



Medical Facilities Planning

Acute Care Services Committee Draft Minutes

September 18, 2012

10:00 a.m.

Brown Bldg. Room 104

Members Present: Dr. Sandra Greene, Bill Bedsole, Greg Beier, Dr. Don Bradley, Michael Nagowski, John Young
Members Absent: Dr. Leslie Marshall, Dr. Brenda Latham-Sadler, Dr. Prashant Patel
MFPB Staff Present: Nadine Pfeiffer, Carol Potter, Shelley Carraway, Kelli Fisk
DHSR Staff Present: Craig Smith, Martha Frisone, Cheryl Ouimet
AG's Office: Bethany Burgon

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Welcome & Introductions	Dr. Sandra Greene welcomed members, staff and visitors to the meeting. She acknowledged that the meeting was open to the public; however, discussions, deliberations and recommendations would be limited to members of the Acute Care Services Committee and staff.		
Review of Executive Orders No. 10 and 67 Ethical Standards for the State Health Coordinating Council	Dr. Greene reviewed Executive Orders 10 and 67 Ethical Standards for the State Health Coordinating Council (SHCC) with committee members and explained procedures to observe before taking action at the meeting. Each member of the committee commented on his or her professional and institutional interests. Mr. Nagowski stated he would recuse from voting on the Cape Fear Valley Health System petition and Mr. Bedsole stated he would recuse from voting on the WakeMed Health & Hospitals pediatric operating rooms petition.		Recusals by Mr. Nagowski regarding the Cape Fear Valley Health Systems petition and Mr. Bedsole regarding the WakeMed Health & Hospitals petition
Approval of 5/8/2012 Minutes	A motion was made to approve the May 8, 2012 minutes.	Dr. Bradley	Minutes approved
Acute Care Hospital Beds – Chapter 5	Dr. Greene asked Carol Potter to review actions taken by hospitals identified as having greater than ± 5 percent discrepancy between their 2011 Truven Health Analytics (“Truven”) and Division of Health Service Regulation Hospital License Renewal Application (“Licensure”) acute care days of care data. Ten hospitals resubmitted their Truven data, four hospitals corrected their Licensure data and one hospital resubmitted both Truven and Licensure data. Seven other		

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	hospitals were unable to submit new data and two hospitals' refreshed data still exceeded the $\pm$ five percent discrepancy criterion. It appeared that further attempts to reconcile the data would not change the determination of no need for new beds in any of the affected service areas. The committee asked staff to place a note in the 2013 State Medical Facilities Plan (SMPF) for hospitals that could not reconcile the two data sources beyond $\pm$ 5 percent. Dr. Potter presented draft Table 5A using refreshed Truven data, which did not change acute care bed need determinations shown in the 2013 Proposed SMFP. The standard methodology resulted in need for one bed in Bertie County, 119 beds in Cumberland-Hoke, 40 beds in Mecklenburg, and 24 beds in Pitt-Greene-Hyde service areas for a total of 184 additional beds needed statewide. <u>Petitioner: Cape Fear Valley Health System</u> Requested to reduce the need determination for acute care beds in the Cumberland-Hoke service area from 119 to zero in the 2013 SMFP. Dr. Potter reviewed the petition and agency report, which recommended approval of the petition. Discussion included concerns about the amount of bed need generated by the methodology (119 beds), long-term implications of not following the methodology, and the precedent set by considering bed surpluses outside the service area. Positive aspects of approving the petition focused on the potential impact of the two new hospitals approved for Hoke County, benefits of seeing if high bed utilization rates continued, and the likelihood that need for additional beds would occur in next year's Plan. <u>Committee Recommendation:</u> A motion was made and seconded to approve the petition to decrease the need determination for acute care beds in the Cumberland-Hoke service area from 119 to zero. Committee members requested additional discussion of the petition at the 10/3/2012 SHCC meeting. <u>Petitioner: Vidant Medical Center.</u> Requested to reduce the need determination for acute care beds in the Pitt-Greene-Hyde service area from 24 to zero beds in the 2013 SMFP. Dr. Potter	Dr. Bradley Mr. Bedsole	Motion carried with a vote 3-2 Mr. Nagowski recused from voting

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	reviewed the petition and agency report, which recommended approval of the petition without changing the calculation of the average growth rate. Committee members acknowledged the impact of bringing a large number of beds into operation at once on utilization and growth rates. <u>Committee Recommendation:</u> A motion was made and seconded to approve the petition to change the acute care bed need in Pitt-Greene-Hyde from 24 beds to zero beds and not change the calculations. In light of issues raised by the two petitions, a motion was made and seconded to recommend a workgroup to review the acute care bed need methodology, particularly the impact of bringing new beds into operation. The workgroup would report back to the SHCC in early 2014 with specific recommendations. A motion was made and seconded to forward the Acute Care Hospital Beds Chapter 5, with approved changes, to the SHCC.	Dr. Bradley Mr. Beier Mr. Beier Mr. Nagowski Mr. Beier Dr. Bradley	Motion approved Motion approved Motion approved
Operating Rooms – Chapter 6	Dr. Greene informed the committee that there were no changes in need for operating rooms (ORs). The standard methodology resulted in need for one OR in Dare County and no need for ORs anywhere else in the state. Dr. Greene provided an update about using Truven data instead of Licensure data in the OR need methodology. The North Carolina Hospital Association hosted a meeting of representatives from several hospitals to discuss their efforts to reconcile the Truven and Licensure data. Dr. Greene reported that the dialogue was positive and insightful, and that a workgroup was not necessary. <u>Petitioner: Blue Ridge Bone & Joint Clinic</u> Requested to include a demonstration project for a single-specialty, two-operating room ambulatory surgical facility in the Buncombe-Madison-Yancey operating room service area in the 2013 SMFP. Dr. Potter reviewed the petition and agency report, which recommended denial of the petition. The committee discussed the petition and its continued support for the Single Specialty Ambulatory Surgery Facility Demonstration Project criteria. The three project		

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	facilities have received certificates of need, and one facility became licensed to operate in February 2012. The committee concluded that evaluation of existing project sites should occur before consideration of additional sites. <u>Committee Recommendation:</u> A motion was made and seconded to deny the petition. <u>Petitioner: WakeMed Health & Hospitals</u> Requested to include two dedicated pediatric operating rooms in Wake County in the 2013 SMFP. Dr. Potter reviewed the petition and agency report, which recommended denial of the petition. Discussion included a brief review of the work done by the Pediatric Operating Room workgroup in 2011. Concern was raised that WakeMed had followed through with an adjusted needs petition as suggested by the committee in 2011, but the petition process did not appear to be successful in gaining dedicated pediatric ORs for Wake County. Further discussion focused on other North Carolina hospitals that have managed to designate pediatric ORs from among their existing inventory. The request to include pediatric ORs in the SMFP has come only from one hospital. In addition, members noted that the volume of pediatric surgical cases declined over the past several years, as shown in data provided by the petitioner. <u>Committee Recommendation:</u> A motion was made and seconded to deny the petition. A motion was made and seconded to forward Chapter 6, Operating Rooms with approved changes, to the SHCC.	Mr. Beier Mr. Nagowski Mr. Young Dr. Bradley Mr. Nagowski Mr. Beier	Motion approved Motion approved Mr. Bedsole recused from voting. Motion approved

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Other Acute Care Services - Chapter 7	Since the Proposed 2013 SMFP, there were no changes in the determination of no need for additional open-heart surgery services, burn intensive care services or transplantation services anywhere in the state. Over the summer, the committee received no petitions or comments for Chapter 7. <u>Committee Recommendation:</u> A motion was made and seconded to forward Chapter 7, Other Acute Care Services to the SHCC.	Mr. Young Mr. Nagowski	Motion approved
Inpatient Rehabilitation Services – Chapter 8	Since the Proposed 2013 SMFP, there were no changes in the determination of no need for additional inpatient rehabilitation services anywhere in the state. Over the summer, the committee received no petitions or comments for Chapter 7. <u>Committee Recommendation:</u> A motion was made and seconded to forward Chapter 8, Inpatient Rehabilitation Services to the SHCC.	Dr. Bradley Mr. Nagowski	Motion approved
Other Business	<u>Committee Recommendation:</u> A motion was made and seconded to authorize staff to update tables and narratives as indicated. Dr. Greene reviewed the upcoming Acute Care Services Committee meeting dates for next year: ◆ Wednesday, April 10, 2013, 10:00 am ◆ Wednesday, May 8, 2013, 10:00 am ◆ Wednesday, September 18, 2013, 10:00 am Dr. Greene reminded everyone that the SHCC meeting would be held October 3, 2012 at 10:00 a.m. in Conference Room 104 of the Brown Building.	Mr. Young Mr. Beier	Motion approved
Adjournment	There being no further business, Dr. Greene adjourned the meeting.		