



Healthcare Planning & Certificate of Need Section

Acute Care Services Committee Minutes
May 3, 2016
10:00 AM-12:00 PM
Brown Building Room 104

Members Present: Dr. Sandra Greene, Christina Apperson, Dr. Mark Ellis, Representative Donny Lambeth, Stephen Lawler, Kenneth Lewis, Robert McBride
Members Absent:
Healthcare Planning Staff: Amy Craddock, Paige Bennett, Elizabeth Brown, Patrick Curry, Tom Dickson, Kelli Fisk
DHSR Staff: Mark Payne, Martha Frisone, Fatimah Wilson
Attorney General’s Office: Bethany Burgon

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Welcome & Announcements	<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 25, 2016 SHCC meeting. Dr. Greene announced throughout July, a series of six public hearings on the Proposed Plan will be held. The dates and locations of those hearings are on page 13 of the 2016 SMFP. Also, during July and August Healthcare will be accepting petitions and comments on the Proposed 2017 plan. The deadlines for those petitions and comments are also listed on page 13 of the 2016 SMFP.</p> <p>Dr. Greene acknowledged that today’s meeting was open to the public; however, discussions, deliberations and recommendations would be limited to the members of the Acute Care Services Committee.</p> <p>Dr. Greene announced that after holding a public hearing in March, the SHCC recommended to the Governor that he remove from the 2016 SMFP the need for 1 Operating Room in the Rowan County service area. Governor McCrory approved</p>		

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	this recommendation on Friday, April 29. The 2016 SMFP will be amended to reflect this change. Pertinent documents will be posted on the website and an email will go out when this is done.		
Review of Executive Order No. 46 Reauthorizing the State Health Coordinating Council Recusals	<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.</p> <p>There were no recusals.</p>		
Approval of minutes from the April 12, 2016	A motion was made and seconded to approve the April 12, 2016 minutes.	Dr. McBride Mr. Lewis	Minutes approved
Acute Care Hospital Beds – Chapter 5	<p><u>Acute Care Hospital Beds – Chapter 5</u></p> <p>Dr. Craddock reviewed Chapter 5.</p> <p>Licensure/Truven Data Comparison This report is a table that is not printed in the SMFP. The agency reconciles the Acute Days of care between the Hospital License Renewal Application (submitted to DHSR) and the data submitted to Truven Health Analytics. This table lists facilities that show a greater than 5% discrepancy between the two data sources. Currently, 27 facilities are on this list (including two closed facilities).</p> <p>The agency will be working closely with the NC Hospital Association to notify facilities and request that they correct their data with the agency and/or with Truven. An updated Discrepancy Report will be presented at the September 13 Acute Care Services committee meeting, after receipt of the “refreshed” Truven data and any corrections submitted to the agency.</p> <p>Acute Care Bed Service Areas Dr. Craddock pointed out the changes to the acute care bed service areas. Hyde County is no longer split between Pitt and Beaufort, but is now assigned only to Pitt County. This leaves intact the Pitt/Greene/Hyde/Tyrrell service area, but eliminates the Beaufort/Hyde service area. Beaufort is now a single county service area. Tyrrell County is now split between both Pitt and Chowan Counties. As before, Tyrrell is in the Pitt/Greene/Hyde/Tyrrell service area. It is also in the new multicounty service area – Chowan/Tyrrell.</p>		

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	<p>All other service areas remain the same. These changes will be reflected on updated maps in the Proposed 2017 SMFP.</p> <p>Data Tables Table 5A shows the inventory, along with the bed surplus and deficit numbers for Acute Care Beds. Table 5A and all analyses reflect the new service areas. Based on the draft Table 5A, there was a 2.4% increase in days of care from last year.</p> <p>For 2017, three service areas have draft bed need determination at this point (Table 5B): Durham County – 71 beds Mecklenburg County – 80 beds Orange County – 45 beds</p> <p>When Truven data is refreshed later in the year and if any corrections are made to the data, the need determinations may change.</p> <p>Table 5C is an inventory of beds in Long-Term Care Hospitals. There are no changes from last year (421 licensed beds). There is no need determination methodology for Long-Term Care Hospitals.</p> <p><u>Committee Recommendations</u> A motion was made and seconded to forward Chapter 5, Acute Care Hospital Beds to the full SHCC for approval.</p>	<p>Dr. McBride Ms. Apperson</p>	<p>Motion approved</p>
<p>Operating Rooms – Chapter 6</p>	<p><u>Operating Rooms – Chapter 6</u></p> <p>Dr. Craddock reviewed Chapter 6.</p> <p>The new Operating Room (OR) services areas for the 2017 SMFP are as follows:</p> <p>Caswell County is now paired with Guilford County rather than Durham County. This creates the new Guilford/Caswell multi-county service area. Hyde County is no longer split between Pitt and Beaufort. It is now assigned only to Pitt County. This assignment creates the new Pitt/Greene/Hyde/Tyrrell OR service area. Tyrrell County is now paired with Pitt County rather than Chowan County, making Tyrrell also part of the new Pitt/Greene/Hyde/Tyrrell OR service area.</p>		

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	<p>All other service areas remain the same. These changes will be reflected on updated maps in the Proposed 2017 SMFP.</p> <p>Data Tables Table 6A presents the inventory of ORs and Table 6B shows the Projected OR need. There was a 1.3% increase in the number of inpatient surgical cases from last year and a 1.9% increase in ambulatory cases.</p> <p>Table 6C shows that there are currently 4 draft need determinations: for ORs. Davie: 1 Moore: 1 New Hanover: 1 Union: 1</p> <p>As data are updated, these need determinations are subject to change.</p> <p><u>Committee Recommendation</u> A motion was made and seconded to forward the Operating Room data and need projections to the full SHCC for approval.</p>	<p>Rep. Lambeth Mr. Lawler</p>	<p>Motion approved</p>
<p>Other Acute Care Services - Chapter 7</p>	<p><u>Other Acute Care Services – Chapter 7</u></p> <p>Dr. Craddock reviewed Chapter 7. Chapter 7 covers several areas of acute care services.</p> <p>Table 7A and graph: Open-Heart Surgery Procedures. This table shows the number of procedures, but there is no need determination methodology for this service.</p> <p>Table 7C and graph: Burn ICU Services. Utilization is slightly up from last year. There is no need determination for the 2017 Proposed SMFP.</p> <p>Table 7E and graph: Bone Marrow Transplants. There is no need determination for this service in the 2017 Proposed SMFP.</p> <p>Table 7G and graph: Solid Organ Transplants. There is no need determination for this service in the 2017 Proposed SMFP.</p>		

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	<p><u>Committee Recommendation</u> A motion was made and seconded to forward the Other Acute Care bed data and need projections to the full SHCC for approval.</p>	Mr. Lewis Ms. Apperson	Motion approved
<p>Inpatient Rehabilitation Services – Chapter 8</p>	<p><u>Inpatient Rehabilitation Services – Chapter 8</u> Dr. Craddock reviewed Chapter 8.</p> <p>Table 8A shows the inventory and utilization of Inpatient Rehabilitation Beds. Utilization is at 62.1%, which is a slight increase from last year (60.3%). There is no need determination for inpatient rehabilitation beds in the Proposed 2017 SMFP.</p> <p>Charts for Chapter 8 Narrative The first accompanying chart (which appears on the first page of the Chapter 8 narrative) shows slight variation in days of care since 2009. The next chart reflects this trend and shows that utilization has ranged from 60.8% to 62.1% since 2009. The low point was 58% in 2013. The scale of the percentage-based chart has been changed to reflect a range of 0-100%.</p> <p><u>Committee Recommendation</u> A motion was made and seconded to forward the Inpatient Rehabilitation Services bed data and need projections to the full SHCC for approval.</p>	Ms. Apperson Dr. McBride	Motion approved
<p>Committee Recommendation</p>	<p>A motion was made and seconded to accept the data and need projections for Chapters 5, 6, 7, and 8, with the understanding that staff will make necessary corrections and changes, and to authorize staff to make updates to all tables and narratives as needed.</p>	Mr. Lewis Ms. Apperson	Motion approved
<p>Other Business</p>	<p>There was no other business.</p> <p>Dr. Greene noted the next Acute Care Services Committee meeting is Tuesday, September 13 at 10:00 a.m. The next full SHCC meeting is Wednesday, October 5 at 10:00 a.m. Both meetings are in this room.</p>	Dr. McBride Mr. Lawler	Motion approved
<p>Adjournment</p>	<p>Dr. Greene called for a motion to adjourn. Hearing no response, Dr. Greene adjourned the meeting.</p>		