

Acute Care Bed Need Methodology

Recommendations to the Acute Care Services Committee

From the Acute Care Services Work Group

(Note - The revisions to the Acute care Bed Need Methodology, shown below in Recommendation 1 of this document, have been incorporated into “Table 5A: Acute Care Bed Need Projections – Revised Methodology”. The bed need projections resulting from incorporating these revisions into the Acute Care Bed Need Methodology are shown in “Table 5B – Revised Methodology”.)

1. Revise the acute care bed need methodology used in Table 5A as follows:
 - Data Source
Current method – use all days, including psychiatric, substance abuse, rehabilitation; exclude outliers and non-NC resident days
Proposed method – use acute care days only; exclude psychiatric, substance abuse and rehabilitation days; include outliers and non-NC resident days
 - Historical patient day growth rates
Current method – 4 years of data and 3 years of trend
Proposed method – 5 years of data (2005-2009 for 2011 SMFP) and 4 years of trend
 - Number of projection years
Current method – 6 years
Proposed method – 4 years
 - Calculation method for growth rate factors
Current method – statewide growth rate of days as defined in data source above
Proposed method – county growth rate of days as defined in data source above
 - Target occupancy rates

Average Daily Census (ADC)	Target Occupancy Rates	
	Current Method	Proposed Method
ADC 1-99	66.7%	66.7%
ADC 100-200	71.4%	71.4%
ADC>200 and <=400	75.2%	75.2%
ADC>400:	75.2%	78.0%

2. Convene an Acute Care Bed Need Methodology work group in 2012 to evaluate the Acute Care Bed Need Methodology and to determine if adjustments/changes are needed.
3. Do not change the target occupancy rates used in SMFP Policy AC-4: Reconversion to Acute Care, SMFP Policy AC-5: Replacement of Acute Care Bed Capacity and do not change the target occupancy rates the CON Section uses when evaluating acute care bed CON applications.