



**Medical Facilities Planning**

## Acute Care Services Committee Minutes

May 8, 2012

1:00 pm

Brown Bldg. Room 104

MEMBERS PRESENT: Dr. Sandra Greene, Bill Bedsole, Greg Beier, Dr. Leslie Marshall, Michael Nagowski, Dr. Prashant Patel, John Young
MEMBERS ABSENT: Dr. Brenda Latham-Sadler
MFPS Staff Present: Nadine Pfeiffer, Carol Potter, Jim Keene, Erin Glendening, Kelli Fisk
DHSR Staff Present: Craig Smith, Lisa Pittman
AG's Office: Bethany Burgon

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Welcome & Introductions	<p>Dr. Greene welcomed members, staff and visitors to the meeting. Dr. Greene stated that the purpose of the meeting was to review preliminary drafts of need projections generated by the standard methodologies in the acute care services chapters; consider recommendations for clarifying language in the acute care bed methodology and the operating room methodology; and to follow-up on topics remaining from the April 11th meeting. The items included the data source for the operating room methodology and a brief update on the evaluation tool for the demonstration projects.</p> <p>Dr. Greene stated that following this meeting, the Acute Care Services Committee's recommendations would be forwarded to all members of the State Health Coordinating Council (SHCC) for their consideration at the May 30, 2012 SHCC meeting. She acknowledged that the meeting was open to the public; however, discussions, deliberations and recommendations would be limited to the members of the Acute Care Services Committee.</p>		
Review of Executive Orders No. 10 and 67 Ethical Standards for the State Health Coordinating Council	<p>Dr. Greene reviewed Executive Orders 10 and 67 Ethical Standards for the State Health Coordinating Council with Committee members. Dr. Greene explained the procedures to observe before taking action at the meeting. Each member of the Committee commented on his or her professional and institutional interests. There were no recusals.</p>		No recusals

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Approval of 4/11/2012 Minutes	A motion was made and seconded to approve the April 11, 2012 minutes.	Mr. Young Mr. Bedsole	Minutes approved
Acute Care Hospital Beds – Chapter 5	<p>Dr. Greene referred members to materials for Chapter Five, and asked Dr. Carol Potter to review language proposed by staff. The proposed wording would clarify the need determination threshold as being a projected deficit of 20 or more beds or 10 percent of the total bed inventory for hospitals under common ownership in a service area. Mr. Greg Beier suggested a modification for Step 8.a. to read “for hospitals under common ownership” at the end of the sentence.</p> <p>A motion was made and seconded to accept the proposed language as modified by Mr. Beier.</p> <p>Committee members reviewed draft tables for Chapter 5. Dr. Potter noted that updates to Tables 5A and 5B occurred due to a recently awarded certificate of need for acute care beds in Mecklenburg County. As a result, there is a need determination for 40 additional acute care beds in Mecklenburg County. As shown in draft Table 5B, the following need determinations were generated by the standard methodology: 119 beds in Cumberland-Hoke, 40 beds in Mecklenburg County and 24 additional beds in the Pitt-Greene-Hyde service area.</p> <p>Dr. Greene explained the annual process of comparing acute care days of care reported by hospitals on the Hospital License Renewal Application with days of care data provided by Thompson Reuters. The Division of Health Service Regulation notifies hospitals with discrepancies between the two sources of plus or minus five percent. In reviewing the chart provided in meeting materials, Dr. Greene pointed out 19 hospitals exceeding the plus or minus five percent discrepancy. Staff will follow up with the hospitals and report to the Committee in September. Dr. Potter noted there were no significant discrepancies in service areas that have need determinations.</p>	Mr. Beier Dr. Marshall	Motion approved
Recommendations	A motion was made and seconded to accept Tables 5A, 5B and 5C, with the	Dr. Marshall Mr. Bedsole	Motion approved

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	understanding that staff will make necessary corrections and updates.		
Operating Rooms – Chapter 6	<p>Dr. Greene began discussion about Chapter 6 by asking Dr. Potter to review a staff recommendation regarding Step 4m of the methodology. In the 2012 Plan, Step 4m excluded operating rooms in chronically underutilized facilities in service areas with more than one licensed facility, but did not address the situation in which all facilities in an operating room service area were underutilized. The suggested sentence would state that operating rooms in service areas where all facilities were chronically underutilized would be included in the need determination step. The clarifying language would be consistent with the instruction to exclude operating rooms in chronically underutilized facilities in service areas with more than one licensed facility.</p> <p>A motion was made and seconded to accept the proposed language.</p> <p>Dr. Potter reviewed drafts of Tables 6A and 6B using data from the 2012 Hospital License Renewal Applications (HLRA). In accordance with the methodology, operating room inventory from underutilized facilities was not included in calculations of need projections. Table 6B, using HLRA data, indicated a need for one operating room in Forsyth County; there were no other need determinations in the state.</p> <p>Dr. Greene led a discussion about the data source for surgical cases, and the possibility of changing the data source from HLRA data to data provided by Thomson Reuters. She referred to information in the committee materials using Thomson Reuters data in the standard operating room methodology. The different data source resulted in need projections for operating rooms in areas of the state not showing a need with the HLRA data.</p> <p>Dr. Greene reported that discussions had occurred with hospitals regarding efforts to reconcile differences between Thomson Reuters and HLRA data. Explanations for some of the differences focused on the Thomson Reuters data including surgery cases that are not counted as surgeries on the HLRA. Mr. Beier noted that in his review of the data for Novant hospitals, there were numerous discrepancies between the two data sources with no discernable</p>	Mr. Young Dr. Patel	Motion approved

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Recommendations	<p>explanations for them.</p> <p>Dr. Greene stated that this year’s Thomson Reuter data included, for the first time, a “flag” on each record to indicate operating room procedures. Dr. Greene stated the operating room flag may be a more accurate indicator than the previously used categorization of procedures by the US Department of Health and Human Services Agency for Healthcare Research and Quality (AHRQ). Discussion focused on significant variations among hospitals in the location of where surgical procedures were performed. Also, committee members noted the extent to which Thomson procedures, categorized by the AHRQ system as 3 or 4 and thus counted as surgical procedures, were reported on the HLRA in the non-surgical sections. Committee members expressed concern that the Thomson Reuters data, categorized using the AHRQ approach, did not accurately reflect utilization of operating rooms in the state; however, the overall proposal of using Thomson Reuters data warranted additional study and exploration for the 2014 SMFP. Mr. Beier stated that consideration of using the Thomson Reuters data should be discontinued for this year, and suggested the possibility of forming a work group.</p> <p>A motion was made and seconded to take out references to the Thompson Reuters data, to use the HLRA data for Tables 6A, 6B and 6C, and to recommend forming a workgroup about the Thompson Reuters data.</p> <p>Dr. Potter updated committee members about the ambulatory surgery demonstration project evaluation, and shared a revised, draft evaluation questionnaire. Dr. Potter reported that the Planning Branch and the Certificate of Need Section will work closely together and will provide regular reports. Dr. Potter provided a draft copy of Table 6E, Endo Room Inventory.</p> <p>A motion was made and seconded to accept the draft tables for Chapter 6, with the understanding that staff will make necessary corrections and updates.</p>	<p>Dr. Marshall Mr. Beier</p> <p>Dr. Greene Mr. Beier</p>	<p>Motion approved</p> <p>Motion approved</p>

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<p>Other Acute Care Services - Chapter 7</p> <p>Recommendations</p>	<p>Dr. Greene asked Dr. Potter to review materials provided for Chapter 7, including drafts of the following tables:</p> <p>Table 7A: Adult Open-Heart Surgery Procedures  Table 7B: Burn Intensive Care Services  Table 7E: Bone Marrow Transplants  Table 7F: Solid Organ Transplantation Services</p> <p>Dr. Potter pointed out the 2011 need determination for eight beds was included in Table 7B, which resulted in a utilization rate of 77.6 percent and no need determination for new burn intensive care beds. There were no need determinations indicated for any of the services in Chapter 7</p> <p>A motion was made and seconded to accept the Other Acute Care Services draft tables and need projections, with the understanding that staff will make necessary corrections and updates.</p>	<p>Dr. Patel  Dr. Marshall</p>	<p>Motion approved</p>
<p>Inpatient Rehabilitation Services – Chapter 8</p>	<p>Dr. Greene asked Dr. Potter to review draft tables for Chapter 8. Dr. Potter noted that a certificate of need for 14 beds from a previous need determination was awarded to WakeMed Health &amp; Hospitals. There was no need for additional inpatient rehabilitation beds indicated anywhere in the state.</p> <p>A motion was made and seconded to accept the Inpatient Rehabilitation Services draft tables and need projections, with the understanding that staff will make necessary corrections and updates.</p>	<p>Mr. Young  Mr. Beier</p>	<p>Motion approved</p>
<p>Other Business</p>	<p>A motion was made and seconded to authorize staff to update narratives, tables and need determinations for the Proposed Plan as updates are received.</p>	<p>Mr. Beier  Dr. Marshall</p>	<p>Motion approved</p>
<p>Adjournment</p>	<p>There being no further business, Dr. Greene adjourned the meeting.</p>		