
Acute Care Services Committee

Recommendations to the North Carolina State Health Coordinating Council

October 5, 2016

The Acute Care Services (ACS) Committee met once after the June Council meeting, on September 13, 2016.

Following is an overview of the Committee's recommendations for Acute Care Services, Chapters 5-8, of the *2017 State Medical Facilities Plan (SMFP)*.

Chapter 5: Acute Care Hospital Beds

No petitions were received for this chapter.

Data Discrepancy Report

Data provided to Truven Health Analytics for 2015 was compared to data from the Division of Health Services Regulation Hospital License Renewal Applications to examine discrepancies between the two data sources. The Committee originally reviewed a list of 27 hospitals with acute days of care discrepancies between the two data sources that exceed plus-or-minus five percent. Healthcare Planning received the resubmitted Truven data from the Cecil G. Sheps Center in August. After the data had been refreshed, the report now includes 11 hospitals that have a greater than plus-or-minus five percent discrepancy. Two of these are closed facilities. The changes in Truven data for those facilities with discrepancies did not affect need determinations.

In calculating the acute care bed need determination for Durham County, Duke University Health System contacted the Agency to request that the Committee substitute data supplied by Duke rather than use the refreshed Truven data supplied by the Sheps Center. In the request, Duke outlined that Truven may be using the patient's entry into the system rather than the inpatient order, which may inflate the days of care total. The Committee decided to err on the side of caution and determined that this substitution was appropriate. The Committee discussed the more general issue of how hospitals report days of care and data collection methods, and agreed there is a need for further understanding of this process.

Based on available information, the inventory has been updated to reflect any changes, and includes placeholders where applicable.

Application of the methodology, based on data and information currently available, results in the following draft need determinations:

- Durham County, 96 Acute Care Beds
- Mecklenburg County, 60 Acute Care Beds
- Orange County, 41 Acute Care Beds

The inventory and need determinations are subject to change.

Chapter 6: Operating Rooms

One petition was received for this chapter.

Petitioner: Graystone Ophthalmology Associates

Request: The petitioner requests an adjusted need determination for one operating room in Catawba County.

Comments: Twenty-one documents were submitted in support of the petition. Among these, eleven were either from the petitioner or physicians in the practice. One document was submitted in opposition to the petition.

Committee Recommendation:

The Agency recommended approval of the Petition. The committee discussed the Petition and the Agency report. Based on the data presented by the petitioner and in the Agency report, the Committee determined that the petitioner did not demonstrate a situation that warranted an adjusted need determination. Sufficient operating room capacity exists in the service area, and the Committee concluded that these available resources were not being accessed. Therefore, the Committee recommends denial of the petition for one operating room in Catawba County.

The inventory has been updated to reflect any changes, and includes placeholders where applicable.

Based on data and information currently available, application of the methodology results in the following draft need determinations:

- Davie County, 1 OR
- Moore County, 1 OR
- New Hanover County, 1 OR
- Union County, 1 OR

The inventory and need determinations are subject to change.

Chapter 7: Other Acute Care Services

There were no petitions or comments related to this chapter.

Based on available information, the inventory has been updated to reflect any changes, and includes placeholders where applicable.

Application of the methodology based on data and information currently available results in no draft need determinations at this time. The inventories and need determinations are subject to change.

Chapter 8: Inpatient Rehabilitation

There were no petitions or comments related to this chapter.

Based on available information, the inventory has been updated to reflect any changes, and includes placeholders where applicable.

Application of the methodology based on data and information currently available results in no draft need determinations at this time. The inventory and need determinations are subject to change.

Recommendations Related to All Chapters

The Committee recommends to the State Health Coordinating Council approval of Chapters 5 through 8, Acute Care Facilities and Services, with the understanding that staff is authorized to continue making necessary updates to the narratives, tables, and need determinations as indicated.