
Acute Care Services Committee

Recommendations to the North Carolina State Health Coordinating Council

October 1, 2014

The Acute Care Services (ACS) Committee met once after the May Council meeting, on September 17, 2014.

Following is an overview of the Committee's recommendations for the Acute Care Services, Chapters 5-8, of the Proposed 2015 State Medical Facilities Plan.

Chapter 5: Acute Care Hospital Beds

One petition was received on this chapter.

Petition

Petitioner: Cape Fear Valley Health System

Request: The petitioner requests an adjusted need determination to reduce the number of beds in Cumberland County from 82 to zero.

Comments: One comment was received in support of the petition.

Committee Recommendation: The standard methodology created a need for 82 acute care beds in the proposed plan in Cumberland County. The committee determined that special circumstances including spikes in utilization; increasing usage of Veterans Affairs services; and the opening of facilities in the contiguous service area of Hoke County, significantly inflated the number of acute care beds needed in the Cumberland Service area. The committee recommends approving the petition.

Data Discrepancy Report

The Committee originally reviewed a list of 28 hospitals with discrepancies between their 2014 Truven Health Analytics ("Truven") and Division of Health Services Regulation Hospital License Renewal Application ("Licensure") acute days of care data greater than \pm five percent. The Medical Facilities Planning Branch received the resubmitted Truven data from the Cecil G. Sheps Center in September. After the data has been refreshed, the current discrepancy report denotes 15 hospitals that have a \pm five percent discrepancy. Out of those, seven hospitals did not provide an update. Pioneer Community Hospital of Stokes corrected their Truven data. The refreshed data removed the need from the plan, but they still maintained a greater than 5% discrepancy. It appears that further attempts to reconcile the data would not change the projection of no need for new beds in any of the affected service areas.

The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes.

Application of the methodology based on data and information currently available results in the following draft need determinations.

- Cumberland County, 84 Acute Care Beds
- New Hanover County, 31 Acute Care Beds
- Orange County, 46 Acute Care Beds
- Vance-Warren Health Service Area, 11 Acute Care Beds

Chapter 6: Operating Rooms

Two petitions were received on this chapter.

Petition 1

Petitioner: Wilmington Health PLLC

Request: The petitioner requests an adjusted need determination for two additional operating rooms in New Hanover County in the 2015 State Medical Facilities Plan.

Comments: Two comments were received that were opposed to the petition.

Committee Recommendation: The standard methodology created a 0.45 operating room deficit in the Proposed 2015 SMFP. This is five hundredths from creating a need for one operating room in New Hanover County. Data shows that operating rooms in the service have higher than 90% utilization in all but one of the last five years. In addition, there are two operating rooms in the county that are CON approved, but are only 50% developed. The committee decided to wait for additional data from the undeveloped operating rooms in order to receive accurate and updated utilization information. Therefore, the committee recommends denying the petition.

Petition 2

Petitioner: Blue Ridge Bone and Joint Clinic

Request: The petitioner requests an adjusted need determination for a demonstration project, single specialty, two operating room, in the Buncombe-Madison-Yancey Service Area.

Comments: Three comments were received regarding this petition. Two comments were received that were opposed and the other was from the petitioner.

Committee Recommendation: The Single Specialty Ambulatory Surgery Demonstration Project was intended to test the model in NC. The committee felt there was not enough evaluation data on the three approved sites before approving a new, fourth location. In addition, the original criteria for the Single Specialty Demonstration Project in the NC 2010 SMFP developed by the State Health Coordinating Council set the minimum number of ambulatory and shared operating rooms in each project service area at 50. Buncombe County has 45 shared and ambulatory operating rooms. The Committee recommends denying this petition.

The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further change.

Application of the methodology based on data and information currently available results in no draft need determinations at this time. Need determinations are subject to change.

Chapter 7: Other Acute Care Services

There were no petitions or comments related to this chapter.

The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes.

Application of the methodology based on data and information currently available results in no draft need determinations at this time. Need determinations are subject to change.

Chapter 8: Inpatient Rehabilitation

There were no petitions or comments related to this chapter.

The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes.

Application of the methodology based on data and information currently available results in no draft need determinations at this time. Need determinations are subject to change.

Recommendations Related to All Chapters

The Committee recommends the current assumptions and methodologies for these chapters be accepted for the 2015 SMFP. In addition, references to dates would be advanced one year, as appropriate.

Committee members authorized staff to update narratives, tables and need determinations for the 2015 SMFP as new and corrected data are received.