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**Acute Care Services Committee**  
**Recommendations to the NC State Health Coordinating Council**  
**October 2, 2024**

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The Acute Care Services Committee (the “Committee”) held its final meeting of the year on September 10, 2024. The following is an overview of the Committee’s recommendations for consideration by the State Health Coordinating Council (SHCC) for Acute Care Services, Chapters 5-9, of the *2025 State Medical Facilities Plan (SMFP or “Plan”)*.

**Chapter 5: Acute Care Hospital Beds**

The Committee received two petitions regarding acute care hospital beds.

***Duke LifePoint Maria Parham Hospital*** petitioned to remove the need determination for 30 acute care beds for the Vance/Warren service area for the *2025 SMFP*. The Agency received two letters in support of this petition and none in opposition to it. Maria Parham operates a hospital in the Vance/Warren service area that has 88 licensed acute care beds that factor into the need determination methodology and a hospital in the Franklin County service area that has 70 acute care beds. The 70 acute care beds at Maria Parham Franklin are non-operational. All 158 acute care beds are on the same license because, pursuant to CON law, a hospital operator may add a hospital in an immediately adjoining county to the same license when the hospital in the immediately adjoining county has closed within the past three years, is the only hospital in the county, and it is owned by a hospital in an adjacent county. Although the beds are on the same license, the SMFP calculates the need determination for the Vance/Warren service area separately from the need determination calculation for Franklin County. According to 2023 data, Maria Parham Vance is only operating at about a third of its licensed capacity and a little more than half of its operational capacity on a daily basis. Although the average daily census is expected to increase over the next five years, Maria Parham can choose to shift and staff any of the non-operational 70 acute care beds at Maria Parham Franklin if Maria Parham Vance needs to add to its acute care bed compliment. Staff also examined the number of patients that would be required to reach target occupancy for all 158 of Maria Parham’s licensed acute care beds and found that the number of patients would have to almost double the facility’s current volume. Based on admissions trends at Maria Parham Vance, the facility will be very unlikely to reach the required volume in five years. The Committee approved the Agency recommendation to approve the Petition to remove the need determination for 30 acute care beds in the Vance/Warren service area.

***Novant Health Pender Medical Center*** requested removal of the need determination for 43 acute care beds for the Pender County service area for the

*2025 SMFP*. The Agency did not receive any comments in support of or in opposition to this petition. Novant Health Pender is a critical access hospital that currently operates 43 licensed acute care beds, ten of which are swing beds. In its Petition, Novant Health Pender disclosed that it accidentally added skilled nursing days of care in its swing beds to its acute care bed days of care in its data submissions to the statewide data processor for 2021, 2022 and 2023. These errors did not impact need determinations in the *2023* and *2024 SMFPs* because the SHCC approved an adjusted growth rate multiplier calculation that utilized 2015 – 2019 acute bed days of care to account for the impacts of the COVID-19 pandemic. Earlier this year, the SHCC approved the reversion to the pre-pandemic methodology which required utilization of 2019 – 2023 acute bed days of care for the *Proposed 2025 Plan*. Utilization of the erroneous data resulted in the creation a need determination in Pender County. Each year, around the beginning of August, Agency staff recalculate need determinations based on providers' revised acute care bed days of care data for the most recent year. As it was unlikely that the Agency would timely receive its revised 2023 data, the Petitioner submitted its Petition to the SHCC. When the revised data is used in the need determination calculations, the result for Pender County is no longer a deficit of 43 acute care beds, but a surplus of 35 beds. The Agency recommended denial of the Petition because the corrected data eliminated the need determination for Pender County. The Committee concurred with the Agency recommendation.

Application of the standard acute care bed need methodology resulted in eight need determinations totaling 1,027 acute care beds. This includes three changes to the need determinations since the publication of the *2025 Proposed SMFP*: a decrease in the need determination for Mecklenburg County by one bed, the elimination of the Pender County need determination, and an increase in the Vance/Warren service area need determination by one bed – which may be eliminated if the SHCC approves the Petition discussed earlier. As of now, the need determinations are for:

- 46 in Alamance
- 129 in Buncombe/Graham/Madison/Yancey
- 126 in Cabarrus
- 82 in Durham/Caswell/Warren
- 210 in Mecklenburg
- 136 in Union
- 31 in Vance/Warren
- 267 in Wake

## **Chapter 6: Operating Rooms**

The Committee received no petitions or comments relating to operating rooms. There were no significant updates to the tables in this chapter since the release of the *Proposed*

*2025 SMFP*. Application of the methodology based on data available at the time of the meeting resulted in need determinations for 12 additional ORs in the state: two ORs for Davidson County, five ORs for Mecklenburg County, and five ORs for the Pitt/Greene/Hyde/Tyrrell County service area.

### **Chapter 7: Other Acute Care Services**

The Committee received no petitions or comments for this chapter. Based on the most recently available data, application of the need methodology resulted in no need determinations.

### **Chapter 8: Inpatient Rehabilitation**

The Committee received no petitions or comments for this chapter. Based on the most recently available data, application of the need methodology resulted in no need determinations.

### **Chapter 9: End Stage Renal Disease Dialysis Facilities**

The Committee received no petitions or comments for end-stage renal disease dialysis. Based on the most recently available data, application of the need methodology resulted in no need determinations.

### **Committee Recommendation Regarding Acute Care Services for the 2025 SMFP**

The Committee recommends that the SHCC approve Chapters 5 through 9 for the *2025 SMFP*, with the understanding that staff is authorized to continue making necessary updates to the narratives, tables, and need determinations.