

**Acute Care Committee Agency Report
Adjusted Need Petition
for the Wake County Operating Room Service Area
in the 2022 State Medical Facilities Plan**

Petitioner:

WakeMed
3000 New Bern Avenue
Raleigh, NC 27610

Contact:

Thomas Gough
Executive Vice President & Chief Operating Officer
tgough@wakemed.org
(919)350-1960

Request:

WakeMed requests a special need determination for one OR for a Level III trauma center in the Wake County service area in the *2022 State Medical Facilities Plan (SMFP)*.

Background Information:

Chapter Two of the *SMFP* provides that “[a]nyone who finds that the *North Carolina State Medical Facilities Plan* policies or methodologies, or the results of their application, are inappropriate may petition for changes or revisions. Such petitions are of two general types: those requesting changes in basic policies and methodologies, and those requesting adjustments to the need projections.” The annual planning process and timeline allow for submission of petitions requesting adjustments to need projections during the comment period for the proposed SMFP in the summer. This includes petitions for adjustments based on a belief that “unique or special attributes of a particular geographic area or institution give rise to resource requirements that differ from those provided by application of the standard planning procedures and policies....”

North Carolina has six Level III trauma centers (Table 1). WakeMed Cary Hospital is the only Level III trauma center in the Wake County OR service area. There are 12 ORs in its planning inventory – 11 licensed and 1 CON-approved.

Table 1: NC Level III Designation Trauma Centers

County	Hospital
Cabarrus	Atrium Health Cabarrus
Cleveland	Atrium Health Cleveland
Cumberland	Cape Fear Valley Medical Center
Gaston	CaroMont Regional Medical Center
Mecklenburg	Novant Health Presbyterian Medical Center
Wake	WakeMed Cary

Source: <https://info.ncdhhs.gov/dhsr/ems/trauma/traumacenter.html>

Analysis/Implications:

The Petitioner asserts that Level III trauma centers are unfairly disadvantaged in not being allowed to exclude an OR in the methodology because, as a practical matter, there are no salient differences between Level II and Level III trauma centers specifically related to surgery. According to the designation criteria used in North Carolina and promulgated by the American College of Surgeons, Resources for Optimal Care of the Injured Patient 2014 (with 2020 clarifications), Level II centers require more resources than Level III centers. It is noteworthy that, unlike Level III centers, Level II centers must have availability in a second OR for trauma surgery if the first OR is occupied. Also, Level I centers are required to have in-house 24/7 coverage; Level II centers must have 24-hour immediate availability of specialists; and Level III centers are required to have 24 hour immediate availability for general surgeons and orthopedic surgeons only.

When the SMFP initially included hospitals in the OR need methodology in 2004, Level I and Level II trauma centers did not receive an additional OR. Rather, the SMFP added Assumption #2 of the OR need determination methodology, which excludes one OR at each Level I and Level II center from their planning inventory. This exclusion also removes the OR from the need determination calculations (p. 50, 2021 SMFP).

Agency Recommendation:

WakeMed asserts that Level II and Level III trauma centers should be treated equally in the OR need determination methodology. To that end, the Petitioner has requested an adjusted need determination in Wake County for 1 OR that specifically provides trauma surgery at a Level III trauma center. However, there are differences in the criteria among the different levels of trauma centers. These may or may not make a substantial difference in day-to-day operations. More important, when the SMFP first included hospital ORs in the methodology, Level II centers did not receive an additional OR. Rather, an OR was excluded from the existing planning inventory of the center via a basic assumption of the need methodology. Thus, there must be a revision in the methodology assumptions for all Level III centers in the State to be treated in the same way as Level II centers. Given available information and comments submitted by the August 11, 2021 deadline, and in consideration of factors discussed above, the Agency recommends denial of the petition to include a need determination for 1 OR in the Wake County service area in the 2022 SMFP.