

Acute Care Services Committee Minutes

April 11. 2012 10:00 – 12 Noon Brown Bldg. Room 104

MEMBERS PRESENT: Dr. Sandra Greene, Bill Bedsole, Greg Beier, Dr. Don Bradley, Dr. Brenda Latham-Sadler, Dr. Prashant Patel, Dr. Zane Walsh, John

Young, Dr. T.J. Pulliam

MEMBERS ABSENT: Dr. Leslie Marshall

MFPB Staff Present: Nadine Pfeiffer, Carol Potter, Erin Glendening, Kelli Fisk

DHSR Staff Present: Martha Frisone, Lisa Pittman

AG's Office: Bethany Burgon

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Welcome & Introductions	Dr. Greene welcomed members, staff and guests to the first Acute Care Services Committee meeting of 2012. She stated that the purpose of this meeting was to review the policies, methodologies and need projections for the Proposed 2013 State Medical Facilities Plan (SMFP). Committee members, staff and guests in the audience introduced themselves. Dr. Greene noted the meeting was open to the public; however, discussions, deliberations and recommendations would be limited to Committee members of and staff, unless a Committee member asked for input from the audience.		
Review of Executive Orders No. 10 and 67 Ethical Standards for the State Health Coordinating Council	Dr. Greene reviewed Executive Orders 10 and 67, and gave an overview of procedures to observe before taking action at the meeting. Dr. Greene inquired if any member had a conflict of interest or needed to declare that they would derive a financial benefit from any matter on the agenda. She asked if any member intended to recuse himself or herself from voting on any agenda item. No member affirmed having a conflict of interest or potentially deriving a financial benefit from any matter on the agenda. Therefore, no members recused themselves. Dr. Greene asked that if a conflict of interest for a member came up during the meeting, the member with the conflict of interest should make a declaration of the conflict. Dr. Greene reported there were no petitions or comments received for the Acute		

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	Care Services chapters of the Proposed 2013 SMFP. She indicated that based on guidance from this meeting, staff would prepare drafts of tables and need projections for review at the May 8 th meeting.		
Approval of minutes from the September 15, 2011 Meeting	A motion was made and seconded to approve the September 15, 2011 minutes.	Dr. Bradley Mr. Beier	Minutes approved
Acute Care Hospital Beds – Chapter 5	Dr. Potter reviewed policies AC-1 through AC-5 from Chapter 4 of the 2012 SMFP and the methodology to project the number of acute care beds needed by service area. In describing the methodology, Dr. Potter noted the data source for acute care days of care as being Thompson Reuters, and that a draft of Table 5A:Acute Care Bed Need Projections would be provided at the next Committee meeting.		
Recommendations	A motion was made and seconded to carry forward the Acute Care Bed policies and need determination methodology without changes.	Dr. Walsh Dr. Patel	Motion approved
Operating Rooms – Chapter 6	There being no operating room policies in Chapter 4, Dr. Potter reviewed the operating rooms need determination methodology. She explained that Table 6A contained the operating room inventory and utilization, using 2011data from 2012 Hospital License Renewal Applications (HLRA). Table 6B showed the resulting operating room need projections.		
	Data Source for Operating Room Methodology: Dr. Greene summarized previous Committee activity and interest in changing the data source from surgical data to Thomson Reuters North Carolina Discharge Database data. The 2008 Operating Room Workgroup suggested exploring the use of Thomson Reuters data in its recommendations to the Committee. Staff discussed Committee documents showing operating room need projections using 2010 Thomson Reuters surgical procedure data instead of 2010 HLRA data. The Thomson Reuters data resulted in operating room need projections in five service areas across the state. As published in the 2012 SMFP, there were no need determinations for operating rooms in the state for the same time period.		

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	• A comparison of the 2010 Thomson Reuters and Licensure surgical procedures data by facility showed differences in numbers of inpatient and ambulatory surgical procedures. Discussion included questions about and possible explanations for the differences. Dr. Greene asked if hospital staff could provide additional insight and/or information that would be helpful to the Committee. Mike Vicario with the North Carolina Hospital Association stated he would share the request with hospitals.		
	 Single-Specialty Ambulatory Surgery Demonstration Project Evaluation: Dr. Greene introduced the topic by reporting that two projects have received certificates of need, Piedmont Outpatient Surgery Center and Triangle Orthopaedics Surgery Center, and Piedmont Outpatient Surgery Center became licensed in February. As outlined in the 2010 SMFP, the Agency will conduct the evaluation, specifically the Certificate of Need Section, with annual project reports submitted to both the Certificate of Need Section and the Planning Branch. The Planning Branch will provide updates to the Committee and the State Health Coordinating Council regarding project evaluations and progress. Dr. Potter reviewed draft evaluation materials for the Demonstration Project, including a draft evaluation questionnaire, and asked Committee members for feedback. Comments included suggestions to reword or further define financial terminology, and remarks about the importance of non-owner physicians having access to the facilities. Dr. Greene stated if any members had further thoughts about the evaluation to share them with Dr. Potter or Ms. Frisone. 		
Recommendations	A motion was made and seconded to carry forward the current methodology with the current data source for Operating Rooms.	Dr. Bradley Mr. Beier	Motion approved
Other Acute Care Services - Chapter 7	Dr. Potter began the review of Chapter 7 methodologies by discussing openheart surgery services. She noted that the SMFP no longer included a need determination methodology for heart-lung bypass equipment, and that one policy was located in Chapter 4 regarding heart-lung bypass machines. She continued by explaining briefly the need determination methodologies for burn intensive care services, transplantation services, including bone marrow transplants and solid organ transplants.		

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Recommendations	A motion was made and seconded to carry forward the current methodology for the Other Acute Care Services.	Mr. Young Dr. Bradley	Motion approved
Inpatient Rehabilitation Services – Chapter 8	Dr. Potter reviewed the Inpatient Rehabilitation Services methodology steps, and explained that need determination was calculated by Health Service Area (HSA). She reviewed the methodology, including the recently added final step.		
	A motion was made and seconded to carry forward the current methodology for Inpatient Rehabilitation Services.	Dr. Bradley Mr. Young	Motion approved
Other Business	A motion was made to authorize staff to update narratives, tables and need determinations for the 2013 Proposed SMFP, when updates are received.	Dr. Bradley Mr. Young	Motion approved
Adjournment	Dr. Greene adjourned the meeting.		