



## Pediatric Operating Room Workgroup Draft Minutes

January 25, 2011

1:00 – 3:00 pm

Royster Bldg. Room 116

### Medical Facilities Planning

MEMBERS PRESENT: Dr. Dennis Clements, Dr. Leonard Feld (via phone), Dr. Prashant Patel, Dr. Ronald Perkin, Dr. Mark Piehl, Dr. Zane Walsh, John Young (via phone)
MEMBERS ABSENT: Dr. Susan Mims
MFPS Staff Present: Carol Potter, Elizabeth Brown, Kelli Fisk
DHSR Staff Present: Drexdal Pratt, Craig Smith, Martha Frisone

Standing Agenda	Discussion	Motions	Recommendations/ Actions
Welcome & Introductions	Dr. Clements welcomed members, staff and visitors to the first Pediatric Operating Room Workgroup. Dr. Clements asked all members and DHSR staff to introduce themselves.		
Review of Executive Orders No. 10 and 67	Dr. Clements reviewed Executive Orders No.10 and 67 “Ethical Standards for the State Health Coordinating Council” Guide, asking all members that as they introduce themselves to include if they would be recusing themselves from any items on today’s agenda.		
Introductions	Dr. Clements inquired if anyone had a conflict or needed to declare that they would derive a benefit from any matter on the agenda or intended to recuse themselves from voting on the matter. Dr. Clements asked members to declare conflicts as agenda items come up. At this time, all members introduced themselves, stating their workplace and any financial benefits they or members of their families may have with any item on today’s agenda. None of the members indicated having a financial benefit that would be derived from any matter coming before the Workgroup for action. Therefore, no member recused themselves from voting on any matter coming before the Workgroup at the meeting.		There were no recusals during today’s meeting.
Recusals	There were no recusals during today’s meeting.		
Workgroup Charge	Dr. Clements reviewed the charge to the Pediatric Operating Room (OR) Workgroup, which is “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.”		

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Summary of Operating Room Methodology	Dr. Potter reviewed the standard operating room methodology, including the role of the N.C. State Health Coordinating Council, the development of the State Medical Facilities Plan (SMFP), and the SMFP Planning Process.		
Discussion Summary	<p>Members discussed the workgroup charge and issues related to designating ORs for pediatric surgery. Topics and questions raised included:</p> <ul style="list-style-type: none"> <li>▪ Need for pediatric ORs to have specialized equipment, different temperature than ORs for adult surgeries;</li> <li>▪ Benefits of children having ready access to parents, family, and having pediatric surgical services available near child’s home;</li> <li>▪ Utilization of ORs <ul style="list-style-type: none"> <li>○ Designating an OR as a pediatric OR affects flexibility, if the OR cannot be used for adult surgery. “The best OR is a utilized OR.” It would be a difficult decision, if designating an OR only for pediatrics resulted in an OR that is underutilized, since it couldn’t be used for adult surgeries.</li> <li>○ How many are surgeries are pediatric cases? Data needed – how many in this age range are have surgery; major medical centers; kind of centers; kind of surgery; length of cases – how long does each surgery take?</li> <li>○ Are pediatric ORs inherently less efficient?</li> </ul> </li> <li>▪ Part of the issue involves recruitment and retention of pediatric surgeons. How do we train the next group of pediatric doctors?</li> <li>▪ How define pediatrics? What age? 0-14, or to 18 or 21?</li> <li>▪ What are practices in other CON states?</li> <li>▪ Basic question: do hospitals designate their own resources for pediatric use, or does State Medical Facilities Plan include provisions for pediatric ORs?</li> <li>▪ There are several methodological options to consider, such as an exclusion, carve out, or exception for hospitals that have pediatric NICUs, PICUs</li> </ul>		
Action Plan and Next Steps	The Workgroup asked staff to determine what information and data is available regarding pediatric surgeries in NC, and to conduct a brief survey, if needed. Questions might include: How many in this age range have surgery? Inpatient versus outpatient? What kind of surgery? Length of time for surgery? Next meeting date to be determined.		Staff will follow up regarding availability of data about pediatric surgery in NC
Adjournment	Dr. Clements adjourned the meeting.		Meeting adjourned