



UNC HOSPITALS

August 20, 2010

The State Health Coordinating Council, and
The Medical Facilities Planning Section
DHSR, DHHS
2714 Mail Service Center
Raleigh, NC 27699-2714

DFS Health Planning
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Medical Facilities
PLANNING SECTION

Re: Response to WakeMed's Petition for a Special Need Determination for four dedicated pediatric surgical operating rooms for Wake County in the 2011 SMFP

SHCC Members and Medical Facilities Planning Section,

UNC Hospitals does not support WakeMed's petition for a special need determination for four dedicated pediatric surgical operating rooms for Wake County in the 2011 SMFP.

Please consider the following comments with respect to the reasons for the petition as cited by WakeMed:

WakeMed Statement: required due to the growing demand of pediatric surgical services in Wake County

While it is true that the demand for pediatric surgical cases is increasing in Wake County, just as it is in several other counties, services and programs already exist to provide this care both within Wake County and at other nearby locations. WakeMed does not require a special need determination or a Certificate of Need to dedicate ORs for pediatric services. WakeMed can choose to designate some of its existing operating rooms and support service spaces, or can choose to apply for one of the allocations that Wake County receives for operating rooms. Wake County has received operating room allocations in the past, and WakeMed could easily have planned to designate some of those operating rooms for this dedicated purpose. But WakeMed has not chosen this as a priority program for which to dedicate some of its operating rooms, even though WakeMed has been staffed by pediatric surgeons for years.

The fact that an allocation of 3 operating rooms existed for Wake County this current year is evidence that the SMFP's need methodology has been responsive to the growth in Wake County. The county utilization was high, and this and other past allocations have been made as the result. 4 additional operating rooms were also allocated in 2008, and WakeMed has admitted that it has yet to develop these operating rooms.

WakeMed Statement: No provision in the SMFP for pediatric surgery

Pediatric surgery is not specifically provided for in the SMFP because pediatric surgery is considered to be part of a facility's comprehensive and varied surgical service. The SMFP includes pediatric surgery volumes as part of all operating room volumes. Pediatric Surgery is also not required to be identified on page 9 of the DHSR Licensure Renewal Application form as a specialty, although it is to be included in the total operating room volumes. It is the individual decision of a provider to

develop such a pediatric surgical program, just like the development of other surgical programs.

WakeMed Statement: No operating rooms in the state are dedicated to pediatric surgery

This is not an accurate statement. Many hospitals have designated pediatric operating rooms and support areas that they have created from their existing inventories without obtaining special need determinations from the SHCC. UNC Hospitals has on average between 4 and 6 operating rooms primarily dedicated for pediatric cases, which may only be used for non-pediatric cases several times per year, as do the other facilities. Dr. Phillips, himself, has operated in dedicated pediatric operating rooms in at least two other hospitals in the region.

WakeMed Statement: Cites OR temp and environment, instrumentation, infection control, anesthesia, pre & post-operative care, and OR size as reasons for needing a special need determination

WakeMed can choose to meet these physical standards without requiring a need allocation for additional operating rooms and without requiring a CON. Many of these standards cited by WakeMed are general operating rooms design standards and not inherently pediatric in origin. They reflect the current standards and trends that most facilities use when designing new operating rooms, not only for pediatric surgeries, but for all types of surgeries.

UNC Hospitals' Interim Chief of Pediatric Surgery, Dr. William Adamson, has operated at WakeMed for the last five years. In his opinion, he does "not think that the facility at Wake requires a CON to make 4 additional ORs just to be able to take good care of kids. At Wake, the facility is already fairly well set up to be able to take care of kids. In general, the pediatric patients are operated on in one of the 5 'Clusters' of OR rooms at Wake. The nurses in that Cluster are most familiar with taking care of kids. It is close to the portion of the holding area that is dedicated to kids. There are no specific problems with the rooms (ie: beds, heat, etc.) that make it difficult for kids to be cared for."

WakeMed Statement: State doesn't define pediatric operating rooms or pediatric specialties

The State rightfully includes pediatric surgeries as part of surgical cases performed in operating rooms. A definition does not need to be developed to distinguish pediatric surgeries, just as the types of surgeries performed within operating rooms do not need to be regulated. In the past the State has chosen to not micro-manage surgical services in this manner. For example, pediatric acute care beds do not have separate methodologies from general acute care beds, even though rules exist for NICU and PICU beds. And, there are no dedicated "pediatric" MRI Scanners, or dedicated "pediatric" Linear Accelerators, or other typical hospital services, and Rules do not exist for such dedicated equipment.

WakeMed Statement: Need for highly specialized support services and no evidence of unnecessary duplication of services

WakeMed doesn't have all of the services cited in this passage; therefore they would not be a good alternative if all these were required to be provided. These specialized services can be developed by WakeMed at any time, and the services do not require a "special need determination" from the SHCC or a Certificate of Need to be developed.

WakeMed Statement: Perceived disadvantage of proposing dedicated pediatric operating rooms in competitive reviews

WakeMed has applied for several operating room allocations in the recent past and never mentioned its burgeoning need for dedicated pediatric operating rooms. By shifting some of its programs and services, it could segregate existing rooms and services for this purpose. According to the proposed

2011 SMFP, WakeMed has 4 ORs that have not been developed.

The number of ORs WakeMed proposes in the Petition coincidentally matches the number that WakeMed recently justified as no longer being needed at their WakeMed main campus, in order to transfer those 4 ORs to the WakeMed Raleigh Surgical Center (allowing the WakeMed Raleigh Surgical Center to open with a total of 8 ORs).

WakeMed Statement: Status Quo – would mean no pediatric patients have no access to specialized facilities for surgical services

Pediatric patients already have access to nationally and internationally recognized pediatric surgical programs within the Raleigh-Durham-Chapel Hill metropolitan area.

Additionally, a review of recent Thompson data reveals that the vast majority of pediatric surgeries performed on Wake County patients are performed within Wake County.

For example, during FFY 09 Thompson reported 986 Inpatient Surgeries performed on Wake County residents under age 18. Of these 986 cases, 660 or 67% were performed within Wake County and involved 4 different facilities.

Also, during FFY 09 Thompson reported 512 GI Ambulatory Surgical procedures on Wake County residents under age 18. Of these 512 procedures, 431 or 84% were performed within Wake County and involved 6 different facilities.

WakeMed Statement: Exclusion of these rooms from the general Operating Room Inventory because of the limited patient population and unique circumstances of these operating rooms

Wake County is not that unique in its population growth. Other areas have experienced such growth within the State and have not proposed dedicated pediatric ORs. These pediatric patients are currently being served at facilities in the Raleigh-Durham-Chapel Hill metropolitan area. At the public hearing in Raleigh, Dr. Duncan Phillips orally expressed his volume of pediatric surgeries to be approximately 700 cases per year, and he currently is the only pediatric surgeon serving WakeMed. This volume is nowhere near sufficient to justify 4 operating rooms according to the threshold contained in the SMFP and CON Rules. Other facilities have developed specialized pediatric surgical programs and dedicated operating rooms without obtaining a “special need determination” from the SHCC.

If the SHCC grants a special need determination for these proposed 4 dedicated pediatric operating rooms and “excludes” them from the general Operating Room Inventory in the SMFP, then the population to be served by these 4 rooms should be excluded as well from the need methodology calculations for Wake County. This would be a change to the basic methodology and could have state-wide impact.

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Timing of the Petition:

The request by WakeMed is untimely. As explained above, WakeMed proposes a change in one of the Draft Plan's basic methodologies and exclusion from the General Operating Room inventory, which could have statewide impact. Thus, Wake Med's petition was required to be filed on or before March 3, 2010, as stated in the 2010 SMFP pages 9-10.

In summary, since the petitioner can dedicate rooms for pediatric services within its own complement of operating rooms, without requiring an allocation or a Certificate of Need approval, the creation of a "special need determination" by the SHCC is not justified.

If you have questions please do not hesitate to call me at 919-966-1129. Thank you for consideration of these comments

Sincerely,



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