



Acute Care Services Committee Minutes
May 8, 2013
10:00 – 12 Noon
Brown Bldg. Room 104

Medical Facilities Planning

MEMBERS PRESENT: Dr. Sandra Greene, Greg Beier, Dr. Don Bradley, Dr. Brenda Latham-Sadler, Michael Nagowski, Dr. Prashant Patel, John Young,
MEMBERS ABSENT: Dr. Leslie Marshall, Mr. Bill Bedsole
MFPB Staff Present: Nadine Pfeiffer, Shelley Carraway, Robin Krizan, Kelli Fisk
DHSR Staff Present: Drexdal Pratt, Craig Smith, Martha Frisone, Lisa Pittman
AG's Office: Bethany Burgon

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Welcome & Introductions	<p>Dr. Greene welcomed members, staff and visitors to the meeting. Dr. Greene stated that the purpose of the meeting was to review preliminary drafts of need projections generated by the standard methodologies in the acute care services chapters; consider recommendations for clarifying language in the operating room methodology; review the comparison of licensure and Truven Health Analytics acute care days of care data; and to follow-up on topics remaining from the April 10th meeting. Those items included the Single-Specialty Ambulatory Surgical Facility Demonstration Project Report, and the service area update for the Acute Care Hospital Beds and Operating Rooms.</p> <p>Dr. Greene stated that following this meeting, the Acute Care Services Committee's recommendations would be forwarded to all members of the State Health Coordinating Council (SHCC) for their consideration at the May 29, 2013 SHCC meeting. She acknowledged that the meeting was open to the public; however, discussions, deliberations and recommendations would be limited to the members of the Acute Care Services Committee.</p>		
Review of Executive Orders No. 10 and 67 Ethical Standards for the State Health Coordinating Council	<p>Dr. Greene reviewed Executive Orders 10 and 67 Ethical Standards for the SHCC with committee members and explained procedures to observe before taking action at the meeting. Dr. Greene explained the procedures to observe before taking action at the meeting. Each member of the Committee commented on his or her professional and institutional interests. There were no recusals.</p>		No recusals

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Approval of minutes from the April 10, 2013 Meeting	A motion was made and seconded to approve the April 10, 2013 minutes.	Dr. Bradley Mr. Nagowski	Minutes approved
Acute Care Hospital Beds – Chapter 5	<p>Service Area Update Ms. Krizan reviewed the every three-year process for reviewing and updating the acute care bed service areas in accordance with Step 1 – Application of the Methodology. The first update occurred in 2011. The next update would be required for the 2014 Plan.</p> <p>Ms. Krizan reviewed the following changes: Yancey will now be divided between Buncombe/Graham/Madison/Yancey and Mitchell/Yancey Service Areas. Mitchell will no longer be a multi-county service area. Tyrrell will no longer be in a multi-county service area with Chowan. Tyrrell will be in the Pitt/Greene/Hyde/Tyrrell service area. Chowan will become a single county service area. Graham will no longer be in a multi-county service area split between Buncombe/Graham/Madison/Yancey and Jackson. Jackson will become a single county service area. Gates will no longer be in a multi-county service area divided between Hertford/Gates and Pasquotank/Camden/Currituck/Gates/Perquimans. Gates will be in a multi-county service area with only Hertford.</p> <p>Licensure and Truven Data Comparison Ms. Krizan reviewed the annual process of comparing acute care days of care reported by hospitals on the Hospital License Renewal Application with days of care reported by Truven Health Analytics. The Division of Health Service Regulation notifies hospitals with discrepancies between the two sources of plus or minus five percent. There were 22 Hospitals with a discrepancy greater than or equal to five percent and only one hospital where the discrepancy affected need. Pioneer Community Hospital had a difference of -66.28%. A point was made when Table 5A was reviewed that the generation of need for Stokes County was due to this difference. Staff will follow up with the hospitals and report to the Committee in September.</p> <p>Bed Need Projections</p>		

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	<p>Committee members reviewed draft tables for Chapter 5. As shown in draft Table 5B, the following need determinations were generated by the standard methodology: 126 beds in Cumberland County, 51 beds in Moore County, 85 beds in the Pitt-Greene-Hyde service area and 26 beds in Stokes County.</p> <p>The committee discussed former Governor Perdue’s 2013 State Medical Facilities Plan approval letter preceding the Table of Contents, stating that the determination of need in the 2013 State Medical Facilities Plan and subsequent Plans, for Hoke County and Cumberland County, will reflect no need for acute care bed services until one of the two approved hospitals in Hoke County is licensed, in order that a more accurate determination can be made regarding the need of Hoke County residents. Therefore, Cumberland County will be footnoted in Table 5A and shown with no need in Table 5B.</p> <p>The committee discussed the-66.28% discrepancy between Licensure and Truven Health Analytics’ acute days in Stokes County. This discrepancy created an artificial need determination for the service area. The committee voted to take out this need determination. Therefore, Stokes will have a footnote in Table 5A and shown with no need in Table 5B.</p> <p>Draft Table 5C Long Term Care Hospital Bed Inventory was reviewed by Ms. Krizan regarding inventory, as there was no need determination methodology.</p> <p>A motion was made to discuss the possibility of a moratorium for one-year on acute care bed need in the state. Discussion ensued regarding the pros and cons on the topic of a moratorium pertaining to these issues: future financial projections, healthcare costs, lack of Medicaid expansion, artificial fix to an identified problem of beds being built but methodology showing need for more beds, decreasing utilization rates, higher rates of uninsured patients, payment sources both insured and uninsured, change of number of insured people effecting bed need, and future beds being licensed impacting need methodology once in use.</p> <p style="text-align: center;">Committee Recommendations</p>		

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	<p>A motion was made and the committee decision was consensus to remove the 26 bed need in Stokes County.</p> <p>A motion was made and seconded to put a one-year moratorium on acute care bed needs in the 2014 Plan.</p> <p>A motion was made and seconded to accept Tables for Chapter 5, with the understanding that staff will make necessary corrections and updates.</p>	<p>Mr. Beier</p> <p>Mr. Beier Dr. Bradley</p> <p>Mr. Young Dr. Bradley</p>	<p>Motion approved</p> <p>Vote 3-1 Motion carries Mr. Nagowski – recused Dr. Latham Sadler – abstained from the vote Mr. Young -- opposed</p> <p>Motion approved</p>
<p>Operating Rooms – Chapter 6</p>	<p>Service Area Update Ms. Krizan explained the every three-year process for revising the operating room service areas in accordance Step 1 – Delineation of Service Area. The first update occurred in 2011 Plan. The next would be required for the 2014 plan.</p> <p>Ms. Krizan reviewed the following changes: Caswell will no longer be in a multi-county service area with Person. Caswell will be in the Alamance/Caswell service area. Person will become a single county service area. Hyde will be divided in a multi-county service area between Pitt/Greene/Hyde and Beaufort/Hyde.</p> <p>The proposed additional language and table for inclusion in the proposed 2014 Plan.were reviewed to clarify the division of Hyde County’s population for the methodology based on the service area change. Hyde county’s population was divided between Beaufort and Pitt by assigning the proportion of the population of Hyde County residents receiving services in Beaufort and Pitt. Pitt was also assigned with Greene County and 100% of Greene’s population received</p>		

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<p>Single-Specialty Ambulatory Surgery Facility Demonstration Project</p>	<p>surgical services in Pitt County. The proposed language is similar language used in the 2012 Plan when describing the division of Hoke county between Cumberland and Moore.</p> <p>Need Projections Ms. Krizan reviewed Draft Tables 6A and 6B. In accordance with the current data set and methodology, there was a need for two ORs in Cleveland County. The underutilized facilities were not included in the calculations of need projections.</p> <p>Draft Table 6E was reviewed for inventory for Endoscopy Rooms as there was no need determination methodology.</p> <p>Committee Recommendation: A motion was made and seconded to accept the draft tables for Chapter 6, and to add a Table T to include totals in Table 6B with the understanding that staff will make necessary corrections and updates</p> <p>Annual Evaluation Report Summary - Piedmont Outpatient Surgery Ctr. Year 1 (3/1/12 – 2/28/13)</p> <p>Ms. Pfeiffer provided the following report:</p> <p>The first year’s project report was received by the agency on April 18, 2013 for the time period of March 1, 2012 to March 1, 2013.</p> <p>The report revealed that of the ten physicians practicing at the facility, one was not an owner of the practice. All the physicians maintained privileges at local hospitals and took ER call at local hospitals.</p> <p>12.36% the facility’s total revenue attributed to self-pay and Medicaid, which exceeded the required seven percent.</p> <p>The surgical safety checklist that had been used since the initial licensure of the facility was revised based on the WHO Surgical Safety Checklist and implemented</p>	<p>Mr. Nagowski Dr. Latham-Sadler</p>	<p>Motion approved</p>

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	<p>in June of 2012. Daily chart audits revealed checklist usage of 99.9%.</p> <p>The facility addressed the required, plus additional, measures for tracking Quality Assurance. They established four committees to assist with these activities.</p> <p>There is an electronic health record interface between the facility and physicians' offices. They have recently purchased a new electronic health record system which will also allow the transfer of laboratory results.</p> <p>Piedmont Outpatient Surgery Center had not demonstrated substantial compliance with the demonstration project criteria outlined in the Plan and the Certificate of Need due to the failure of the facility to report utilization and payment data to the statewide processor. This was due to a misinterpretation of the requirement. A contract has been signed with Truven Health Analytics as of May 10th for submission of this data.</p>		
<p>Other Acute Care Services - Chapter 7</p>	<p>Open Heart Surgery Projection Needs Ms. Krizan reviewed Draft Table 7A for Adult Open-heart Surgery procedures as there was no need determination methodology.</p> <p>Burn Intensive Care Services Need Projections Ms. Krizan reviewed draft Table 7C- Burn Intensive Care Services by stating the methodology dictated that utilization must be >= 80% at the state level for two years to generate a need. There were no need determinations based on the standard methodology at this time.</p> <p>Transplantation Services Need Projections Ms. Krizan reviewed Draft Table 7E Bone Marrow Transplants and Draft Table 7F Solid Organ Transplants. There were no need determinations for these services at this time.</p> <p>Committee Recommendation: A motion was made and seconded to accept the Other Acute Care Services draft tables and need projections, with the understanding that staff will make necessary corrections and updates.</p>	<p>Dr. Bradley Mr. Nagowski</p>	<p>Motion approved</p>

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Inpatient Rehabilitation Services – Chapter 8	<p>Need Projections Ms. Carraway reviewed the Inpatient Rehabilitation Services. Ms. Carraway reviewed the need projection for Table 8A. Ms Carraway stated the need projections are on Table 8A and there are 20 Inpatient Rehab Beds in HAS-4. Ms. Carraway stated these were in the 2012 SMFP and a CON has not been issued but, the applications are still pending. Ms. Carraway stated there were no need determinations for these services at this time.</p> <p>Committee Recommendation: A motion was made and seconded to accept the Inpatient Rehabilitation Services draft tables and need projections, with the understanding that staff will make necessary corrections and updates.</p>	Mr. Young Dr. Latham-Sadler	Motion approved
Other Business	<p>A motion was made and seconded to authorize staff to update narratives, tables and need determinations for the Proposed Plan as updates are received.</p> <p>Dr. Greene reminded members the full SHCC meeting will be held on May 29th and the next Acute Care Committee meeting will be held on September 18th.</p>	Dr. Bradley Mr. Beier	Motion approved
Adjournment	Dr. Greene adjourned the meeting.		