
Acute Care Services Committee

Recommendations to the North Carolina State Health Coordinating Council

May 25, 2016

The Acute Care Services Committee met twice after the March Council meeting, first on April 12th and again on May 3th.

Topics reviewed and discussed at the April 12th meeting included:

- Current Acute Care Services policies and methodologies; and
- Clarification of wording in the operating room methodology.

Topics reviewed and discussed at the May 3th meeting included:

- Preliminary drafts of need projections generated by the standard methodologies in the Acute Care Services chapters;
- A comparison between Licensure and Truven Health Analytics data; and
- Presentation of new acute care bed and operating room service areas.

There were no petitions or comments related to any of the Acute Care Services chapters.

In all chapters, inventories have been updated based on available information and include placeholders where applicable. All inventories and need determinations are subject to change. The Committee authorized staff to update narratives, tables, and need determinations for the Proposed 2017 Plan, as updates are received.

The following is an overview of the Committee's recommendations for Acute Care Services (Chapters 5 through 8) for the Proposed 2017 State Medical Facilities Plan:

Chapter 5: Acute Care Hospital Beds

- The Committee reviewed and discussed the policies, methodology, and assumptions for acute care beds.
- Licensure and Truven Health Analytics acute days of care were reviewed for discrepancies exceeding $\pm 5\%$. Staff will work with the Sheps Center, Truven, and the hospitals during the summer to improve discrepant data. Staff will notify the Committee if need projections change.

- Committee members reviewed draft Tables 5A, 5B, and 5C. The standard methodology, which uses Truven Health Analytics acute care days of care, indicated a need for a total of 196 acute care beds:
 - **71 additional acute care beds in the Durham County service area**
 - **80 additional acute care beds in the Mecklenburg County service area**
 - **45 additional acute care beds in the Orange County service area**

Chapter 6: Operating Rooms

- The Committee reviewed and discussed the methodology and assumptions for operating rooms.
- The Committee proposed clarifying the wording of the methodology, such that both the operating rooms and number of procedures in underutilized facilities will be removed from the planning inventory when calculating need determinations.
- The Committee was also informed that the Governor approved the SHCC's recommendation to remove from the 2016 SMFP the need for one OR in Rowan County. This information also was provided to the full SHCC. As a result, the placeholder for this need determination has been removed from the planning inventory presented in Table 6A.
- The Committee reviewed Tables 6A, 6B, and 6C. At the time of the May 3rd Acute Care Services Committee meeting, application of the methodology resulted in need determinations for four ORs. Since the meeting, data updates and corrections have resulted in current need determinations for **three** ORs in the following Service Areas:
 - **1 OR in Davie County**
 - **1 OR in Moore County**
 - **1 OR in New Hanover County**
- The Committee also reviewed the Endoscopy Room Inventory in Table 6E. The updated table has been posted for this meeting.

Chapter 7: Other Acute Care Services

- The Committee reviewed the policy and methodologies for open-heart surgery services, burn intensive care services, and bone marrow and solid organ transplantation services.
- Staff presented draft Tables 7A, 7C, 7E and 7F. There are no need determinations for these services at this time.

Chapter 8: Inpatient Rehabilitation Services

- The Committee reviewed the methodology and assumptions for Inpatient Rehabilitation

Services, as well as a draft of Table 8A.

- Application of the standard methodology indicated no need for additional inpatient rehabilitation beds in the state at this time.

Committee Recommendation Regarding Acute Care Services:

The Committee recommends acceptance of the Acute Care Bed Services policies, service areas, methodology and assumptions, and draft tables, with the understanding that staff will make updates as needed. In addition, references to dates will be advanced one year, as appropriate.