



Medical Facilities Planning Branch

Acute Care Services Committee Minutes - Draft

September 17, 2014

10:00 a.m.

Brown Bldg. Room 104

Members Present: Dr. Sandra Greene, Christina Apperson, Dr. Robert McBride, Stephen Lawler, Dr. Karl Pete, Dr. Christopher Ullrich
Members Absent: Dr. Mark Ellis, Representative Donny Lambeth, Kenneth Lewis
MFPB Staff Present: Paige Bennett, Elizabeth Brown, Amy Craddock, Kelli Fisk, Nadine Pfeiffer, Tom Dickson
DHSR Staff Present: Drexdal Pratt, Patsy Christian, Martha Frisone, Lisa Pittman
AG's Office: Jill Bryan

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Welcome & Introductions	Dr. 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 Order No. 46 Ethical Standards for the State Health Coordinating Council	Dr. Greene reviewed Executive Order No. 46 Reauthorizing 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.		
Approval of May 9, 2014 Minutes	A motion was made and seconded to approve the May 9, 2014 minutes.	Mr. Lawler Dr. Pete	Minutes approved
Acute Care Hospital Beds – Chapter 5	Dr. Greene asked Paige Bennett to review actions taken by hospitals identified as having greater than ± 5 percent discrepancy between their 2013 Truven Health Analytics (“Truven”) and Division of Health Service Regulation Hospital License Renewal Application (“Licensure”) acute care days of care data. Ms. Bennett stated there were 28 facilities on the list in the spring and there was 15 total on the report now. Ms. Bennett noted one facility was recently added and six facilities made changes to their data, but were still greater than or less than 5%. Six hospitals were on last year’s final report in 2013.		

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	The committee voted at the last Acute Care Services Committee meeting to take out the need determination of 28 beds in Stokes, since the facility located in this service area was on the Truven- LRA discrepancy list. The need has disappeared for this county due to corrections made in the data, but this facility remains on the discrepancy list. <u>Petitioner: Cape Fear Valley Health System</u> Request: Cape Fear Valley Health System requests that the need determination in Table 5A: Acute Care Bed Need Projections and Table 5B: Acute Care Bed Need Determinations of the North Carolina Proposed 2015 State Medical Facilities Plan (SMFP) for 82 acute care beds in the Cumberland service area be reduced to zero (0) acute care beds. <u>Committee Recommendation:</u> A motion was made and seconded to approve the petition as presented. Ms. Bennett provided a summary of the Agency Report that recommended approving the petition. A motion was made and seconded to forward Chapter 5, Acute Care Hospital Beds with approved changes, to the SHCC.	Mr. Lawler Ms. Apperson Ms. Apperson Dr. Pete	Motion approved Motion approved
Operating Rooms – Chapter 6	Ms. Bennett stated there were no needs in the Proposed 2015 SMFP and there were no changes in data or needs. Ms. Bennett stated there were two petitions received for Chapter 6. The agency received two comments opposed to the first petition. <u>Petitioner: Wilmington Health, PLLC</u> Request: Wilmington Health, PLLC request the State Health Coordinating Council to create an adjusted need determination for two additional operating rooms in New Hanover County in the 2015 State Medical Facilities Plan.		

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	year's project report was received by the agency on April 30, 2014 for the time period of February 26, 2013 to February 25, 2014. Ms. Bennett noted the report revealed that of the nineteen physicians practicing at the facility, three were not owners of the practice. They sought other physicians for their facility by making phone calls to local physicians and by sending invitations to the Triangle Orthopaedics open house. In addition, all the physicians maintained privileges at local hospitals, took ER call at local hospitals and the number of hours they took call was listed in the report. By the submission of information related to the number of and payor source of the patients they served, the agency was able to verify that the facility's total revenue attributed to self-pay and Medicaid was at least seven percent. The spreadsheet submitted in the report revealed that 9.33% of the facility's revenue was attributed to self-pay and Medicaid patients. The surgical safety checklist that had been used since the initial licensure of the facility and was adapted from the World Health Organization. This checklist was integrated into the electronic health records (EHR) and required fields. According to daily chart audits, 100% of the surgeries had used this checklist. The facility addressed the required measures for tracking Quality Assurance in accordance with the conditions set forth in the certificate of need. They went above and beyond and tracked additional measures. The report contained information showing minuscule negative results based on the numbers and percentages reported. There is an EHR interface between the facility and physicians' offices. This software is specifically designed to be used in surgical centers. Additional interfaces are being considered. A detailed explanation of this operation was provided. In the report, the facility supplied evidence of their reporting of utilization and payment data to the statewide data processor as required by G.S. 131E-214.2 and as a criterion of the 2010 SMFP.		

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	Based on the review of their annual report submitted to the agency, it was determined Triangle Orthopaedics Surgery Center has demonstrated substantial compliance with the demonstration project criteria outlined in the Plan and the Certificate of Need. A motion was made and seconded to forward Chapter 6, Operating Rooms with approved changes, to the SHCC.	Dr. Pete Ms. Apperson	Motion approved
Other Acute Care Services - Chapter 7	Since the Proposed 2015 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. Lawler Dr. Pete	Motion approved
Inpatient Rehabilitation Services – Chapter 8	Since the Proposed 2015 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 8. <u>Committee Recommendation:</u> A motion was made and seconded to forward Chapter 8, Inpatient Rehabilitation Services to the SHCC.	Ms. Apperson Dr. Pete	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 reminded everyone that the SHCC meeting would be held October 1, 2014 at 10:00 a.m. in Conference Room 104 of the Brown Building.	Mr. Lawler Dr. McBride	Motion approved
Adjournment	There being no further business, Dr. Greene adjourned the meeting.		