

Introduction: Tom Hughes, Senior Vice President and Administrator at WakeMed Cary Hospital

WakeMed requests that the *2022 State Medical Facilities Plan* be adjusted to reflect an adjusted need determination of one (1) operating room in Wake County for the purpose of providing emergent trauma surgery at a Level III Trauma Center.

The *Proposed 2022 State Medical Facilities Plan* currently identifies no need for additional operating rooms in Wake County. However, the current standard methodology fails to recognize the true operating room need of a Level III Trauma Center in one significant way, which has disproportionately disadvantaged WakeMed Cary for the past several years. Level III Trauma Centers cannot exclude an operating room from their planning inventory when applying the Operating Room Standard Need Methodology, which has artificially suppressed operating room need at WakeMed Cary. The methodology chronically undervalues the operational conditions of a Level III Trauma Center accreditation, contributing to the erroneous projection of no need for additional operating rooms in Wake County.

This methodology favors Level I and Level II Trauma Centers, despite no significant differences in how they operate. A Level III Trauma Center has the same commitment to the community, EMS, and medical providers, and as such, also reserves an operating room to accommodate unscheduled, emergent trauma cases that are transported to the facility.

The American College of Surgeons, which certifies trauma centers, outlines the requirements of Level I, Level II, and Level III certifications. The chief difference between a Level II and a Level III Trauma Center is that a Level II Trauma Center must have an operating room “staffed and ready time” within fifteen minutes, while a Level III Trauma Center is required to have an operating room “staffed and ready time” within thirty minutes. Operationally, the difference between these two levels is negligible, as an operating room is still required to be left open. This inherent bias strongly favors Level I and Level II Trauma Centers, without recognizing the increasing acuity being shifted to Level III Trauma Centers from Level I and Level II Trauma Centers.

Adding to the projected strain on the operating rooms at Wake County’s only Level III Trauma Center are the projected population growth rates. Wake County is expected to grow by 9.2%, or 103,127 residents from 2021-2026, to a total population of over 1.2 million.

WakeMed Cary Hospital is Wake County’s only Level III Trauma Center, having received its initial designation from the N.C. Office of Emergency Medical Services in 2019. WakeMed Cary joins WakeMed Raleigh in the Capital Regional Advisory Committee, serving Wake, Johnston, Harnett, Franklin, and Lee Counties. The growing population of Wake County, particularly western and southern Wake County, prompted WakeMed to develop additional trauma resources at WakeMed Cary. The Level III program at WakeMed Cary supports and complements the Level I program at WakeMed Raleigh Campus, as well as other designated Trauma programs at other hospitals in central North Carolina and across the state.

Trauma volume at WakeMed Cary has grown steadily since its initial designation. In FY 2020, WakeMed Cary reported 999 patients in its Trauma Registry, growing from 866 cases in FY 2019, an increase of 15.4 percent. When the first eight months of FY 2021 (October 2020-May 2021) are annualized, WakeMed Cary was on track to treat 1117 trauma patients, a 11.8 percent increase in total cases from the previous year. These volumes are evidence of the local first-responder community's high confidence in the program. Local first responders, including Wake County EMS, Johnston County EMS, and Harnett County EMS, now transport appropriate trauma cases to WakeMed Cary, thereby shortening the transport time to a trauma facility for many residents of these counties, and allowing EMS providers to spend less time in transit while providing patients with the best possible outcomes.

Although WakeMed Cary's trauma program has a relatively short history, it is apparent how much the community has come to rely on its expertise as a Level III Trauma Center. In FYs 2021, approximately 32 percent of total trauma cases that arrived at WakeMed Cary had a surgical procedure. In prior years, many of these patients and their resultant surgical cases would have been treated at other facilities.

Due in part to the biases in the methodology described above, CON applications for additional operating room capacity at WakeMed Cary Hospital have been denied in the past two Wake County operating room review cycles in the 2019 and 2020 SMFPs, which granted a total of five operating rooms.

The requested adjustment will increase safety and quality for operative services by allowing the Level III Trauma Center in Wake County to add operating room capacity to treat the growing number of emergent trauma cases presenting to the hospital. In allowing for an additional operating room, urgent and elective cases can be performed in a timelier manner, rather than being put on hold to accommodate emergent cases. This will allow emergency medical services to transport more trauma cases to WakeMed Cary Hospital with confidence, knowing that an operating room will always be available. It will also increase access and value by allowing patients and Emergency Services more reliable access to trauma services. If Wake County's only Level III Trauma Center is required to go on diversion for lack of operating room capacity, patients may be transported greater distances to Level I trauma centers. This could be an unnecessarily high-level care setting which would incur higher costs for the patient. By providing Wake County an additional Level III Trauma Center operating room, this will provide increased access to the appropriate level of care, in the most appropriate setting for each patient while maximizing value and improving clinical outcomes.

In summary, WakeMed believes this addition of one operating room to the 2022 State Medical Facilities Plan dedicated to a Level III Trauma Center is the only way to help correct the biases imposed by the methodology which has limited WakeMed Cary's growth as a Level III Trauma Center and negatively impacted patients and the community for the past 3 years. This addition will also allow Emergency Services and patients the freedom and choice to utilize WakeMed Cary with the confidence that their trauma needs will be met with access to prompt emergent surgical care.