

# Operating Rooms

Agency Report:

Tiered Data

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## Tiered Operating Room Data

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### Overview

In the Proposed 2009 North Carolina State Medical Facilities Plan, the Acute Care Services Committee requested comments on Operating Room Need Projections Using Tiered Data.

### Summary of the Comments Received During the Public Comment Period

During the public comment period, the Division of Health Service Regulation received comments from the following five commenters.

- Sue Collier with University Health Systems
- F. Del Murphy, Carolinas HealthCare System
- Barbara Freedy with Novant Health
- Michael Freeman with Wake Forest University Baptist Medical Center
- Randi Pisko, North Carolina Specialty Hospital

Some salient points gleaned from the comments are shown below:

- Supports using tiered approach to evaluate OR need.
- Does not support using tiers in the methodology.
- Using tiers is more complex and confusing than the existing OR need methodology - the hours of operation and the average surgical hours per case can change annually.
- Proposed tiering methodology results in a greater surplus of ORs, compared to the standard methodology.
- Concerned about the integrity of the current proposed tiering methodology – more focus needs to be placed on the different characteristics of hospitals and ambulatory surgery centers.
- Tier 2-4 hospitals will be at a disadvantage, even though they are providing many of the same services as provided by tier 1 hospitals.
- Create a separate academic medical center tier.

### Agency Recommendations

In consideration of the above comments, the Agency does not recommend adopting the tiered methodology for determining need for additional operating rooms for the 2009 SMFP. However the Agency recommends continued evaluation of the tiered approach to determining need for additional operating rooms.