

Acute Care Services Committee
Agency Report for a
Special Need Determination Petition Regarding the
Proposed 2011 State Medical Facilities Plan
WakeMed Health and Hospitals

Petitioner:

WakeMed Health and Hospitals
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Request:

WakeMed Health and Hospitals is requesting an adjusted need determination in the 2011 State Medical Facilities Plan (SMFP) for four additional specialized operating rooms dedicated to children.

Background Information:

The Operating Room (OR) need methodology consists of several steps, which result in the number of ORs needed in OR service areas. The methodology uses a projected number of surgical hours, calculated by multiplying an estimate of surgery hours for inpatient and ambulatory cases for the previous year (data year) by the projected population change between the data year and the target year (four years from the data year). The number of operating rooms required by the target year is the result of dividing the projected number of surgical hours for the target year by 1,872 hours, which is the standard number of hours per OR per year based on assumptions used in the SMFP. The final methodology step, the number of additional ORs needed, is determined by subtracting the projected total number of required ORs from the current OR inventory, less excluded ORs, and adjusting any deficit depending on the number of existing ORs in the service area. The Proposed 2011 SMFP need methodology for operating rooms, does not distinguish between pediatric and adult operating rooms when calculating and projecting need for additional ORs in a service area.

In deference to the standard methodology, Chapter Two of the 2011 Proposed SMFP allows persons to petition for an adjusted need determination in consideration of "...unique or special attributes of a particular geographic area or institution..." if they believe their needs are not appropriately addressed by the standard methodology. According to the petitioner, pediatric surgical services require specialized equipment and particular operating room specifications and conditions, as well as separate facilities for pre- and post-operative care. The petitioner offers population statistics indicating that the age 0 to 17 population is rising in Wake County, and that pediatric surgical cases increased in Wake County by 31.8 percent between 2005 and 2009. The petitioner states that despite the need, there are no ORs in Wake County dedicated solely to pediatric surgery. The petitioner requests a special need determination for four ORs dedicated to pediatric surgery and exempt from inclusion in the inventory of ORs in the 2011 SMFP.

Analysis/Implications:

As indicated above, the OR standard methodology does not differentiate between pediatric and adult surgical cases or ORs. The methodology as applied to 2009 data for Wake County results in an overall need for 96.46 ORs in Wake County. Table 6B of the 2011 Proposed SMFP reports an adjusted planning inventory of 97 ORs in Wake County, and indicates there is no need for additional ORs in Wake County. The 2010 SMFP showed a need for three ORs in Wake County, for which certificate of need applications were due on 2/15/2010. ~~Additionally, the 2008 SMFP included a need determination for four ORs in Wake County, which were awarded to WakeMed.~~

The petitioner describes surgery-related needs unique to pediatric patients, and discusses the differences between operating room set-ups for children and adults. The following aspects of operating room design and operation are reported by the petitioner as being distinctive for children's surgery:

- Operating room temperature, size and environment
- Instrumentation and equipment
- Infection control
- Anesthesia
- Pre- and post-operative care and facilities

Although the petitioner provides information about the differences operationally between pediatric and adult surgery, as well as pediatric population and surgery case statistics for Wake County, there is no comparable data included about pediatric population growth in other counties, or volume differences between pediatric and adult surgical cases in Wake or other counties. Furthermore, as described above, the standard methodology resulted in two recent need determinations for Wake County, indicating that the methodology is responsive to increases in population and surgery case volumes within OR service areas.

Agency Recommendation:

The Agency concludes that the petition offered insufficient information to document unique circumstances in the Wake County OR service area. In view of this, and in support of the standard methodology, the Agency recommends denial of the petition.