, and IV NICU Services**

	<b>FY2014</b>	<b>FY2015</b>	<b>FY2016</b>	<b>FY2017</b>	<b>FY2018</b>	<b>FY2019</b>	<b>FY2020</b>	<b>FY2021</b>
Patient Acute Care Days*	147,603	149,640	144,520	150,835	150,835	154,085	153,619	161,257
ADC^	404	410	395	413	413	422	420	442
Licensed Bed Capacity Excluding NICU Beds	446	446	457	472	480	480	480	480
SMFP Target Occupancy	78.0%	78.0%	78.0%	78.0%	78.0%	78.0%	78.0%	78.0%
<b>Occupancy of Licensed Beds^</b>	<b>90.7%</b>	<b>91.9%</b>	<b>86.6%</b>	<b>87.6%</b>	<b>86.1%</b>	<b>87.9%</b>	<b>87.7%</b>	<b>92.0%</b>

\*Excludes Normal Newborn, NICU Level II, III, IV, Psych, Rehab, Substance Abuse

^ADC and occupancy rates during FY2016 & FY2020 based on 366 days

Source: 2015-2022 License Renewal Applications

Table 2 shows that CFVMC’s historical occupancy rate excluding acute days of care provided in Level II, III, and IV NICU services is comparable to or higher than its annual occupancy rates summarized in Table 1. CFVMC has consistently operated its existing licensed acute care beds at well over the target planning occupancy levels for hospitals with ADCs > 400.

The data portrayed in Table 1 and Table 2 reflects acute inpatient days of care reported in CFVMC’s annual license renewal applications. Chapter 5 of the Proposed 2023 SMFP utilizes acute inpatient days of care provided by the Hospital Industry Data Institute (HIDI). CFVMC supports the use of HIDI data in the acute care bed methodology; however, the difference between CFVMC’s acute inpatient days of care reported in its license renewal applications compared to the inpatient days of care data reported by HIDI has a notable impact on CFVMC’s projected acute care bed need.

Table 3 compares CFVMC’s FY2021 acute inpatient days of care excluding acute days of care provided in Level II, III, and IV NICU services reported by HIDI and by CFVMC in its 2022 license renewal application.

**Table 3: CFVMC Acute Inpatient Days of Care, FY2021  
Excluding Level II, III, and IV NICU Services**

	HIDI	Licensure	Discrepancy %	Discrepancy Days HIDI vs. Licensure
Acute IP DOC	156,470	161,257	3.1%	-4,787

Source: Proposed 2023 SMFP & 2022 License Renewal Application

CFVMC identified a discrepancy rate of 3.1% when comparing HIDI data to CFVMC licensure data.

Each year during the development of the Proposed SMFP, the acute care committee performs a comparison of HIDI and licensure acute care days to ascertain the number and percent difference of acute care days between the two data sources. Facilities with a discrepancy rate greater than five percent (5%) are included in a “HIDI/Licensure Acute Care Days Draft Data Discrepancy Report.”<sup>1</sup> CFVMC was not included in the FY2021 data report because its discrepancy rate is 3.1%, which is below the 5% threshold. However, CFVMC would note that a 3.1% discrepancy rate for a 500+ bed facility with a high occupancy rate results in a substantial number of acute inpatient days of care. Specifically, CFVMC’s 3.1% discrepancy rate equates to the difference of 4,787 acute inpatient days of care being excluded from the acute care bed methodology.

CFVMC spent a considerable amount of time endeavoring to reconcile the discrepancy between its FY2021 HIDI and licensure data. Table 4 summarizes CFVMC’s review of FY2021 HIDI and licensure data, respectively.

**Table 4: Comparison of CFVMC HIDI and Licensure FY2021 Data**

Row	FY2021 Acute Days of Care	HIDI	LRA	Discrepancy %	Discrepancy Days HIDI vs. LRA
A.	Total Patient Days (all inpatient services)	196,839	200,376	-1.8%	-3,537
B.	Inpatient Psych Days	4,366	5,545	-21.3%	-1,179
C.	Inpatient Rehab Days	14,173	13,957	1.5%	216
D.	Substance Abuse Days	0	542	-100.0%	-542
E.	Unknown	2,726	0	100.0%	2,726
F.	Normal Newborn Days	9,067	9,087	-0.2%	-20
G.	NICU II, III, IV Days	10,037	9,988	0.5%	49
H.	Subtotal: Services Excluded from SMFP Methodology (Rows B-G)	40,369	39,119	3.2%	1,250
I.	<b>Acute IP Days of Care</b>	<b>156,470</b>	<b>161,257</b>	<b>-3.0%</b>	<b>-4,787</b>

Source: HIDI, CFVMC 2022 License Renewal Application, CFVMC internal data

<sup>1</sup> [https://info.ncdhhs.gov/dhsr/mfp/pdf/2022/acsc/03\\_HIDI\\_LRADiscrepancyReport.pdf](https://info.ncdhhs.gov/dhsr/mfp/pdf/2022/acsc/03_HIDI_LRADiscrepancyReport.pdf)

The difference between CFVMC’s HIDI vs. licensure days does not appear to be driven by the exclusion of Level II, III, and IV NICU Services. Rather, CFVMC notes that HIDI data reports 1) fewer total inpatient days of care (Row A) and 2) 2,726 “unknown” days of care (Row E), which are excluded from the total acute inpatient days of care that are included in Table 5A: Acute Care Bed Need Projections.<sup>2</sup> The combination of these two factors ultimately results in 4,787 acute inpatient days of care being excluded from the acute care bed methodology (compared to CFVMC’s FY2021 licensure data).

Table 5 summarizes the acute care bed methodology per the Proposed 2023 SMFP and the projected bed need in Cumberland County based on FY2021 HIDI data.

**Table 5: Proposed 2023 SMFP Bed Need Projection, CFVMC**

Licensed Acute Care Beds as of 7/1/22	NICU Beds as of 7/1/22	Licensed Beds excl. NICU	Adjustments for Previous CONS*	Total Existing & Approved Beds excl. NICU	2021 IP Days of Care excl. NICU	Growth Rate Multiplier	2025 IP Days of Care excl. NICU	2025 ADC	2025 Beds Adjusted for Target Occ.	(Surplus)/ Deficit
544	44	500	74	574	156,470	1.0162	166,864	457	585	12

\*Includes 45 acute care beds pursuant to Project I.D. No. M-8689-11 and 29 acute care beds pursuant to Project I.D. M-12178-22  
 Source: Table 5A: Acute Care Bed Need Projections, Proposed 2023 SMFP

Based on FY2021 HIDI data, the Proposed 2023 projects a need for 12 additional beds in Cumberland County; however, the threshold for acute care bed need determinations is 20 beds, thus, no need determination is triggered for Cumberland County.

Table 6 summarizes the acute care bed methodology per the Proposed 2023 SMFP and the projected bed need in Cumberland County based on FY2021 licensure data.

**Table 6: Proposed 2023 SMFP Bed Need Projection, CFVMC**

Licensed Acute Care Beds as of 7/1/22	NICU Beds as of 7/1/22	Licensed Beds excl. NICU	Adjustments for Previous CONS*	Total Existing & Approved Beds excl. NICU	2021 IP Days of Care excl. NICU	Growth Rate Multiplier	2025 IP Days of Care excl. NICU	2025 ADC	2025 Beds Adjusted for Target Occ.	(Surplus)/ Deficit
544	44	500	74	574	161,257	1.0162	171,963	471	604	30

\*Includes 45 acute care beds pursuant to Project I.D. No. M-8689-11 and 29 acute care beds pursuant to Project I.D. M-12178-22  
 Source: Table 5A: Acute Care Bed Need Projections, Proposed 2023 SMFP

Based on FY2021 licensure data, the acute care bed methodology projects a need for 30 additional

<sup>2</sup> CFVMC was unable to determine the rationale for HIDI’s categorization of “Unknown” days of care. For information purposes, Attachment A includes a detailed summary of CFVMC’s FY2021 days of care by facility location that coincides with licensure data.

beds in Cumberland County. In light of the discrepancy between its HIDI and licensure days of care, CFVHS respectfully requests an adjustment be made to the Proposed 2023 SMFP to include a need determination for 20 additional acute care beds in Cumberland County. The requested adjustment is 1) conservative compared to the projected bed need based on FY2021 licensure data, 2) an approximate average of the projected bed need reflected in Table 5 and Table 6 (above), and 3) consistent with the threshold for acute care bed need determinations per the standard methodology.

CFVHS provides the following additional information to support the requested adjusted bed need determination.

#### *Acute Care Beds Under Development*

For the past 10 years, the Division of Health Service Regulation has continually granted approval for a 60-day temporary increase for CFVMC to temporarily increase its licensed bed capacity by 10 percent, which presently equates to 54 acute care beds.<sup>3</sup>

Table 5A, Column E of the Proposed 2023 SMFP identifies an adjustment for 65 previously approved acute care beds at CFVMC. Twenty (20) of the 65 acute care beds became licensed and operational in March 2022. The remaining 45 acute care beds are being developed on a new sixth floor being constructed on the existing CFVMC main campus bed tower.

Pursuant to the need determination in the 2022 SMFP, CFVMC received a CON to develop 29 additional acute care beds (Project I.D. #M-12178-22). The 29 additional acute care beds are being developed on CFVMC's main campus. Upon completion of the previously approved CON projects, CFVMC will be licensed for 618 acute care beds (including 44 NICU beds).

Based on CFVH's utilization projections in the recently approved acute bed CON application, CFVMC is projected to operate over 83% occupancy shortly after the remaining 74 approved acute care beds (45 + 29) become operational.<sup>4</sup> Therefore, despite the development of incremental approved acute care bed capacity, CFVMC will continue to operate at high occupancy rates. Thus, the requested adjustment of 20 additional acute care beds will help address the increasing demand for acute care beds in the Cumberland County service area.

#### *Emergency Department Utilization*

The need for additional acute care bed capacity is also supported by CFVMC's ED utilization. Designated a Level III Trauma Center, CFVMC's ED is the busiest in North Carolina, one of the top 13 busiest in the nation, and treats 95k adult and 35k pediatric cases annually. CFVMC Emergency Department visits are shown in the following table.

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<sup>3</sup> N.C.G.S 131E-83

<sup>4</sup> Project I.D. M-12178-22, Form C.1b

**Table 7: Cape Fear Valley Medical Center  
Emergency Department Utilization**

	FY2014	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021
ED Visits	131,904	129,352	129,447	130,082	131,335	143,229	126,144	119,771
ED Admits	23,423	23,352	21,981	23,125	24,207	24,420	23,284	21,214
<i>Percent Admitted</i>	<i>17.8%</i>	<i>18.1%</i>	<i>17.0%</i>	<i>17.8%</i>	<i>18.4%</i>	<i>17.0%</i>	<i>18.5%</i>	<i>17.7%</i>

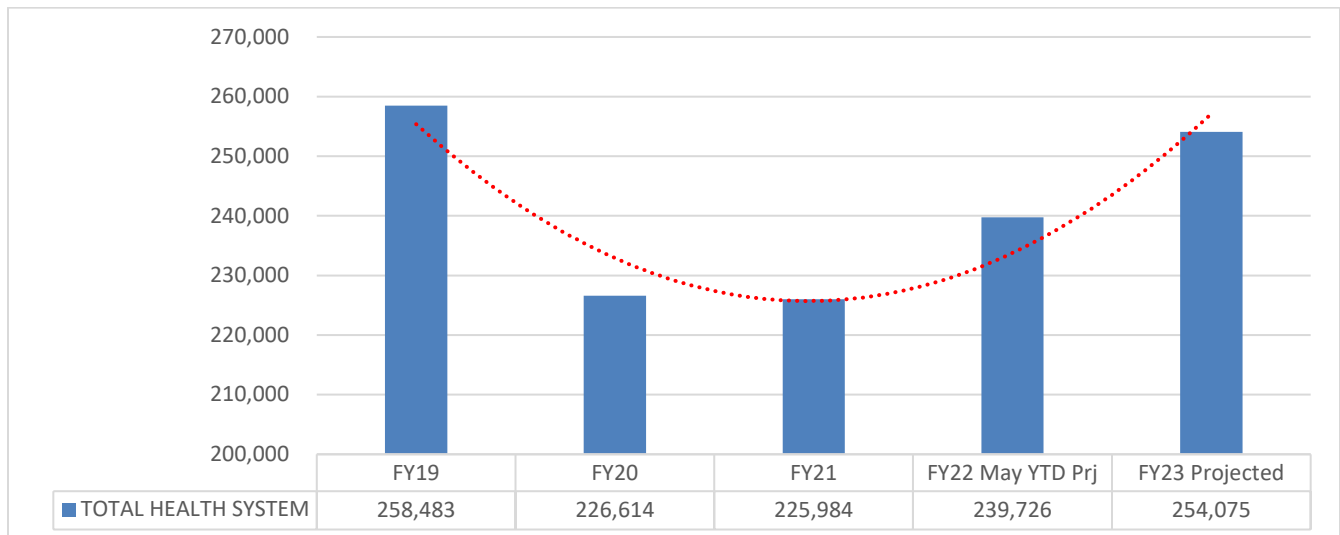
Source: CFVMC License Renewal Applications

Note FY2020 & FY2021 ED utilization was impacted by the COVID-19 pandemic

The previous table demonstrates robust utilization in emergency department visits from FY2014 through FY2019. FY2019 was the busiest year on record in the Emergency Department at CFVMC. FY2020 emergency department visits were impacted by the Stay At Home mandate (Executive Order No. 121) ordered by North Carolina’s Governor. The Stay At Home Order was intended to mitigate the community spread of COVID-19 and reduce the burden on the state’s health care providers and facilities. CFVMC notes there was also a decrease in trauma patient volume during FY2020 & FY2021 as a result of social distancing and decreased travel. In FY2021, the number of patients admitted to acute care beds from the Emergency Department reflected approximately 18% of total Emergency Department patients. Patients have experienced delays in admission because of the high utilization of acute care beds at CFVMC.

CFVHS has observed an increase in its systemwide ED utilization during FY2022, which signals a return to pre-COVID ED utilization trends. The following graph illustrates ED visits across the facilities in the health system.

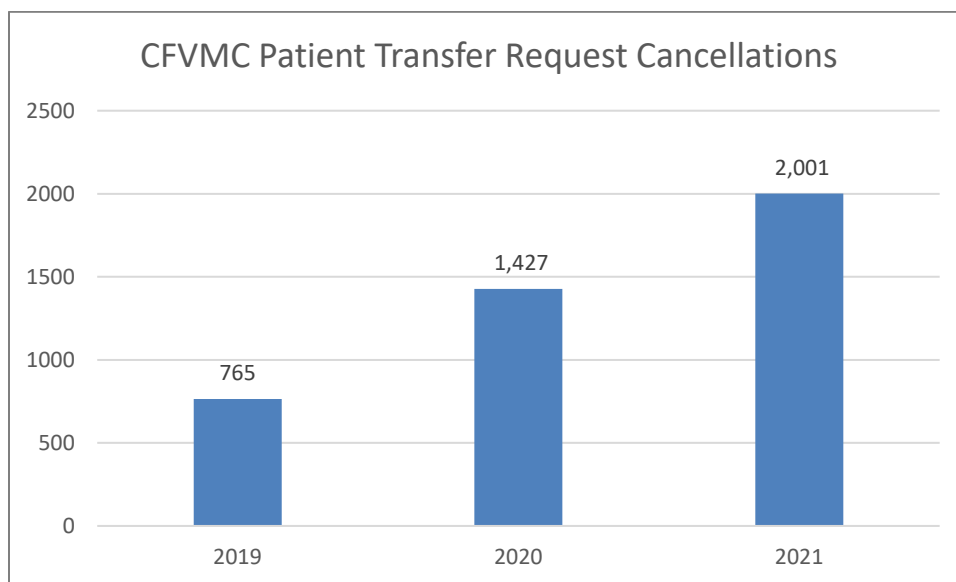
**Graphic 1: CFVHS Emergency Department Utilization**



As ED visits return to pre-COVID utilization trends, CFVHS expects the number of inpatient admissions to further increase. Therefore, the increased utilization of emergency services at CFVMC supports CFVHS's request for an adjusted need determination.

### *Patient Transfers*

Pre- and post-COVID, CFVMC has managed extremely high occupancy rates. At its highest peak during FY2019, CFVMC patient census reached 93 percent. CFVMC's occupancy rate excluding OB/GYN and NICU days was over 100 percent. CFVMC has mitigated similarly high occupancy rates during the pandemic. During FY2021, CFVMC operated above 91 percent occupancy during November 2020, July, August, and September 2021. When census peaks at such high volumes, CFVMC is restricted in the number of new patients it can admit. Consequently, the number of patient transfer cancellations has dramatically increased in recent years. Please see the following graphic summarizing the number of patient transfer requests to CFVMC that were canceled during FY2019-FY2021.



As previously described, despite the development of incremental approved acute care bed capacity, CFVMC will continue to operate at high occupancy rates. Thus, the requested adjustment of 20 additional acute care beds will help address the increasing demand for acute care beds in the Cumberland County service area.

### *Residency Program*

Teaching hospitals deliver state-of-the-art medical care under complex conditions and are committed to educational activities in the health professions. As a teaching hospital and burgeoning center for medical research, CFVMC is Caring for the Future. The Campbell University Jerry M. Wallace School of Osteopathic Medicine enrolled its inaugural class in August 2013 and CFVMC admitted a total of 32 residents in five residency programs from Campbell in July 2017. Today the



residency program at CFVMC has grown to include more than 200 doctors training in numerous program areas, including Traditional Rotating Internship, Cardiology, Emergency Medicine, Internal Medicine, OB/GYN, Pediatrics, Psychiatry, Orthopedics, Podiatry, and Surgery. More than half of eligible residents have committed to work at CFVHS upon completion of their residency.

In January 2021, CFVHS broke ground on a state-of-the-art education and research center for medical residency programs that will benefit medical students for generations to come. The Center for Medical Education & Research and Neuroscience Institute will span five floors and 120,000 square feet and will include lecture halls, classrooms, and simulation labs to provide resident medical students with hands-on, applied learning with sophisticated technology. The facility is expected to open in the summer of 2022. The new Center for Medical Education allows CFVMC to expand to its full educational capacity, thus, the residency program is poised to bring hundreds of new doctors to the region in the next decade.

In April 2022, Drexel University's College of Medicine announced CFVHS as a new regional medical campus option for students, starting in May 2022. Through an affiliation agreement, Drexel medical students will have the opportunity to select CFVHS for their required clinical rotations in the third and fourth years of their education. This collaboration provides a valuable setting for medical students to treat diverse patient populations and consider CFVHS as a destination to pursue their future careers in medicine. CFVHS's affiliation with Drexel University is expected to draw additional physicians to the health system, which will further support the ongoing demand for acute care services at CFVMC.

In summary, the proposed adjustment will ensure the availability of sufficient acute care bed capacity in the near and long term.

#### **V. Adverse Effect if Petition is Not Approved**

If the petition is not approved, CFVHS will not have the opportunity to apply for additional acute care beds in 2023. Thus, the adverse effect of not approving the petition is delaying the opportunity to develop needed incremental capacity in Cumberland County. Without sufficient acute care bed capacity, CFVMC will not be able to provide the level of services necessary to respond to the robust growth and demand for its inpatient services. CFVMC has experienced a continual increase in patient discharges and days of care and currently operates well over 85 percent occupancy. CFVMC's emergency room treats more than 11,000 patients each month of which approximately 18 percent are admitted. The continued high utilization of acute care beds has delayed admissions from the emergency department, resulting in backlogs in the ED and delays for inpatient admissions. As the flagship facility for CFVHS and a designated Rural Referral Center, it is imperative that CFVMC maintain sufficient acute care bed capacity to ensure adequate geographic access for the region.

## **VI. Alternatives**

The only alternative CFVHS considered was not filing a petition for adjusted need determination. However, as discussed above, there are adverse effects associated with this alternative.

## **VII. Duplication of Health Resources**

CFVMC is the only acute care hospital located in the Cumberland Service Area and serves as a referral center for surrounding counties. Because of CFVMC's unique situation, there will not be a duplication of services. Duplication of services suggests there would be an excess of services within the market. The data and the narrative previously provided demonstrate that up to 30 additional acute care beds are needed in Cumberland County (based on FY2021 licensure data). CFVHS is conservatively requesting an adjusted need determination of only 20 acute care beds in Cumberland County.

## **VIII. Consistency with SMFP Basic Principles**

The petition is consistent with the provisions of the Basic Principles of the State Medical Facilities Plan.

### **Safety and Quality Basic Principle**

The State of North Carolina recognizes the importance of systematic and ongoing improvement in the quality of health services. Providing care in a timely manner is a key component of assuring safety and quality care to the citizens of Cumberland Service Area and surrounding communities. Emerging measures of quality address both favorable clinical outcomes and patient satisfaction, while safety measures focus on the elimination of practices that contribute to avoidable injury or death and the adoption of practices that promote and ensure safety. Providing appropriate care in the appropriate setting works to assure quality care. CFVMC participates in a variety of nationally recognized metrics addressing these criteria, including programs at both the federal and state levels.

CFVMC has been nationally recognized by:

- Healthgrades as a Top 100 Hospital for Cardiac Care and Coronary Intervention
- IBM Watson as a Top 50 Cardiovascular Hospital
- North Carolina-Designated Level Three Trauma Designation
- The Joint Commission: Disease Specific Certification in Hip Replacement Surgery (Cape Fear Valley Medical Center and Hoke Hospital)
- The Joint Commission: Disease Specific Certification in Knee Replacement Surgery (Cape Fear Valley Medical Center and Hoke Hospital)
- The Joint Commission: Disease Specific Certification in Heart Failure
- The Joint Commission: Disease Specific Certification in Advanced Stroke
- The Joint Commission: Disease Specific Certification in AMI: Acute Myocardial Infarction

- The Joint Commission: Disease Specific Certification in Pneumonia (Cape Fear Valley Medical Center and Bladen County Hospital)
- The Joint Commission: Disease Specific Certification in Advanced Perinatal Care
- The Joint Commission: Disease Specific Certification in Sepsis (Cape Fear Valley Medical Center and Bladen County Hospital)
- The Joint Commission: Disease Specific Certification in Wound Care (Highsmith-Rainey Specialty Hospital)
- The Joint Commission: Disease Specific Certification in Chest Pain (Hoke Hospital)
- The Joint Commission: Disease Specific Certification in Acute Stroke Ready (Hoke Hospital)
- American College of Cardiology: Chest Pain Center Accreditation
- American College of Surgeons National Accreditation Program for Bariatric Surgery: Comprehensive Center
- American College of Surgeons Commission on Cancer: Cancer Center Accreditation
- American College of Surgeons National Accreditation Program for Breast Centers: Breast Care Center Accreditation
- Commission on Accreditation of Ambulance Services: EMS

The proposed adjusted need determination for Cumberland Service Area is consistent with this basic principle as it will result in the continued provision of care in an appropriate setting in a timely manner.

### **Access Basic Principle**

Equitable access to timely, clinically appropriate, and high-quality health care for all the people of North Carolina is a foundation principle for the formulation and application of the North Carolina State Medical Facilities Plan. The formulation and implementation of the North Carolina State Medical Facilities Plan seeks to reduce all these types of barriers to timely and appropriate access. The first priority is to ameliorate economic barriers and the second priority is to mitigate time and distance barriers. The SMFP is developed annually as a mechanism to assure the availability of necessary healthcare services to a population. The proposed adjustment will not negatively impact access to inpatient services for residents of Cumberland County as previously discussed.

The impact of economic barriers is twofold. First, individuals without insurance, with insufficient insurance, or without sufficient funds to purchase healthcare will often require public funding to support access to regulated services. CFVMC has long been recognized as the safety net for patients regardless of income or insurance in south-central North Carolina. As the tertiary provider for south-central North Carolina, CFVMC has no barriers to care for the uninsured and the underinsured.

### **Value Basic Principle**

The SHCC defines health care value as maximum health care benefit per dollar expended. The disparity between demand growth and funding constraints for health care services increases the need for affordability and value in health services. Measurement of the cost component of the value equation is often easier than measurement of benefit. Cost per unit of service is an appropriate metric when comparing providers of like services for like populations. The cost basis for some

providers such as CFVMC, one of the top ten providers of inpatient Medicaid days in North Carolina, may be inflated by disproportionate care to indigent and underfunded patients.

Measurement of benefit is more challenging. Standardized safety and quality measures, when available, can be important factors in achieving improved value in the provision of health services. CFVMC participates in a variety of benchmark programs to compare the use of inpatient and outpatient resources to other large tertiary hospitals. CFVMC uses this information to improve processes and decrease costs wherever possible.

## **IX. Summary**

For all these reasons, CFVHS believes that including a need determination for 20 additional acute care beds in Cumberland County in the *Proposed 2023 SMFP* is the most reasonable health planning option at this time. CFVHS specifically requests that the State Health Coordinating Council:

**Adjust Table 5B: Include a Need Determination for 20 Acute Care Bed Needs for the Cumberland Service Area in the *Proposed 2022 State Medical Facilities Plan (SMFP)*.**

Thank you for your consideration of this Petition.

**Attachment A**

**CFVMC FY2021 Acute Days of Care Reported in 2022 License Renewal Application**

## Attachment A: CFVMC Acute Days of Care Reported on 2022 LRA

Location	Medical Specialty	Actual FY21 Acute Patient Days per 2022 CFVMC LRA
6South - Med Onc	Oncology	9,710
4South Medical	Med/Surg	8,809
5South - Complex Med	Med/Surg	10,399
3North Nephrology	Med/Surg	6,758
7South - Surgical	Orthopedics	9,728
3South - Med/Tele	Med/Surg	11,875
2South - Med/Tele	Med/Surg	11,762
3VPN Surgical	Med/Surg	6,747
4VPN Womens Unit	Gynecology	3,193
1 West Adult Care	Med/Surg	4,680
1North	Med/Surg	10,485
1 VPS	Med/Surg	8,524
2 North	Med/Surg	4,218
2 Pav CPCU	Med/Surg	2,413
CVRU	Med/Surg	0
FCCU - 4VPS	Obstetrics	8,356
LDRP	Obstetrics	3,145
5 North Pediatrics	Pediatrics	1,914
PICU	Pediatric ICU	814
ICU	Med Surg/ICU	9,743
CSICU	Cardiovascular Surgery ICU	3,629
8 South	Med/Surg	10,944
3 VPS	Med Surg/ICU	8,205
NICU	NICU Level IV	4,956
INTU	NICU Level III	5,032
Adult/PEDs ED	Med/Surg	5,206
<b>Total Acute Days per 2022 CFVMC LRA</b>		<b>171,245</b>