Medical Facilities Planning

Pediatric Operating Room Workgroup Draft Minutes

April 29, 2011
10:00 – 12:00
Royster Bldg. Room 116

MEMBERS PRESENT: Dr. Dennis Clements, Dr. Mark Piehl, Dr. Leonard Feld (via phone), John Young, Dr. Zane Walsh (via phone)
MEMBERS ABSENT: Dr. Susan Mims, Dr. Ronald Perkin, Dr. Prashant Patel
MFPS Staff Present: Carol Potter, Elizabeth Brown, Kelli Fisk
DHSR Staff Present: Craig Smith

Standing Agenda	Discussion	Motions	Recommendations/ Actions
Welcome & Introductions	Dr. Clements welcomed members, staff and visitors to the meeting. Dr. Clements asked members to introduce themselves.		
Review of Executive Orders No. 10 and 67	Dr. Clements reviewed Executive Orders No.10 and 67 "Ethical Standards for the State Health Coordinating Council" Guide, asking all members as they introduced themselves to state if they would be recusing themselves from any items on today's agenda.		
Introductions Recusals	Dr. Clements inquired if anyone had a conflict or needed to declare that they would derive a benefit from any matter on the agenda or intended to recuse themselves from voting on the matter. Dr. Clements asked members to declare conflicts as agenda items come up. At this time, all members introduced themselves, stating their workplace and any financial benefits they or members of their families may have with any item on today's agenda. None of the members indicated having a financial benefit that would be derived from any matter coming before the Workgroup for action. Therefore, no member recused themselves from voting on any matter coming before the Workgroup at the meeting. There were no recusals during today's meeting.		There were no recusals during today's meeting.
Approval of April 12, 2011 Minutes	A motion was made and seconded to accept the April 12, 2011 minutes.	Mr. Young Dr. Piehl	Motion approved
Review and Discussion of Pediatric Surgical Data	Dr. Clements reviewed the charge to the workgroup: "To investigate and develop recommendations about the need for the operating room standard methodology to include a determination of need for dedicated pediatric operating rooms in the North Carolina State Medical Facilities Plan."		

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	The basic question is "Is there a need for dedicated pediatric ORs to be planned for in the NC SMFP?" If the workgroup were to recommend yes, and there was a need to designate ORs for pediatric surgery in the Plan, options for doing so could include: (1) proposing next year in the Proposed 2013 SMFP a methodology change to calculate need for designated pediatric ORs based on pediatric surgical procedures/ volumes, or (2) the methodology could include a provision for excluding one or more ORs dedicated for pediatric surgery for a qualified hospital, as determined by certain criteria, from Chapter Six regular inventory tables and need determinations. This would be similar to existing exclusions in the Plan for dedicated C-Section ORs and Trauma/Burn ORs. Mr. Young noted that before discussing the mechanism for designating ORs, the discussion could move to reasons why the SMFP should include designated pediatric ORs. He reviewed factors that could lead to designating pediatric ORs in the Plan, such as there being a time element where pediatric surgical cases take, on average, more time than adult surgeries. Workgroup members discussed the Inpatient Pediatric Cases and Hospital Average Case Time in Minutes for Inpatient Cases, which is the number of pediatric surgeries from Thomson data and the average minutes for all inpatient surgical cases (adult and pediatric) from the comparable year of DHSR Hospital License Renewal Applications. Dr. Clements pointed out that we do not have access to data about how much time pediatric cases take. The handout was an effort to estimate average length of time for pediatric surgeries, but the data are from two different sources and do not give a clear picture about time needed for pediatric surgical cases. Workgroup members discussed the extent to which safety is an issue, how pediatric surgical patients differ as a group from adult patients in terms of safety concerns, and methods for maintaining safety during surgery for children. Issues included: ▪ Anesthesiologists' needs regarding pediatric surgery: Dr. Clements discussed the Duke anesthesiologists in pediatric surgeries, their need to have specialized equipment together in an OR, and not having to re-locate it every time a child has surgery. It also helps the anesthesiologists if the pediatric ORs are clustered together.		

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	▪ Pediatric surgery volumes: o Dr. Clements noted the Pediatric Inpatient Surgical Cases handout, and that four hospitals had over 1,000 pediatric surgical cases in the reporting period. o If pediatric ORs are designated in the Plan, should those cases be subtracted from regular case volumes for determination of OR need? If pediatric surgical cases are counted, but not the pediatric ORs, could the need be overstated? Workgroup members would not want an unintended consequence to be a complicated methodology and complex data collection instruments. ▪ Time of day that ORs are available for pediatric surgery, and the corresponding length of time during the day of surgery that a child has to wait for surgery and be NPO (nothing by mouth). Children do not understand and therefore may not tolerate NPO as well as adults might. Discussion returned to reasons why other ORs had been excluded in the Plan, for example, critical access as in the case of C-Section rooms. Mr. Young wondered if the NPO length of time may be a factor to warrant an OR exclusion, or if average pediatric surgery times exceed the model number of three hours for inpatient surgeries. Dr. Piehl mentioned that the temperature of the OR makes a difference, as do other factors unique to pediatric surgery. Mr. Young stated again that the concern is if the issues raised should be addressed by excluding ORs in the Plan, or if the needs can be met internally in the hospital. Mr. Young stated he may not be opposed to putting something in the Plan; he just wants sufficient justification for doing so, as he sees there is for the other exclusions in the Plan. The workgroup meeting concluded by discussing the benefits of reviewing research articles or other documentation to substantiate the benefits of designating pediatric ORs in the State Medical Facilities Plan. The members agreed to share what they have available. There being no other business, Dr. Clements adjourned the meeting.		
Adjournment	Dr. Clements adjourned the meeting.		Meeting adjourned