

Pediatric Operating Room Workgroup Meeting

January 25, 2011



Member Introductions

- Dr. Dennis Clements, **Workgroup Chair**
- Dr. Prashant Patel, SHCC member
- Mr. John Young, SHCC member
- Dr. Zane Walsh, SHCC member
- Dr. Mark Piehl, Medical Director, WakeMed
Children's Hospital, Raleigh

Member Introductions, *continued*

- Dr. Susan Mims, Medical Director, Mission Children's Hospital, Asheville
- Dr. Ronald Perkin, Chair, East Carolina University Department of Pediatrics, Greenville
- Dr. Leonard Feld, Chair of Pediatrics and Chief Medical Officer, Levine Children's Hospital, Charlotte

Workgroup Charge

The Pediatric Operating Room

Workgroup is charged with the following:

- To investigate and develop recommendations about the need for the operating room standard methodology to include a determination of need for dedicated pediatric operating rooms in the North Carolina State Medical Facilities Plan.

Work Group Charge, *considerations*

Workgroup asked to consider:

- Implications of revising the methodology for hospitals and ambulatory surgery centers, such as
 - changes required in data collection (for example, Hospital License Renewal Application) about surgery cases
 - tracking operating room types once certificates of need (CON) are issued;
- Potential for reducing overall need for operating rooms due to dividing need between two age groups;
- Degree of flexibility recommended for providers to switch between operating room types once a CON has been issued; and
- Implications for ambulatory surgery centers.

Building Blocks

- Governor of North Carolina
- N.C. State Health Coordinating Council (SHCC)
- State Medical Facilities Plan (SMFP)
- SMFP Planning Process
- Standard Operating Room Methodology

N.C. State Health Coordinating Council

- Members are appointed by the Governor
- Directs the development of the State Medical Facilities Plan
- Has four standing committees
 - Acute Care Services Committee
 - Long-Term and Behavioral Health Committee
 - Technology and Equipment Committee
 - Quality, Access and Value Committee
- Convenes workgroups, such as this one, to focus on specific issues
- Chairperson: Representative William L. Wainwright

State Medical Facilities Plan

The objective of the State Medical Facilities Plan (SMFP) is to provide individuals, institutions, state and local government agencies, and community leadership with policies and projections of need to guide local planning for specific health care facilities and services.

SMFP Planning Process

- **Jan – April, 2011:** Gather, enter and analyze data from providers; workgroups meet now, and throughout year
- **Early March, 2011:** First SHCC meeting occurs, with a public hearing on statewide issues
- **April – May, 2011:** Committees meet, with the SHCC meeting late in May. Petitions for changes in basic policies and methodologies due on the day of the SHCC meeting.
- **July 1, 2011:** Proposed 2012 SMFP posted on the DHSR website

SMFP Planning Process

- **July 2011:** Six public hearings held across the state to get public input about and response to Proposed 2012 SMFP
- **August 1, 2011:** Petitions for adjustments to need determinations and other written comments about the 2012 Proposed SMFP due
- **September 2011:** Committees meet; SHCC meets late in September or early October 2011
- **November 2011:** Governor receives the 2012 SMFP for her review and approval
- **January 1, 2012:** 2012 SMFP becomes effective

Operating Room Methodology Steps

see 2011 SMFP Figure 6.1, and Tables 6A and 6B

1. Delineate Operating Room (OR) service areas (updated in 2011 and every three years)
2. Estimate total surgery hours for previous year by adding inpatient surgery cases times 3 hours, plus ambulatory cases times 1.5 hours.
3. Project future OR need for each OR service area based on growth of OR hours
 - assume growth rate for OR hours same as general population increase or decrease in an OR service area
 - assume standard number of hours per OR per year is 1,872 hours (9 hours/day x 260 days per year x 80% utilization.
 - divide projected surgical hours anticipated two years from now by standard hours per OR per year.
4. Update OR inventory by service area, minus exclusions
5. Determine need, subtracting OR inventory in each service area from projected OR requirements for each OR service area

2011 Hospital Data Collection Form

2011 Renewal Application for Hospital:
«FACILITY»

License No: «LICNO»
Facility ID: «FID»

All responses should pertain to October 1, 2009 through September 30, 2010.

8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures

NOTE: If this License includes more than one campus, please submit the Cumulative Totals **and COPY** and Submit a duplicate of pages 8 and 9 for each campus.

(Campus – *If multiple sites:* _____)

a) Surgical Operating Rooms

Report *Surgical Operating Rooms* built to meet the specifications and standards for operating rooms required by the Construction Section of the Division of Health Services Regulation, and which are fully equipped to perform surgical procedures. These surgical operating rooms include rooms located in Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	
Dedicated C-Section	
Other Dedicated Inpatient Surgery	
Dedicated Ambulatory Surgery	
Shared - Inpatient / Ambulatory Surgery	
Total of Surgical Operating Rooms	

Number of additional CON approved surgical operating rooms pending development: _____

CON Project ID Number(s) _____

2011 Hospital Data Collection Form

2011 Renewal Application for Hospital:
«FACILITY»

License No: «LICNO»
 Facility ID: «FID»

All responses should pertain to October 1, 2009 through September 30, 2010.

8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures (continued)

(Campus – If multiple sites: _____)

d) Surgical Cases by Specialty Area Table

Enter the number of surgical cases by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases, including surgical cases operated on in procedure rooms or in any other location.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)		
Open Heart Surgery (from 7.(b) 4.)		
General Surgery		
Neurosurgery		
Obstetrics and GYN (excluding C-Sections)		
Ophthalmology		
Oral Surgery		
Orthopedics		
Otolaryngology		
Plastic Surgery		
Urology		
Vascular		
Other Surgeries (specify)		
Other Surgeries (specify)		
Number of C-Section's Performed in Dedicated C-Section ORs		
Number of C-Section's Performed in Other ORs		
Total Surgical Cases		

Action Plan and Next Steps

Workgroup Charge:

- Investigate & develop recommendations about the **need** for the OR methodology to include need determination for dedicated pediatric ORs

Action Plan & Next Steps:

- Next steps – (possible ideas) Something related to DHSR data gathering? What and where is the need for pediatric ORs in NC? Practices in other certificate of need states? Workgroup meeting dates?
- April 13 – Workgroup Chairperson reports progress to Acute Care Services (ACS) Committee
- May 25 – ACS Committee reports to SHCC
- July 1 – post Proposed 2012 SMFP

Action Plan and Next Steps

2011

January						
Su	Mo	Tu	We	Th	Fr	Sa
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2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

February						
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27	28					

March						
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27	28	29	30	31		

April						
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May						
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22	23	24	25	26	27	28
29	30	31				

June						
Su	Mo	Tu	We	Th	Fr	Sa
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12	13	14	15	16	17	18
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26	27	28	29	30		

July						
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17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

August						
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28	29	30	31			

September						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
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11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

October						
Su	Mo	Tu	We	Th	Fr	Sa
						1
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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

December						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

4/13/2011 and 9/14/2011: ACS Committee Meetings;
5/25/2011 and 9/28/2011: SHCC Meetings

If you have questions?

- Carol G. Potter, Rh.D., Planner
- Elizabeth K. Brown, Chief of the Planning Section
- Drexdal Pratt, DHSR Director
- Kelli Fisk, Administrative Assistant

DHSR Medical Facilities Planning Section
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goodbye, see you next time!

