



Healthcare Planning & Certificate of Need Section

Acute Care Services Committee Minutes
May 2, 2017
10:00 AM-12:00 PM
Brown Building Room 104

Members Present: Dr. Sandra Greene, Christina Apperson, Dr. Mark Ellis, Stephen Lawler, Kenneth Lewis, Dr. Robert McBride, Dr. Christopher Ullrich (<i>ex officio</i>)
Members Absent: Representative Donny Lambeth
Healthcare Planning Staff: Amy Craddock, Paige Bennett, Elizabeth Brown, Tom Dickson, Andrea Emanuel
DHSR Staff: Mark Payne, Martha Frisone, Lisa Pittman, 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. Dr. Greene noted that information for Chapter 6 will be presented after Chapters 5, 7, and 8 to assure sufficient time to discuss the new operating room methodology.</p> <p>Dr. Greene stated that following this meeting, the Acute Care Services Committee's recommendations will be forwarded to all members of the State Health Coordinating Council (SHCC) for their consideration at the June 7, 2017 SHCC meeting. Dr. Greene announced that a series of six public hearings on the Proposed Plan will be held throughout July. The dates and locations of those hearings are on page 13 of the 2017 SMFP. Also, during July and August Healthcare Planning will accept petitions and comments on the Proposed 2018 SMFP. The deadlines for those petitions and comments are also listed on page 13 of the 2017 SMFP.</p> <p>Dr. Greene acknowledged that today's meeting was open to the public. However, discussions, deliberations and recommendations are limited to the members of the Acute Care Services Committee.</p>		
Review of Executive Order No. 46 Reauthorizing the State Health Coordinating Council and Executive Order	Dr. Greene reviewed Executive Orders 46 and 122 with committee members and explained procedures to observe before taking action at the meeting.		

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No. 122 Extending the State Health Coordinating Council	There were no recusals.		
Approval of minutes from the April 4, 2017	A motion was made and seconded to approve the April 4, 2017 minutes.	Ms. Apperson Mr. Lawler	Minutes approved
Acute Care Hospital Beds – Chapter 5	<p><u>Acute Care Hospital Beds – Chapter 5</u> 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 care days of care between the Hospital License Renewal Application (LRA) 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, the list contains 20 facilities.</p> <p>This year, the Committee approved a change in the timing of notifying hospitals of discrepancies. Once the materials were posted on April 25, 2017, the agency communicated with the NC Hospital Association to notify facilities to request that they correct their data with the agency and/or with Truven. An updated Discrepancy Report will be presented at the September 12, 2017 Acute Care Services committee meeting, after receipt of the “refreshed” Truven data and any corrections to LRAs submitted to the agency.</p> <p>Data Tables Table 5A shows the inventory of acute care beds, along with the bed surplus and deficit numbers. Based on the draft Table 5A, there was a 0.35% increase in days of care from last year.</p> <p>Table 5B shows+ draft bed need determinations for 2018 in two service areas at this point: Forsyth County – 57 beds Mecklenburg County – 36 beds</p> <p>On May 1, 2017, the Agency received an email from North Carolina Baptist Hospital indicating an error in its Truven data. This error led to the reporting to Truven of a significantly higher number of days of care than should have been reported. As a result, the facility requested that the Agency use the days of care reported on the LRA in the Proposed SMFP rather than the Truven data. Use of the LRA data would remove the need in Forsyth County.</p>		

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	<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. New beds were licensed during 2016 for a total of 456 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. This motion included the use of LRA days of care data in the Proposed 2018 SMFP for North Carolina Baptist Hospital.</p>	Dr. McBride Mr. Lewis	Motion approved
Other Acute Care Services - Chapter 7	<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. There is no need determination methodology for this service.</p> <p>Table 7C and graph: Burn ICU Services. Utilization is slightly down from last year. There is no need determination for the Proposed 2018 SMFP.</p> <p>Table 7E and graph: Bone Marrow Transplants. There is no need determination for this service in the Proposed 2018 SMFP.</p> <p>Table 7G and graph: Solid Organ Transplants. There is no need determination for this service in the Proposed 2018 SMFP.</p> <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. Lawler Dr. McBride	Motion approved
Inpatient Rehabilitation Services – Chapter 8	<p><u>Inpatient Rehabilitation Services – Chapter 8</u></p> <p>Dr. Craddock reviewed Chapter 8.</p>		

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	<p>Table 8A shows the inventory and utilization of Inpatient Rehabilitation Beds. Utilization is at 61.3%, which is a slight decrease from last year (62.1%). There is no need determination for inpatient rehabilitation beds in the Proposed 2018 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 2010. The next chart reflects this trend and shows that utilization has ranged from 60.8% to 62.1% since 2010.</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>	<p>Mr. Lewis Dr. McBride</p>	<p>Motion approved</p>
<p>Operating Rooms – Chapter 6</p>	<p><u>Operating Rooms – Chapter 6</u></p> <p>Dr. Craddock reviewed several aspects of Chapter 6, reflective of the new methodology.</p> <p>AC-3 Policy Change Dr. Craddock presented edits to Policy AC-3 in Chapter 4 of the SMFP to reflect the changes approved at the Committee’s April 4, 2017 meeting.</p> <p>Data Tables There was a 1.9% increase in the number of inpatient surgical cases from last year and a 2.6% increase in ambulatory cases.</p> <p>Dr. Craddock pointed out that the tables reflect the new methodology as approved at the Committee’s April 4, 2017 meeting.</p> <p>Table 6A presents the inventory of ORs and shows how each facility is grouped for the need determination methodology calculations. Table 6B shows the steps related to projecting OR need.</p>		

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	<p>Table 6C shows that there are currently 4 draft need determinations for ORs.</p> <table data-bbox="583 220 1159 350"> <tr> <td>Buncombe: 2</td> <td>New Hanover: 1</td> </tr> <tr> <td>Durham: 4</td> <td>Orange: 6</td> </tr> <tr> <td>Forsyth: 4</td> <td>Pitt: 1</td> </tr> <tr> <td>Mecklenburg: 12</td> <td>Wake: 7</td> </tr> </table> <p>Chapter 6 Narrative Dr. Craddock next called the Committee’s attention to the revisions to the Chapter 6 narrative. In particular, she addressed the definition of “health system” as the term is to be used in the new methodology.</p> <p>Staff Recommendations At the April 4, 2017 meeting, the Committee asked the staff to make recommendations regarding a phased approach to implementing the new methodology. Dr. Craddock presented these recommendations. She first presented language to add to the Assumptions of the Methodology section of the Chapter 6 narrative. The language, with changes to the original shown as strike-throughs, was approved as follows: For the 2018 SMFP, when a need is calculated, the minimum need determination for operating rooms is set to two, after rounding. However, service areas with deficits that round to one operating room and consist of rural counties could reasonably expect a favorable decision from the SHCC if they petition for one operating room. The service area is considered to be rural if the county with the facility providing surgical services is a rural county as defined by the North Carolina Rural Center. In addition, the maximum operating room need determination in a service area in a single year will not exceed six, regardless of the deficit calculated. The Agency will reevaluate these two adjustments in 2018 to recommend whether to continue them.</p> <p>She next presented the draft 2018 need determinations, reflecting the staff’s recommended changes:</p> <table data-bbox="583 1260 1159 1357"> <tr> <td>Buncombe: 2</td> <td>Mecklenburg: 6</td> </tr> <tr> <td>Durham: 4</td> <td>Orange: 6</td> </tr> <tr> <td>Forsyth: 4</td> <td>Wake: 6</td> </tr> </table>	Buncombe: 2	New Hanover: 1	Durham: 4	Orange: 6	Forsyth: 4	Pitt: 1	Mecklenburg: 12	Wake: 7	Buncombe: 2	Mecklenburg: 6	Durham: 4	Orange: 6	Forsyth: 4	Wake: 6		
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	<p>Dr. Craddock also pointed out the addition of Table 6E to Chapter 6. This table shows the Certificates of Need issued pursuant to the Dental Single Specialty Ambulatory Surgical Facility Demonstration Project.</p> <p><u>Committee Recommendation</u> A motion was made and seconded to forward the revisions to Policy AC-3, operating room data, revised Chapter 6 narrative, Staff Recommendations as modified, and need projections (based on Staff Recommendations) to the full SHCC for approval.</p>	<p>Dr. McBride Dr. Ellis</p>	<p>Motion approved</p>
Brunswick County Analysis	<p>At the April 4, 2017 meeting, the Committee asked the staff to study and review issues surrounding the provision of surgical services in Brunswick County.</p> <p>Dr. Craddock presented an analysis of certificates of need issued in rural counties, the pattern of surgical procedures in Brunswick County since 2011, and current need determinations in Brunswick County.</p> <p><u>Committee Recommendation</u> A motion was made and seconded to accept the staff's report.</p>	<p>Mr. Lewis Dr. McBride</p>	<p>Motion approved</p>
Committee Recommendation	<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>	<p>Mr. Lewis Ms. Apperson</p>	<p>Motion approved</p>
Other Business	<p>There was no other business.</p> <p>Dr. Greene noted the next Acute Care Services Committee meeting is Tuesday, September 12 at 10:00 a.m. The next full SHCC meeting is Wednesday, June 7 at 10:00 a.m. Both meetings are in this room.</p>		
Adjournment	<p>Dr. Greene called for a motion to adjourn. Dr. Greene adjourned the meeting.</p>	<p>Mr. Lawler Mr. Lewis</p>	<p>Motion approved</p>