

Acute Care Services Committee

Recommendations to the North Carolina State Health Coordinating Council

September 28, 2011

The Acute Care Services (ACS) Committee met on September 15, 2011 to consider petitions and comments received in response to Chapters 5 through 8 of the North Carolina Proposed 2012 State Medical Facilities Plan (SMFP). The following is an overview of the September 15 Committee meeting and recommendations for the Acute Care Services chapters of the NC 2012 SMFP.

Chapter 5: Acute Care Beds

Acute Care Days Data:

Committee members reviewed a listing of the hospitals with discrepancies between their 2010 Thomson Reuters and Licensure acute care days of care data of greater than \pm five percent. Eleven hospitals resubmitted their Thomson data, seven hospitals corrected their Licensure data and three hospitals resubmitted both Thomson and Licensure data. Three other hospitals, Chowan Hospital, The Outer Banks Hospital and Our Community Hospital were not able to reconcile the two data sources, and Martin General Hospital did not respond. Refreshed data for the following five hospitals still exceeded the \pm five percent discrepancy criterion: Beaufort County Medical Center, Margaret R. Pardee Memorial Hospital, Lenoir Memorial Hospital, Sampson Regional Medical Center, and Transylvania Regional Hospital. It appeared that further attempts to reconcile the data would not change the projection of no need for new beds in any of the affected service areas.

Committee Recommendation Regarding Acute Care Days Data: The Committee directed staff to place a note in the NC 2012 SMFP for hospitals that did not respond or were not able to reconcile the data, or whose refreshed data was still beyond the established criterion.

The Medical Facilities Planning Section received the resubmitted Thomson data from the Sheps Center in September. The acute care bed need projections using the refreshed data changed only in the Yadkin County service area from a projected need of five beds to zero beds. There is a projected need for 28 beds in Cumberland-Hoke, 27 beds in Orange, and 97 beds in Pitt-Greene-Hyde service areas for a total of 152 additional beds needed statewide.

Petitions:

One Acute Care Bed petition was received during the public comment period. The petitioner's request and the Committee recommendation are summarized below:

Petitioner: Pitt County Memorial Hospital

Request: Pitt County Memorial Hospital (PCMH) requested that the need determination in the Proposed 2012 SMFP for 97 acute care beds in the Pitt-Greene-Hyde service area be reduced to 65 acute care beds.

Committee Recommendation: The Committee discussed issues raised in the petition, including the impact of bringing a large number of beds into operation at once. Such an event can cause a spike in a hospital's bed utilization rate and may not accurately reflect need for additional beds over an extended period. The Committee recommends approval of the petition to decrease the need determination for acute care beds in the Pitt-Greene-Hyde service area from 97 to 65.

Committee Recommendation Regarding Chapter 5: The Committee recommends approval of Chapter 5, Acute Care Hospital Beds for the NC 2012 SMFP, with changes as approved.

Chapter 6: Operating Rooms

Since the Proposed 2012 SMFP, there have been no changes in need projections for operating rooms (ORs), and there is no need for ORs anywhere in the state.

Petitions:

Over the summer, the Committee received two petitions for this chapter and no comments, other than comments received about specific petitions. Petitioner requests and Committee recommendations are summarized below:

Petitioner: Blue Ridge Bone and Joint Clinic

Request: The petitioner requested that the NC 2012 SMFP include a demonstration project for a single specialty, two operating room, orthopedic ambulatory surgical facility in the Buncombe-Madison-Yancey operating room service area.

Committee Recommendation: The Committee supports the criteria established for the Single Specialty Ambulatory Surgery Facility Demonstration Project, as well as the limitation of the demonstration project to three sites. Evaluation of existing projects is important before consideration of expansion, and projects have not yet begun to operate. The Committee therefore, recommends denial of the petition.

Petitioner: Boone SurgCare, PLLC

Request: The petitioner requested an adjusted need determination for three additional multi-specialty operating rooms for an ambulatory surgery facility to be located in Watauga County, and serve patients from Watauga, Ashe, Avery, Alleghany, Wilkes and Caldwell counties.

Committee Recommendation: The Committee considered several factors, including that there are six hospitals and one ambulatory surgery center serving the counties listed in the petition. There are 19 ORs in the planning inventory for the six-county area. The standard methodology projects no need for additional ORs in any of the counties, and there is a surplus of eight operating rooms for the counties combined. The Committee recommends denial of the petition.

Report from Pediatric Operating Room Workgroup:

Committee member Mr. John Young presented recommendations from the Pediatric Operating Room Workgroup, which was charged “with investigating and developing recommendations about the need for the operating room standard methodology to include a determination of need for dedicated pediatric operating rooms in the SMFP” (W. Wainwright 1/7/2011 memo to Workgroup Members). Dr. Dennis Clements led the workgroup as chairperson through four meetings, in which members considered pediatric surgical data and materials to come to the following recommendations for the Proposed 2013 SMFP:

- 1) There is a need to change the operating room standard methodology and calculate need using a different multiplier (1.125) [to project need] for pediatric operating rooms.
- 2) This calculation means that all [inpatient] pediatric surgeries (except for circumcisions) be weighted at 12.5% more than adult surgeries.
- 3) Pediatric patients for this chapter will be defined as patients <18 years of age.

The Committee considered and thoroughly discussed the recommendations of the Pediatric Operating Room Workgroup. The Committee expressed an interest in hospitals providing additional data regarding pediatric case times and case types, and noted issues about the varying needs of adolescents (*e.g.*, defining pediatric as less than 18, versus age 15, 14 or 12). The Committee also discussed the relatively small number of hospitals that reported high volumes of pediatric cases and noted, in general, that “statewide” issues are addressed by the standard methodology, while hospital-specific issues might be more effectively addressed by adjusted need determination petitions.

Committee members expressed their appreciation for the hard work, serious consideration and commitment to quality services for children evidenced by all members of the Pediatric Operating Room Workgroup.

Committee Recommendation: Following extensive discussion, the Committee concluded that designation of ORs for pediatric surgical services might be better handled by hospitals themselves than by a change in the standard methodology in the SMFP. The Committee voted not to move the Pediatric OR Workgroup’s recommendations forward for the Proposed 2013 SMFP, and to suggest that hospitals with high volumes of pediatric cases consider submitting adjusted need determination petitions to address their needs for pediatric operating rooms. The motion included a request that such petitions should address issues related to pediatric surgical case types, pediatric surgical case times (*i.e.*, in deference to average adult case times), and appropriate age groupings. The Committee recommends no changes to the operating room need methodology for the NC 2012 SMFP, but indicates that priority consideration should be given to future adjusted need determination petitions addressing concerns related to the need for pediatric operating rooms based on the work of the Pediatric OR Workgroup.

Committee Recommendation Regarding Chapter 6: The Committee recommends approval of Chapter 6, Operating Rooms for the NC 2012 SMFP, with changes as approved.

Chapter 7: Other Acute Care Services

Since the Proposed 2012 SMFP, there have been no changes in need projections for open-heart surgery services, heart-lung bypass machines, burn intensive care services or transplantation services.

Petitions and Comments:

Over the summer, the Committee received two petitions for the chapter, comments about petitions, and comments in response to presentation in the Proposed 2012 Plan of alternatives for the final methodology step for burn intensive care services.

Heart-Lung Bypass Machines

Petitioners: Duke University Health System, and separately, WakeMed Health and Hospitals

Requests: Duke requested removal of the heart-lung bypass machine need determination methodology from the NC 2012 Plan. Should that request be denied, the petitioner requested an adjusted need determination for three additional heart-lung bypass machines in Durham County. WakeMed concurred with Duke's petition and requested removal of the heart-lung bypass machine need determination methodology from the NC 2012 Plan.

Committee Recommendation: After discussion with Agency staff that underscored the fact that individuals would still have to obtain a certificate of need to acquire a heart-lung bypass machine, the Committee recommends approval of the WakeMed petition and the part of the Duke petition to remove the heart-lung bypass machine need determination methodology from the NC 2012 Plan. The Committee recommends denial of the part of the petition from Duke for an adjusted need determination for three additional heart-lung bypass machines in Durham County.

Committee Recommendation: The Committee recommends approval of the additional language for Chapter 7, which is attached to the Agency Report for the Duke and WakeMed petitions.

Burn Intensive Care Services

Comments regarding methodology alternatives for burn intensive care services were received from UNC Hospitals and Wake Forest Baptist Health.

Committee Recommendation: After much deliberation, the Committee recommends approval of Alternative One. This projects days of care in the state for the next year by adding 1.00 to the four-year average annual rate of change and multiplying by the previous year's days of care. This projects days of care for 2011 and shows a need for eight additional burn intensive care beds to meet the projected need statewide.

Committee Recommendation Regarding Chapter 7: The Committee recommends approval of Chapter 7, Other Acute Care Services for the NC 2012 SMFP, with changes as approved.

Chapter 8: Inpatient Rehabilitation Services

Since the Proposed 2012 SMFP, there have been no changes in need projections for inpatient rehabilitation beds.

Petitions:

Over the summer, the Committee received one petition for this chapter and no comments, other than comments received about the petition. The petitioner's request and Committee recommendations are summarized below:

Petitioner: Duke University Health System

Request: The petitioner requests that the need determination for inpatient rehabilitation beds in Health Service Area (HSA) IV be increased from 4 to 20 beds in the NC 2012 SMFP.

Committee Recommendation: The Committee noted the continued, increased utilization of inpatient rehabilitation beds in HSA IV in recent years, which has dramatically out-paced the statewide average annual utilization rates. Therefore, the Committee recommends approval of the petition to increase the need determination for inpatient rehabilitation beds in HSA IV from 4 to 20 in the NC 2012 SMFP.

Committee Recommendation Regarding Chapter 8: The Committee recommends approval of Chapter 8, Inpatient Rehabilitation Services for the NC 2012 SMFP, with changes as approved.

Policy AC-3: Regarding Academic Medical Center Teaching Hospitals

Committee member John Young presented comments and recommendations from the North Carolina Hospital Association (NCHA) regarding Policy AC-3 in the SMFP. In spring 2011, the State Health Coordinating Council (SHCC) received two petitions regarding Policy AC-3, one from Novant Health, and the other from Duke University Health System, North Carolina Baptist Hospital, University of North Carolinas Hospitals, and Pitt County Memorial Hospital. The spring petitions sought to repeal, revise, or amend Policy AC-3. As noted in the 8/1/2011 comments, after the petitions were filed, the "NCHA Board of Trustees established a committee of its members including representatives from the petitioners, to recommend improvements to Policy AC-3. The Committee worked to propose a revised policy that supports the unique missions of Academic Medical Centers, but that is also limited to uniquely 'academic' projects, and which provides adequate clarity and accountability to ensure that scope."

After the Board's comments were submitted on 8/1/2011, NCHA representatives met with Division of Health Service Regulation staff and agreed upon additional modifications, which are reflected in the Recommended Revisions for Policy AC-3 and included in the Agency Report on Policy AC-3.

Committee Recommendation: After discussion and deliberation, the Committee recommends approval of the revised language for Policy AC-3 for inclusion in the NC 2012 Plan.

Petitions:

Request: Spring Petition from Novant Health to repeal or revise Policy AC-3 in the NC 2012 SMFP

Committee Recommendation: In light of the previous recommendation to approve revised language for Policy AC-3, the Committee recommends denial of the petition.

Request: Spring petition from Duke University Health System, North Carolina Baptist Hospital, University of North Carolinas Hospitals, and Pitt County Memorial Hospital to amend Policy AC-3 in the NC 2012 SMFP

Committee Recommendation: In light of the previous recommendation to approve revised language for Policy AC-3, the Committee recommends denial of the petition.