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LifeCare Hospitals of North Carolina
2016 State Medical Facilities Plan Public Hearing
Dorothea Dix Campus, Brown Building, Conference Room 104
801 Biggs Drive, Raleigh
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1:30 PM

Good afternoon. I am Robyn Perkerson. I'm the Chief Executive Officer at LifeCare Hospitals of North Carolina. We operate a 50-bed long term care hospital or LTCH in Rocky Mount, Nash County. We provide highly specialized, acute care for critically chronically ill patients who are clinically complex, have multiple acute or chronic conditions, and thus require long hospitalizations. LTCH patients average a length of stay of 25 days or more, along with specialized, twenty-four hours a day/seven days a week treatment and/or therapeutic intervention.

- Complex wounds
- Dialysis / Trach
- Peritoneal Dialysis

As a result of these issues, patients who would otherwise be discharged from an acute care hospital or LTCH must remain in place or are discharged to a nursing facility hundreds of miles away. This creates several issues:

- Patients remaining in a higher cost LTCH or acute care bed when a lower cost nursing bed would be appropriate for that patient.
- Extended stays by LTCH or acute care patients who could be discharged prevents other patients from using that LTCH or to the hospital bed
- When successfully discharged, patients and their families must often travel long distances for the needed care

I would like to thank the State Health Coordinating Council for the opportunity to speak today about our petition for an adjusted need determination for 40 additional skilled nursing care beds in Nash County. We are petitioning for these beds because we see a great need for skilled nursing care for certain complex patients who are ready to be discharged from our LTCH or an acute care hospital but cannot find a bed. Specifically, the majority of skilled nursing facilities in the state do not accept patients with one or more of the following conditions/needs:

- Ventilator dependency
- Tracheostomies
- Bariatric patients over 300 pounds
- IV antibiotics administered more than once daily
- Total Parenteral Nutrition

This issue was brought to the SHCC's attention last year by UNC Hospitals' petition for a policy that would have allowed the development of ventilator nursing beds. The SHCC determined that a new policy was unwarranted given that a provider can petition for an adjusted need determination, which is what we are doing.

In order to ensure that the requested beds do not duplicate services already available in Nash County or other areas, our petition suggests that language be added to the need determination requiring that any applicant for the beds demonstrate that the beds will serve patients with one or more of these complex conditions that are not served elsewhere.

Our petition provides quantitative analysis supporting the 40 beds requested as well as greater detail about the statewide deficit of services for these patients. More importantly, in my belief, and what I want to leave you with is an understanding of the patients behind these numbers. Here's a real example of the types of people that would benefit from these beds:

Ms. Y, was admitted to LifeCare from Vidant Medical Center with Acute Respiratory Failure requiring ventilator support. The patient's hospital course was complicated by multiple co-morbidities including: Dysphagia, Obesity Hypoventilation Syndrome, Coronary Artery Disease, Chronic Obstructive Pulmonary Disease, and Chronic anemia.

After multiple failed vent weaning attempts, Ms. Y was deemed a “chronic vent” patient and attempted referrals to Skilled Nursing Facilities began in April 2013. At that time, LifeCare attempted to refer Ms. Y to the four SNFs accepting ventilator patients: Pungo District Hospital, Valley Nursing and Rehab, Kindred of Greensboro, and Oak Forest. None of the facilities were able to accept Ms. Y. The reasons of denials included: no beds available, unable to accept due to morbid obesity (the patient weighed 304 pounds), mobility status, and no active Medicaid (although the patient did eventually receive approval for Medicaid).

Finally, after a 342 day length of stay at LifeCare, space became available and the patient was transferred to Valley Nursing and Rehab in

Taylorsville, which is approximately 250 miles from Ms. Y's home.

While placement in a SNF was eventually possible for Ms. Y, the almost one year spent waiting for an available bed, as well as the distance from her home to the accepting facility demonstrates that additional beds are needed, in eastern North Carolina, to care for these patients.

Honestly, if I might go off script for just a moment....

I have worked at LifeCare for 16 years... first as a RN and I can tell you from years of working at the

bedside- these pts with vents, trachs/ dialysis are

almost impossible to discharge. You can ask any Case

manager in any hospital in the state. When ~~Pungo~~ ^{the only}

~~District Hospital in Belhaven~~ ^{Long term} closed, the situation

became critical in Eastern, NC. Our patients and

families are having to travel 3 to 6 hours away from

home for a place to stay, if they can find one. Or, they

are forced to try and take their loved ones home, often

resulting in multiple readmits back to the hospital or

worse, the patients are just not making it and families

are feeling the guilt. If I could impress anything upon

you today, it is that Eastern, NC and the entire state is

in desperate need of facilities that will take long term,

chronic vents. We would like to provide

some of those beds & it is a service

we excel at.

Thank you for your time and consideration

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