



Medical Facilities Planning Branch

Acute Care Services Committee Minutes
May 9, 2014
9:00 – 11:00 a.m.
Brown Building Room 104

Members Present: Dr. Sandra Greene, Dr. Robert McBribe, Representative Donny Lambeth, Stephen Lawler, Kenneth Lewis
Members Absent: Christina Apperson, Dr. Karl Pete
MFPB Staff Present: Paige Bennett, Elizabeth Brown, Andrea Emanuel, Tom Dickson, Nadine Pfeiffer, Kelli Fisk
DHSR Staff Present: Drexdal Pratt, 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. She 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.</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 28, 2014 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 Order No. 46 Reauthorizing the State Health Coordinating Council	<p>Dr. Greene reviewed Executive Order 46 Reauthorizing the State Health Coordinating Council with committee members and explained procedures to observe before taking action at the meeting. She 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>		

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Approval of minutes from the April 22, 2014 Meeting	A motion was made and seconded to approve the April 22, 2014 minutes.	Dr. McBride Mr. Lewis	Minutes approved
Acute Care Hospital Beds – Chapter 5	<p>Dr. Greene stated the Licensure/Truven is a data process that the agency goes through each year to check the accuracy of submitted data. The data that drives the hospital bed need is the hospital discharge data which is sent to the hospitals, She stated it was a copy of the UB-04 claim forms and one copy is sent to the states data processor for every person who is discharged. Dr. Greene stated this is the data source that was used for driving the bed need. Also, another data source used is the Licensure Report Applications. Dr. Greene noted the hospitals self-report the number of days of care they have and staff check the discharge data to make sure the two forms match. If there is a difference of 5% or greater between the two forms, additional reviews are required from the hospital with the 5% or greater difference.</p> <p>Licensure/Truven Data Comparison Ms. Bennett provided a comparison between the Licensure Renewal Application and the Truven Health Analytics Acute Care Days of Care data. Ms. Bennett stated there were 28 facilities that had a 5% or greater difference in the licensure reports and in the past the agency has worked with the NC Hospital Association to contact all hospitals with a 5% discrepancy and have them to review the information that was submitted and make corrections. Ms. Bennett stated last year there were 13 hospitals that had a discrepancy of 5% or more that were not corrected. Ms. Bennett stated at the September meeting she will provide the Committee with a final list of hospitals that have not submitted corrected data to either Truven or to the agency.</p> <p>Need Projections Ms. Bennett reviewed the 5A Acute Care Bed Need draft table and need projections for Chapter 5. There were some updates in Table 5A in the four Health Service Areas with need. Ms. Bennett noted the updated Table 5B now reads, Cumberland 80, New Hanover 29, Stokes – is an error in self-reported data, and Vance 11.</p>		

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	<p><u>Committee Recommendation</u> A motion was made and seconded to accept the Acute Care bed data and need projections with the understanding that the need in Stokes County in Table 5A would be removed because of the large discrepancy between Truven and the Hospital License Renewal Application data and to allow staff to make necessary corrections and changes.</p>	Mr. Lawler Rep. Lambeth	Motion approved
Operating Rooms – Chapter 6	<p>Need Projections Ms. Bennett reviewed the draft tables and need projections for Chapter 6, Operating Rooms. Table 6A combines hospital and ambulatory surgical facilities in the state and Table 6A feeds into Table 6B. Ms. Bennett stated there were no needs for operating rooms, but there were two counties that were very close to needing an OR. The two counties were New Hanover and Granville.</p> <p><u>Committee Recommendation</u> A motion was made and seconded to accept the Operating Room data and need projections with the understanding that staff will make necessary corrections and changes.</p>	Rep. Lambeth Dr. McBride	Motion approved
Other Acute Care Services - Chapter 7	<p>Other Acute Care Services – Chapter 7 Need Projections Ms. Bennett reviewed the draft Table 7A stating this table was more of an inventory table rather than a need table. Draft Table 7C indicated burn cases in the state. There are two burn intensive units in the state located at UNC and Baptist Hospitals. In the original documents distributed earlier, there was an error and Ms. Bennett asked members to review the new table. In addition, there was an error in reported days of care at UNC, which have been corrected. There are no needs for Other Acute Care Services in the state.</p> <p><u>Committee Recommendation</u> A motion was made and seconded to accept the Other Acute Care bed data and need projections with the understanding that staff will make necessary corrections and changes.</p>	Mr. Lewis Dr. McBride	Motion approved
Inpatient Rehabilitation Services – Chapter 8	<p>Need Projections Ms. Bennett reviewed the draft table and need projections for Chapter 8, Inpatient</p>		

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	<p>Rehabilitation Services and stated there were some slight inventory changes where beds were moved around. There are no needs for Inpatient Rehabilitation in the state.</p> <p><u>Committee Recommendation</u> A motion was made and seconded to accept the Inpatient Rehabilitation Services bed data and need projections with the understanding that staff will make necessary corrections and changes.</p> <p>A motion was made and seconded to authorize staff to make updates and corrections to all tables and narratives as needed.</p>	<p>Mr. Lawler Dr. McBride</p> <p>Mr. Lewis Rep. Lambeth</p>	<p>Motion approved</p> <p>Motion approved</p>
Other Business	<p>Dr. Greene asked staff to provide the committee members with updated tables.</p> <p>Dr. Greene reminded members the full SHCC meeting would be held on May 28th and the next Acute Care Committee meeting would not be held on the scheduled date of September 12th. Dr. Greene stated staff would poll members for a rescheduled date.</p>		
Adjournment	Dr. Greene adjourned the meeting.		