Operating Room Methodology Workgroup December 13, 2016

Background

Total Number of Cases, 2011-2015



Hospital Ambulatory Inpatient

Percentage Change in Number of Surgical Cases, 2011-2015, by Type of Facility and Procedure



Median Case Time (in Minutes), 2011-2015



Source: Hospital and Ambulatory Surgical Facility License Renewal Applications, 2011-2016

Methodology Redesign

Issues to Consider in Redesigning the Methodology

- 1. Facilities under common ownership
- 2. System of tiering hospitals
- 3. Case times and availability are not standard across types of facilities
- 4. 80% may be too high a standard to meet for triggering a need
- 5. Policy AC-3 Operating Rooms

Policy AC-3

- Exempts Certain Projects from the SMFP
 - Does not require need determination in service area, but requires CON application
- Applies only to Academic Medical Center Teaching Hospitals
 - Duke, NC Baptist, UNC, Vidant Pitt (designated before January 1, 1990)
- Revision to Policy Established January 1, 2012 as Key Date
 - Two facilities approved for ORs before 1/1/2012
 - Duke: 16 (licensed in 2013)
 - NC Baptist: 7, approved in 2007, not yet developed
 - No ORs approved after 1/1/2012

Relevance of AC-3 to OR Need Methodology

- ORs approved before 1/1/2012
 - ORs are excluded from planning inventory but procedures are counted
- ORs approved by CON after 1/1/2012
 - Must report inventory, procedures, and patient origin on LRA
 - Neither the assets nor their utilization shall be used in the OR methodology
- Should Workgroup propose edits to AC-3?
 - Policy does not explicitly require the current practice of excluding the inventory but not the procedures
 - Can the hospital distinguish between procedures performed in AC-3 ORs versus other ORs?

Distribution of Total Surgical Hours, 2016 Hospital LRA



Tiers	
Tier	Number of Facilities in Each Tier – in Models*
1: Hospitals, > 40,000 Hours	12
2: Hospitals, 15,000 - 40,000 Hours	7
3: Hospitals, < 15,000 Hours	84
4: Ambulatory Surgical Facilities (AMSU)	35

*Totals exclude underutilized facilities

Basic Model Components

- Case Time Basis*
- Utilization
- Availability*
 - Hours per day
 - Days per year
- Need Determination Calculation
 - Facilities under Common Ownership
 - Rounding
 - Handling of AC-3 ORs

*Various models utilize tiering for these components

Nood			Availability		
Determination*	Case Time Basis	Full Utilization	Hours Per Day	Days Per Year	
26 <i>(25)</i>	Median by Tier	80%	1: 9	260 (all tiers)	
			2: 9		
			3: 8		
			4: 8		

Nood			Availability		
Determination*	Case Time Basis	Full Utilization	Hours Per Day	Days Per Year	
17 (16)	Median by Tier	80%	1: 10	1:260	
			2: 9	2:260	
			3: 8	3: 260	
			4: 8	4: 234	

Nood			Availability		
Determination*	Case Time Basis	Full Utilization	Hours Per Day	Days Per Year	
	Median by Tier	75%	1: 10	1:260	
26 (22)			2:9	2:260	
20 (22)			3: 8	3: 260	
			4: 8	4: 234	

Nood			Availability		
Determination*	termination* Case Time Basis Full Utilization		Hours Per Day	Days Per Year	
69 <i>(46)</i>	Facility Specific	75%	1: 10	1: 260	
			2:9	2: 260	
			3: 8	3: 260	
			4: 8	4: 234	

Need			Availability		
Determination*	Case Time Basis	Full Utilization	Hours Per Day	Days Per Year	
51 <i>(31)</i>		75%	1: 10	1:260	
	Facility Specific, 1 SD Outlier Substitution		2:9	2: 260	
			3: 8	3: 260	
			4: 8	4: 234	

Standard Deviation Substitution Calculations

Tier (Total Surgical Hours)	Inpatient				Ambulatory	
	Mean	SD*	Mean + 1 SD	Mean	SD*	Mean + 1 SD
1 (> 40,000)	195	33	228	119	20	139
2 (15,000-40,000)	169	38	207	102	24	126
3 (< 15,000)	110	42	152	75	20	95
4 (AMSU)				55	23	78

* SD = standard deviation

Source: Hospital and Ambulatory Surgical Facility License Renewal Applications, 2016

Need Determination Calculation Process: Facilities and Facilities under Common Ownership

- Total all surpluses and deficits for facilities under common ownership in OR service area
- Determine need for each facility/owner based on number of ORs in the planning inventory in the service area
- Sum **deficits** across facilities/owners to get need for service area
 - Surpluses do not offset deficits in need determination calculation
- Similar to Chapter 5 Acute Care Bed methodology

Need Determination Calculation Process: *Rounding*

- Current and Proposed Methodologies
 - If projected ORs needed is greater than ORs in planning inventory, then the service area has a deficit
 - Deficit for a facility/owner is rounded based on the number of ORs in the service area

ORs in Service Area	Fractional Deficit Value	Projected Need
More than 10	>= .50	Amount of deficit, rounded up
6-10	>= .30	Amount of deficit, rounded up
5 or fewer	>=.20	Amount of deficit, rounded up

Example: Model 5 Calculations

		А	В	С	D	E	F	G
Facility/ Owner (F/O)	Tier	IP Cases	IP Case Time	Amb. Cases	Amb. Case Time	Total Surgical Hours	Pop. Growth Factor	2019 Projected Surgical Hours
DUHS								
DU Hosp.	1	17,344	228	23,728	139	120,596		129,668
DRH	2	3,865	207	2,995	126	19,567		21,039
Davis ASC	4			4,869	64	5,190		5,581
NC Spec Hosp.	3	1,597	152	3,737	90	9,662		10,388
Service Area							7.52%	

Numbers have been substituted and indicated in red.

Model 5	K	$r = \frac{G}{(H * I * J)}$	ted surgical	K - L = M				
	н	I	J	K	L	M	Ν	0
Facility/ Owner (F/O)	Hours/ Day	Days/ Year	Full Util.	Projected ORs Needed 2019	Planning Inventory	F/O Deficit/ Surplus	F/O Need	Service Area Need
DUHS						_	_	
DU Hosp.	10	260		66.50	48	18.50		
DRH	9	260		11.99	13	-1.01	13.46 -	13
Davis ASC	8	234		3.97	8	-4.03		
NC Spec Hosp.	8	260		6.66	4	2.66	2.66	3
Service Area			.75		73			16

Model 5 – with AC-3 ORs in Planning Inventory								
	$K = \frac{G}{(H * I * J)}$					K - L = M		
	н	I	J	K	L	М	Ν	Ο
Facility/ Owner (F/O)	Hours/ Day	Days/ Year	Full Util.	Projected ORs Needed 2019	Planning Inventory	F/O Deficit/ Surplus	F/O Need	Service Area Need
DUHS						7	-	
DU Hosp.	10	260		66.50	64	2.50		
DRH	9	260		11.99	13	-1.01	-2.54	0
Davis ASC	8	234		3.97	8	-4.03		
NC Spec Hosp.	8	260		6.66	4	2.66	2.66	3
Service Area			.75		89			3