

PETITION FOR AN ADJUSTED NEED DETERMINATION

Petition to Create an Adjusted Need Determination for 24 Acute Care Beds in Johnston County in the *2024 State Medical Facilities Plan*

PETITIONER

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STATEMENT OF THE PROPOSED CHANGE

UNC Health Johnston respectfully requests that the State Health Coordinating Council allocate 24 additional acute care beds for Johnston County in the *2024 State Medical Facilities Plan (SMFP)*.

BACKGROUND

UNC Health Johnston, formerly Johnston Health, is the sole hospital system in Johnston County, and is comprised of a 149-bed hospital in Smithfield (including 129 acute care and 20 psychiatry beds) and a 50-bed acute care hospital in Clayton. For purpose of the acute care bed methodology in the *Proposed 2024 SMFP*, UNC Health Johnston has 176 licensed beds, accounting for the exclusion of its three licensed Level II neonatal beds (for which the associated volume is also excluded for FFY 2021 and FFY 2022). In 2014, Johnston Health partnered with UNC Health to become UNC Health Johnston, thereby enhancing both the scope and quality of its services, as well as providing Johnston County residents with direct access to the broader scope of services provided by UNC Health facilities across the Triangle region. At the same time, UNC Health Johnston is able to benefit from UNC Health's focus on ensuring that patients receive high quality care closer to home, as appropriate. In just the first half of 2023 alone, UNC Health Johnston has received numerous statewide and national honors for the quality of its care, including the honor of being named as one of the "World's Best Hospitals" by *Newsweek*, a Patient Safety Excellence Award recipient by Healthgrades – placing UNC Health Johnston among the top five percent of all short-term acute care hospitals in terms of safety ratings. UNC Health Johnston has also been recognized with a five-star rating for the treatment of heart attacks by Healthgrades for three straight years, denoting better-than-expected clinical outcomes for the treatment of heart attacks, from 2021 to 2023, and was also the recipient of the American Heart Association's *GoldPlus* Get With the Guidelines® - Stroke quality achievement award in 2022. UNC Health Johnston believes that these quality awards will continue to bolster its reputation in the communities it serves, supporting the already growing need for additional acute care capacity in Johnston County.

Petition: Johnston County Acute Care Beds

UNC Health Johnston

Page 2 of 12

In determining acute care bed need for the *Proposed 2024 SMFP*, the State Health Coordinating Council (SHCC) continued to use an adjusted growth rate multiplier, stating that “[d]ue to the continuing effects of the COVID-19 pandemic on bed need, the Committee approved an adjustment to the growth rate multiplier for the need determination calculations. Specifically, the calculations used the county growth rate multiplier from the 2021 SMFP, which reflects the 2015-2019 pre-pandemic reporting years.”¹ This assumption is also reflected in the *Proposed 2024 SMRP* on page 31 under the heading “Changes from the Previous Plan.”

Given the circumstances of the past few years, UNC Health Johnston is not questioning the need for an adjusted need determination methodology for use in the statewide methodology, and, to the contrary, applauds the SHCC and DHSR staff in their efforts to utilize a more reasonable approach to determining statewide need. However, as was the case in 2022, UNC Health Johnston still believes that there are special attributes relating to Johnston County that render this adjusted methodology less effective for the service area. While the adjusted calculations in the methodology result in *higher* growth rates than would be otherwise calculated in some service areas, thereby showing need for *more* beds than the standard calculations would show, the adjusted methodology continues to understate the need for acute care beds in Johnston County, based on UNC Health Johnston’s data and experience. For example, New Hanover County has a Growth Rate Multiplier (GRM) of 1.026 based on the growth from 2015 to 2019, resulting in a need for 706 beds in 2026, which is a net deficit of two (2) beds given the current planning inventory. In contrast, if the unadjusted data were used for 2018 through 2022, the GRM would be 0.996, and the service area would have a projected surplus of more than 70 beds. Please note that this is only used as a simple example and is in no way intended to suggest that the calculations for New Hanover County are overstated or otherwise incorrect; however, it does indicate that some service areas have higher projected bed needs than would otherwise be calculated. In contrast, the opposite is the case for Johnston County, which has a lower projected bed need than would be generated using the standard methodology, based on the issues discussed in this petition. UNC Health Johnston would also note that there are other service areas that would similarly show a lower bed need if more recent data were used; New Hanover is simply one example of many.

In addition, UNC Health Johnston understands the basis for the Agency’s denial of its similar Petition for an adjusted need determination in Johnston County last year, specifically its concern that the growth between 2020 and 2021 was a temporary “bounce-back” phenomenon. However, as detailed below, UNC Health Johnston believes that any growth experienced for Johnston County’s acute care bed average daily census (ADC) or overall beds needed to meet target occupancy is in fact sustainable – and believes its case has in fact strengthened further, given the additional year of sustained high volume it has experienced over the past year, as well as the need determinations for beds in counties adjacent to Johnston County in the *Proposed 2024 SMFP*. These determinations, in contrast to the lack of acute care bed need determination for Johnston County, further highlight the unique circumstances of and closer examination required for Johnston County and the needs of its patients.

¹ As noted in the “Acute Care Services Committee Recommendations to the NC State Health Coordinating Council.” May 31, 2023, p. 1. Accessed at https://info.ncdhhs.gov/dhsr/mfp/pdf/2023/shcc/01A_ACSCCommitteeReport-5-31-23_final.pdf.

Petition: Johnston County Acute Care Beds

UNC Health Johnston

UNC Health Johnston believes that its request to allocate 24 additional acute care beds for Johnston County is not only conservative (considering the unadjusted standard methodology's need projection of 42 beds, detailed below), but also necessary, given the quantitative and qualitative factors discussed as follows. As such, UNC Health Johnston respectfully requests that the SHCC consider the unique needs of Johnston County that merit the approval of a special need adjustment outside of the adjusted methodology as shown in the *Proposed 2024 SMFP*.

REASON FOR THE REQUESTED ADJUSTMENT

As explained in last year's petition, in 2015, UNC Health Johnston embarked on an aggressive program to decrease its average length of stay (ALOS) for patients receiving care in its acute care beds. This included partnering with local community paramedics and long-term care facilities. The program initially proved to be effective, as ALOS dropped slightly in FFY 2016 before dropping sharply in FFY 2017, as noted in the table below. While UNC Health Johnston believed that the partnership could permanently lower ALOS while also decreasing unnecessary readmissions, readmissions ultimately did not decrease as expected. As such, UNC Health Johnston terminated the program to prevent unnecessary readmissions and to ensure that UNC Health Johnston maintained its high quality of care. ALOS then increased to a nominal level until it sharply increased in FFY 2021 and FFY 2022, driven at least in part by programs to increase the scope of services and level of care provided at the hospital, as described in further detail below.

<i>FFY</i>	<i>Days of Care</i>	<i>Discharges</i>	<i>ALOS</i>
2015	35,336	8,934	3.96
2016	34,601	8,827	3.92
2017	30,408	9,161	3.32
2018	31,323	9,457	3.31
2019	34,806	9,906	3.51
2020	35,166	9,439	3.73
2021	43,036	9,727	4.42
2022	43,119	9,489	4.54

Source: License Renewal Applications; used instead of *SMFP* data to provide discharges for ALOS calculation

As previously discussed, the adjusted need determination for the *Proposed 2024 SMFP* utilizes a county growth rate multiplier (CGRM) that reflects FFY 2015 to FFY 2019. The use of this range, however, understates Johnston County's acute care bed need. As established in the table above, UNC Health Johnston experienced a considerable decline in patient days in FFY 2017 despite an increase in discharges of 3.8 percent, resulting from the decline in ALOS following implementation of the program described above. Because the adjusted need methodology utilizes the days of care growth rate from FFY 2015 to FFY 2019, it includes two years of declining patient days based on a program that is no longer in place, and which UNC Health Johnston does not believe is indicative of future need.

Petition: Johnston County Acute Care Beds

UNC Health Johnston

Page 4 of 12

In its report on UNC Health Johnston’s Summer 2023 Petition for adjusted need determination for 24 additional acute care beds in the Johnston County service area, the Agency, analyzing the data in UNC Health Johnston’s petition, “examined what the result of the need determination might have been had the (ALOS shortening) program not been implemented.” That analysis projected a 2025 surplus of 13 beds for Johnston County, which the Agency finds utilizing inpatient days of care (DOC) for years 2016, 2017 and 2018, excluding years of growth for 2017 through 2021, which the Agency claimed were “bounce-back” years of DOC growth. The Agency further stated that it believed “[t]his dramatic increase in DOC is believed to be a temporary, COVID-induced phenomenon experienced by hospitals statewide.”²

As demonstrated by data in this petition, however, UNC Health Johnston does not believe that the growth in days of care at UNC Health Johnston are merely representative of “bounce-back” from COVID. Given the ALOS program as detailed above, as well as UNC Health Johnston’s expectation of days of care continuing to increase as they have consistently over time, UNC Health Johnston believes that additional acute care bed capacity is needed for the patients of Johnston County for multiple reasons.

First, as detailed in the table above, both discharges and days of care increased in 2018 and more significantly in 2019, prior to the onset of the COVID-19 pandemic, driven by the growth of the Johnston County population, detailed further below, as well as the return to higher ALOS, as discussed above. Thus, the primary reason for a lack of a need determination in Johnston County is the temporary decline experienced in the two years prior to 2018, unrelated to the pandemic.

Second, the increase in length of stay also coincides with an increase in UNC Health Johnston’s Case Mix Index (CMI). As the SHCC may be aware, CMI is a common measure of the complexity of a hospital’s patients. CMI is a relative value assigned to Diagnosis Related Groups (DRGs) that reflects the clinical complexity and resource needs of patients with that DRG. A hospital’s case mix index is an average of its patient population’s case mix index—in this case, its Medicare population. Higher CMI values reflect higher clinical complexity and resource needs for the hospital’s patients overall. As shown in the table below, while all the hospitals in Wake and Johnston counties have experienced increases in CMI since 2018, UNC Health Johnston has had the second highest growth rate, and as of 2022, its Medicare patient population is more highly acute than WakeMed Cary’s.

² “Acute Care Committee Agency Report: Adjusted Need Determination Petition for the Johnston County Acute Care Bed Service Area in the 2023 State Medical Facilities Plan,” Sept 13, 2022, p. 3.

Petition: Johnston County Acute Care Beds

UNC Health Johnston

Facility	2018 CMI	2022 CMI	CAGR*
UNC Health Rex	1.94	2.09	1.9%
Duke Raleigh	1.94	2.06	1.5%
WakeMed Raleigh	1.88	1.96	1.0%
UNC Health Johnston	1.47	1.57	1.7%
WakeMed Cary	1.48	1.54	1.0%

*Compound Annual Growth Rate

Source: AHD; data reflect Medicare patients only

While this analysis examines only some of the patients at each facility, it does demonstrate that while the growth in acuity at UNC Health Johnston may not be unique, the rate of growth is one of the highest in the region. While UNC Health Johnston, like most hospitals, did treat COVID patients, it certainly did not treat as many as the larger hospitals in Wake County, yet its CMI increased at a greater rate than any of them other than UNC Health Rex. This increase is more appropriately attributed to the expansion of inpatient services at UNC Health Johnston, described more fully below.

Third, while UNC Health Johnston agrees with the SHCC that the inclusion of its 2020 to 2021 growth rate, 1.1813, which resulted in a CGRM of 1.0867 and a need for 54 additional acute care beds under the standard methodology in 2023, potentially overstates the need for additional beds in the immediate future, it also believes that the use of 2015 and 2016 data understates future growth. To compensate for these data issues and determine a more reasonable CGRM, UNC Johnston Health considered alternative approaches. One alternative would be to ignore the first two growth rates (i.e.: 2015 and 2016) and average the last two (i.e.: 2017 and 2018, which are 1.0277 and 1.1110, respectively). This would result in a CGRM of 1.0694. While this is a lower rate than results from the unadjusted methodology, it uses only two years of data. Further, while some of the growth in DOC from 2020 to 2021 may have resulted from the pandemic, not all of the increase is attributable solely to COVID; moreover, it would be inappropriate to exclude all COVID patient days since some of those patients, particularly patients with comorbidities, may have been admitted for other conditions even absent a pandemic. As shown in the table below, the use of the standard, unadjusted methodology results in a CGRM of 1.0794.

Petition: Johnston County Acute Care Beds

UNC Health Johnston

<i>FFY</i>	<i>Days of Care</i>	<i>Growth Rate for SMFP</i>
2018	31,161	
2019	34,620	1.1110
2020	35,545	1.0267
2021*	41,988	1.1813
2022*	41,937	0.9988
CGRM**		1.0794

Source: *SMFPs*, Healthcare Planning Section data

*Excludes neonatal patient days

**County growth rate multiplier

While this CGRM may seem high, UNC Health Johnston believes this CGRM is reasonable and in some ways conservative, because the data for 2021 and 2022 exclude neonatal days based on the most recent revisions to the methodology, while the previous years do not. Since the *SMFP* has not yet begun calculating the four-year change rate using periods prior to 2021, the *HIDI* data for these years without neonatal days are not available, and UNC Health Johnston is unable to calculate the actual growth rate; however, it would be higher for the 2020 to 2021 period, as would the four-year CGRM.

When this re-calculated, unadjusted CGRM is used in the methodology for the *Proposed 2024 SMFP*, Johnston County has a projected deficit of 42 acute care beds, as calculated below:

<i>2022 Inpatient Days of Care</i>	<i>County Growth Rate Multiplier</i>	<i>Projected Days of Care</i>	<i>2026 Projected ADC</i>	<i>2026 Beds Adjusted for Target Occupancy</i>	<i>Projected 2026 Deficit</i>
41,937	1.0794	56,937	156	218	42

UNC Health Johnston believes this projected deficit of 42 acute care beds to be reasonable; however, in recognition of the potential anomalous impact of the pandemic and to remain conservative, UNC Health Johnston proposes a second alternative approach, specifically that the SHCC include an adjusted need determination that is lower than what would result from application of the standard methodology, limited to only 24 additional acute care beds.

In addition to these methodology considerations, UNC Health Johnston also believes the need for acute care beds is supported by other factors not directly considered in the standard or adjusted methodologies. In addition to inpatient days, like many other providers, UNC Health Johnston is experiencing an increase in the number of patients “admitted” as observation patients. These are not patients being observed post-procedure or in the Emergency Department; rather, these are patients that have a condition that merits a stay of at least one overnight and are housed in an acute care bed, where they can be cared for appropriately by nursing staff. UNC Health Johnston has continued to shift lower acuity patients from inpatient stays to outpatient observations. As

Petition: Johnston County Acute Care Beds

UNC Health Johnston

Page 7 of 12

shown in the table below, UNC Health Johnston has experienced a dramatic increase in observation days. This shift results in an increase in acuity, and typically, ALOS for patients that are admitted.

<i>FFY</i>	<i>Observation Day Equivalents</i>	<i>Daily Census</i>
2018	4,430	12.1
2019	4,587	12.6
2020	4,479	12.3
2021	5,264	14.4
2022	7,316	20.0
2023	8,624	23.6
CAGR*	14.3%	

*Compound Annual Growth Rate

Source: Internal Data.

Critically, the ADC of observation patients – i.e., the daily census total – was more than 23 in FFY 2023, and these patients were primarily housed in licensed beds on acute care units, where they could receive the most optimal care. Of note, the only observation days in the table above provided in unlicensed beds were those provided in three observation beds on the Clayton campus. All the others, equating to an ADC of at least 21 patients, were treated in licensed acute care beds based on the clinical need of the patients. The 19 observation beds noted on UNC Health Johnston’s HLRA are used for the more traditional observation patients (i.e., those expected to be discharged after a few hours and not stay overnight), such as outpatient therapy (e.g., antibiotic infusions, blood transfusions, etc.), radiology extended recovery (e.g., vascular procedures), and extended cardiac recovery (non-emergent PCI). Since these patients are not included in the calculated days of care used in the acute care bed methodology, the actual occupancy rate of UNC Health Johnston’s acute care beds is understated by more than 17 percent in FFY 2022 (7,316 observation day equivalents compared to 41,937 acute care days). While UNC Health Johnston is not advocating for a methodology change in this petition to include observation days, it believes the clinical and operational realities of addressing the needs of its patients is important to consider, even as a qualitative factor. Simply put, the impact of these observation patients cannot be understated, as it is largely outside of UNC Health Johnston’s control. In many cases, these patients qualified for inpatient status in the past based on their condition upon admission but are now restricted to observation status by the payor, often only after the patient is placed in a licensed bed or even after they are discharged. To further complicate the matter, the determination of whether a patient is observation or inpatient varies by payor, meaning that the same type of patient may qualify for inpatient or observation status based only on the patient’s payor. For a health system like UNC Health Johnston that provides care to all in need, regardless of their payor status, this creates a situation in which patients could be treated differently based on their payor, which is unacceptable. UNC Health Johnston recognizes that observation beds can be developed without a need determination in the *SMFP*; however, no number of observation beds would fully address this growing issue. It is important to note, however, that despite this quantifiable set of patients, UNC Health Johnston is not asking for additional acute care beds based on these patients. As shown previously, the standard, unadjusted methodology would

Petition: Johnston County Acute Care Beds

UNC Health Johnston

Page 8 of 12

generate a need for 42 additional acute care beds without considering any observation patients. As such, while the increasingly more challenging observation patient issue is an important consideration, the request for an adjustment for 24 additional acute care beds does not count any of the observation patients, recognizing that they are not included in the methodology's calculated need.

Perhaps most importantly is the planned and purposeful increase in the scope of services available at UNC Health Johnston. Through its relationship with UNC Health, UNC Health Johnston has continued to elevate the services available locally in Johnston County, which is expected to continue to maintain a higher ALOS and increase the need for acute care capacity. Earlier this year, UNC Health Johnston recruited an additional interventional cardiologist, which has allowed it to expand access to its existing emergent and elective PCI program. Of note, the 2023 SMFP identified a need for an additional unit of cardiac catheterization equipment for Johnston County, which, if approved for UNC Health Johnston, would also increase the hospital's capacity to treat these patients, many of whom would require an inpatient stay.

Additionally, in October 2021, UNC Health Johnston was certified as a Primary Stroke Center. Awarded by The Joint Commission, Primary Stroke Center certification ensures that a healthcare provider is "providing the critical elements to achieve long-term success in improving outcomes for stroke patients."³ Patients who suffer a stroke are often transferred to the nearest health center based on this certification; UNC Health Johnston's certification, while unequivocally advantageous for Johnston County stroke patients, will also increase inpatient acute care volume. The nearest Joint Commission-certified Primary Stroke Center to Johnston County is WakeMed's Raleigh Campus in Wake County, which is over 30 miles from UNC Health Johnston's Smithfield campus. As a Primary Stroke Center, EMS protocols are expected to bring patients that were previously transported out of the county to UNC Health Johnston, where they can receive appropriate, timely intervention to preserve brain function, increasing the need for acute care beds.

UNC Health Johnston has continued to expand the scope of its specialized practices with the goal of providing accessible and high-quality care for its patients. For example, UNC Health Johnston also initiated a continuous renal replacement therapy (CRRT) program at its Smithfield Campus in August 2022. A highly specialized form of dialysis, CRRT is performed specifically on patients whose bodies are unable to tolerate regular dialysis. As it requires specialized equipment and physicians to perform, most facilities are unable to provide this unique procedure; in fact, prior to the initiation of this program, patients in Johnston County requiring CRRT necessitated transfer to a facility in Wake County where such a procedure could be performed. Since its inception, UNC Health Johnston has registered over 150 ICU patient days for CRRT cases, and that number continues to increase. Additionally, UNC Health Johnston also began offering inpatient spine orthopedic surgical procedures in September 2022, with the number of those procedures continuing to ramp up throughout 2023. Further, working with UNC Health Rex, UNC Health Johnston increased the scope of its OB/Gyn and Level II neonatal care, utilizing telemedicine to

³ The Joint Commission. "Primary Stroke Center Certification." Accessed July 12, 2023, <https://www.jointcommission.org/what-we-offer/certification/certifications-by-setting/hospital-certifications/stroke-certification/advanced-stroke/primary-stroke-center/>.

Petition: Johnston County Acute Care Beds

UNC Health Johnston

enable a greater range of infants treated in its Level II nursery to remain at UNC Health Johnston to receive care, where they can stay close by their mother, alleviating the anxiety and stress of the post-partum recovery process, as well as the added stress of having an infant receiving care in a Level II nursery. While the patient days experienced in the Level II nursery are not considered in the methodology, this program will also increase the number of mothers who will remain at UNC Health Johnston in an adult inpatient bed, as the practice is to keep both the baby and the mother together in the same facility. Finally, UNC Health Johnston will begin performing atrial closure cardiovascular procedures in November 2023, an inpatient procedure, which is expected to further increase the number of inpatient days of care at the facility. Through the expansion and initiation of these practices, UNC Health Johnston is continuing to enhance accessibility to all manner of healthcare for its patients and its community, but it needs sufficient inpatient capacity to serve these patients.

In addition to the increase in breadth and quality of UNC Health Johnston’s services, Johnston County’s patient volume is projected to increase due to the overall population growth of the county, and UNC Health Johnston must expand its acute care bed capacity to ensure that it can continue to meet the needs of this growing population. Over the next five years, Johnston County’s population is expected to grow over twice as fast as the population of the state. Johnston County is expected to have the 3rd largest numerical growth and 4th highest percentage growth in North Carolina, as shown in the table below.

County	2023	2028	Numerical Growth	Percent Growth
Currituck	32,208	38,727	6,519	20.2%
Brunswick	157,537	182,284	24,747	15.7%
Franklin	75,698	87,332	11,634	15.4%
Johnston	242,959	272,368	29,409	12.1%
Union	252,232	280,478	28,246	11.2%
Iredell	200,590	222,687	22,097	11.0%
Moore	107,122	118,913	11,791	11.0%
Wake	1,189,705	1,314,805	125,100	10.5%
Cabarrus	240,512	264,859	24,347	10.1%
Hoke	56,404	61,800	5,396	9.6%
North Carolina	10,794,463	11,387,716	593,253	5.5%

Source: NC Office of State Budget and Management, updated December 2022.

By increasing its scope of services, UNC Health Johnston expects to serve more Johnston County residents closer to home. According to the NC DHSR patient origin tables, only 48 percent of Johnston County inpatients received care in Johnston County in FFY 2021.⁴ Residents predominantly leave Johnston County to receive care in Wake (34.5%), Orange (4.7%), and Durham (4.6%) counties.⁵ As shown below, these counties have continually generated a need for

⁴ Accessed via https://info.ncdhhs.gov/dhsr/mfp/pdf/por/2022/03-PatientOrigin_Acute-2022.pdf.

⁵ Ibid.

Petition: Johnston County Acute Care Beds

UNC Health Johnston

additional acute care beds, partly as the result of Johnston County patients traveling for care. Of note, all three counties generated a need for acute care beds in the Proposed 2024 SMFP; Johnston County, meanwhile, is one of the few counties in the larger Triangle metropolitan area to not generate a need determination for additional acute care beds, despite population and healthcare services growth that equates to that of the three counties listed above.

Service Area	2021	2022	2023	2024	Total
Wake	-	45	44	70	159
Orange	-	-	-	26	26
Durham/Caswell/Warren	40	68	-	38	146
Johnston	-	-	-	-	0

Source: SMFPs

While UNC Health Johnston supports the standard methodology, in which need determinations are generated in the counties to which patients go for care, it also believes that by approving additional acute care beds for Johnston County, the SHCC will enable providers in Johnston County to decant capacity constraints from acute care providers in other counties in the Triangle area, while also addressing the continued strong growth of Johnston County. UNC Health Johnston believes the analysis above provides qualitative and quantitative support for additional acute care beds to support the sustained elevated inpatient utilization at UNC Health Johnston, the growing population of Johnston County and the expanded scope of services at UNC Health Johnston.

ADVERSE EFFECTS IF PETITION IS NOT APPROVED

UNC Health Johnston believes there will be adverse effects for Johnston County residents if additional acute care bed capacity is not allocated. Inpatient acute care days have grown historically, and, despite the impact of the COVID-19 pandemic, are likely grow in the future as well. Moreover, UNC Health Johnston is developing additional services to allow patients to remain in their local community for care rather than seek service in an adjacent or nearby county, which will also increase the rate of growth, driving the need for more beds. Without sufficient inpatient capacity, patients will be forced to endure long wait times before admission, including in the emergency department, or be forced to travel outside their home county for care. As such, UNC Health Johnston believes that the most prudent approach to offset these deleterious effects is to approve a modest need determination for Johnston County for the *Proposed 2024 SMFP*.

ALTERNATIVES CONSIDERED

UNC Health Johnston believes that the only realistic alternative is waiting for the standard methodology to trigger a need for additional acute care beds; however, this alternative is not viable, for the reasons detailed above. In addition, since the SHCC has determined that the pandemic has impacted the growth rate for acute care days for 2020 through 2023, and given that it may make a similar determination for 2024, it is unclear when acute care bed data will be purely “post-pandemic” and will be able to be used again to project acute care bed need. As such, UNC Health Johnston believes the approval of this petition is the best alternative at present.

Petition: Johnston County Acute Care Beds

UNC Health Johnston

Page 11 of 12

UNNECESSARY DUPLICATION

UNC Health Johnston does not believe the proposed change will result in unnecessary duplication of health resources. Given UNC Health Johnston's current and projected utilization, along with its expanding services and Johnston County's projected growth rates, additional beds are needed. In addition, as described above, the acute care bed methodology does not account for all the patients being treated in these beds. Further, if approved, the requested need determination of 24 beds would be the smallest need determination among non-rural counties in the *Proposed 2024 SMFP*.

BASIC PRINCIPLES

Safety and Quality

As noted above, UNC Health Johnston is projected to operate above acute care target occupancy levels in the near future. Operating above this threshold has negative ramifications, including possible delays in patient care, which could result in more expensive, inconvenient, or lengthy hospital stays, creating higher costs for both patients and payors. Furthermore, if patients and physicians are forced to access care at another healthcare facility with available capacity, they may encounter disruptions in continuity of their existing care schedule. Physicians and providers work daily to improve the systems of care which leverage information technology, multidisciplinary teams, and processes of care to deliver the right care at the right time to the right person. A facility under the control of another healthcare system cannot provide the same system of care to an unfamiliar physician and patient. As a result, safety and quality may be negatively impacted without the proposed allocation of beds.

Access

The proposed allocation will expand access within the local community. UNC Health Johnston is the sole hospital system in Johnston County, and, as such, the sole county provider of inpatient acute care services. As such, for patients in Johnston County who require medical services that necessitate inpatient care – such as treatment for STEMIs, strokes, CRRT and spine surgery – their most convenient, closest provider is UNC Health Johnston. Without sufficient inpatient acute care capacity, patients will be denied access to necessary care within their home county.

Value

UNC Health Johnston's ability to expand and add capacity as needed will enable safer and higher quality services compared to operating at or above capacity. Delays in treatment, emergency department boarding, and transferring patients to other facilities lead to an increase in expenditures by the patient and the payor, thereby increasing the cost of care and decreasing healthcare value.

CONCLUSION

UNC Health Johnston believes that the additional acute care beds requested in this petition are needed to ensure access to inpatient acute care services in Johnston County. Given its elevated and sustained days of care, the growing and expansive breadth of services that UNC Health Johnston is able to provide to its patients, and the projected population growth of Johnston County, UNC Health Johnston believes an additional 24 acute care beds are needed in Johnston County.