



Medical Facilities Planning

Acute Care Services Committee Draft Minutes
September 18, 2013
10:00 a.m.
Brown Bldg. Room 104

Members Present: Dr. T.J. Pulliam, Greg Beier, Dr. Don Bradley, Dr. Leslie Marshall, Michael Nagowski, Dr. Prashant Patel, Paul Wiles, John Young
Members Absent: Dr. Karl Pete
MFPB Staff Present: Nadine Pfeiffer, Paige Bennett, Shelley Carraway, Kelli Fisk
DHSR Staff Present: Drexdal Pratt, Cheryl Ouimet, Patsy Christian, Craig Smith, Martha Frisone, Lisa Pittman
AG's Office: Bethany Burgon

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Welcome & Introductions	Dr. T. J. Pulliam welcomed members, staff and visitors to the meeting. He acknowledged that the meeting was open to the public; however, discussions, deliberations and recommendations would be limited to members of the Acute Care Services Committee and staff.		
Review of Executive Orders No. 10 and 67 Ethical Standards for the State Health Coordinating Council	Dr. Pulliam reviewed Executive Orders 10 and 67 Ethical Standards for the State Health Coordinating Council (SHCC) with committee members and explained procedures to observe before taking action at the meeting. Each member of the committee commented on his or her professional and institutional interests. Mr. Nagowski stated he would recuse from voting on the Cape Fear Valley Health System petition.		Recusals by Mr. Nagowski regarding the Cape Fear Valley Health Systems petition.
Approval of 5/8/2013 Minutes	A motion was made and seconded to approve the May 8, 2013 minutes. Dr. Pulliam stated he would like the minutes to reflect collective appreciation and gratitude to Dr. Sandra Greene for a steady and thoughtful leadership as the chair of the Acute Care Services Committee for the last several years.	Dr. Bradley Mr. Beier	Minutes approved
Acute Care Hospital Beds – Chapter 5	Dr. Pulliam asked Paige Bennett to review actions taken by hospitals identified as having greater than ± 5 percent discrepancy between their 2012 Truven Health Analytics (“Truven”) and Division of Health Service Regulation Hospital License Renewal Application (“Licensure”) acute care days of care		

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	<p>data. Earlier this year 22 hospitals were identified of having greater than ± 5 percent discrepancy. After receiving revised data, 14 hospitals still exceeded the ± 5 percent discrepancy criterion. Seven of them did not respond and the other seven hospitals resubmitted new data but still exceeded the ± 5 percent discrepancy criterion. It appeared that further attempts to reconcile the data would not change the determination of no need for new beds in any of the affected service areas. The committee asked staff to place a note in the 2014 State Medical Facilities Plan (SMFP) for hospitals that could not reconcile the two data sources beyond ± 5 percent.</p> <p>Ms. Bennett noted that Stokes County generated a need in the Proposed 2014 Plan from the ± 5 percent discrepancy and now that Stokes has resubmitted new data this need has now been removed, but, Stokes County still exceeded the ± 5 percent discrepancy.</p> <p>Discussion ensued among committee members on how to improve the data DHSR receives from hospitals, including follow up with hospitals after notification of discrepant data.</p> <p>Ms. Bennett presented draft Table 5A using refreshed Truven data. Application of the methodology based on data and information currently available resulted in no change in the following need determinations from the Proposed 2014 SMFP, with the exception of an increase in one acute care bed for Cumberland County:</p> <ul style="list-style-type: none"> • Cumberland County, 127 Acute Care Beds (Need is contingent on the licensure of FirstHealth Hoke Community Hospital in 2013) • Moore County, 51 Acute Care Beds • Pitt-Greene-Hyde-Tyrrell Service Area, 85 Acute Care <p><u>Petitioner: Cape Fear Valley Health System</u> Cape Fear Valley Health System (CFVHS) requested an adjustment to Table 5B: Acute Care Bed Need Determinations in the Proposed 2014 State Medical Facilities Plan (SMFP) to show an adjusted bed need determination for the Cumberland Service Area of 34 acute care beds if the FirstHealth Hoke</p>		

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	<p>Community Hospital opens in 2013 as expected.</p> <p><u>Committee Recommendation:</u> The standard methodology created a need for 126 acute care beds in the proposed plan in Cumberland County. The committee determined that two special circumstances, spikes in the population and approved facilities yet to be open in the contiguous service area of Hoke County, significantly inflated the number of acute care beds needed in the Cumberland Service area.</p> <p>A motion was made and seconded to approve the petition as presented.</p> <p>Dr. Pulliam initiated a committee discussion to review the need for an Acute Care Bed Methodology Workgroup. Instituting this workgroup had been under consideration earlier in the year. The launch of the Affordable Care Act early next year could have potential impact on hospital utilization. The current model works for most counties in the state. Due to limited finances and changes in healthcare the committee opted to consider revisiting this issue in a year.</p> <p>A motion was made and seconded to forward Chapter 5, Acute Care Hospital Beds with approved changes, to the SHCC.</p>	<p>Mr. Beier Dr. Marshall</p> <p>Dr. Patel Dr. Bradley</p>	<p>Motion approved Mr. Nagowski recused from voting</p> <p>Motion approved</p>
<p>Operating Rooms – Chapter 6</p>	<p>Ms. Bennett reviewed the following petition.</p> <p><u>Petitioner: Blue Ridge Bone & Joint Clinic</u> The petition requested the North Carolina 2014 State Medical Facilities Plan (SMFP) include a demonstration project for a single specialty, two operating room, ambulatory surgical facility in the Buncombe-Madison-Yancey service area.</p> <p><u>Committee Recommendation:</u> The Single Specialty Ambulatory Surgery Demonstration Project was intended to test the model in NC. The committee felt there was not</p>		

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	<p>enough evaluation data on the three approved sites before approving a new, fourth location. The committee discussed the evaluation criteria and the length of time for data collection as described in the 2010 SMFP criteria.</p> <p>A motion was made and seconded to deny the petition.</p> <p>A motion was made and seconded to forward Chapter 6, Operating Rooms with approved changes, to the SHCC.</p>	<p>Mr. Beier Mr. Young</p> <p>Dr. Bradley Mr. Nagowski</p>	<p>Motion approved</p> <p>Motion approved</p>
Other Acute Care Services - Chapter 7	<p>Since the Proposed 2014 SMFP, there were no changes in the determination of no need for additional open-heart surgery services, burn intensive care services or transplantation services anywhere in the state. Over the summer, the committee received no petitions or comments for Chapter 7.</p> <p><u>Committee Recommendation:</u> A motion was made and seconded to forward Chapter 7, Other Acute Care Services to the SHCC.</p>	<p>Mr. Nagowski Dr. Marshall</p>	<p>Motion approved</p>
Inpatient Rehabilitation Services – Chapter 8	<p>Since the Proposed 2014 SMFP, there were no changes in the determination of no need for additional inpatient rehabilitation services anywhere in the state. Over the summer, the committee received no petitions or comments for Chapter 8.</p> <p><u>Committee Recommendation:</u> A motion was made and seconded to forward Chapter 8, Inpatient Rehabilitation Services to the SHCC.</p>	<p>Dr. Patel Mr. Young</p>	<p>Motion approved</p>

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Other Business	<p><u>Committee Recommendation:</u> A motion was made and seconded to authorize staff to update tables and narratives as indicated.</p> <p>Dr. Pulliam reviewed the upcoming Acute Care Services Committee meeting dates for next year:</p> <ul style="list-style-type: none"> ◆ Friday, April 11, 2014, 10:00 am ◆ Friday, May 9, 2014, 1:00 pm ◆ Friday, September 12, 2014, 10:00 am <p>Dr. Pulliam reminded everyone that the SHCC meeting would be held October 2, 2013 at 10:00 a.m. in Conference Room 104 of the Brown Building.</p>	Dr. Bradley Mr. Nagowski	Motion approved
Adjournment	There being no further business, Dr. Pulliam made a motion to adjourn the meeting.	Mr. Beier Mr. Young	Motion approved