



Carolinah HealthCare System

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August 1, 2008

Ms. Victoria McClanahan
Planner
Medical Facilities Planning Section
North Carolina Division of Health Service Regulation
2714 Mail Service Center
Raleigh, North Carolina 27699-2714

DFS Health Planning
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AUG 1 - 2008

Medical Facilities
PLANNING SECTION

**RE: Comments Regarding Operating Room Need Methodology in the Proposed
2009 State Medical Facilities Plan**

Dear Ms. McClanahan:

On behalf of Carolinas HealthCare System (CHS), I am providing comments on the operating room need methodology included in the Proposed 2009 State Medical Facilities Plan (SMFP).

Level I, II and III Trauma Centers

On page 58 you requested comments regarding the exclusion of one operating room for each Level I, II or III trauma center. The trauma center rules require Level I and II trauma centers to have an operating room available immediately at all times with in-house staff availability. We agree with the current methodology that excludes one operating room for each Level I and II trauma center.

The rules for Level III trauma centers require an operating room be available within 30 minutes. CHS operates a Level III trauma center at Cleveland Regional Medical Center (CRMC) in Shelby. CRMC is able to effectively manage their surgical cases to accommodate a trauma case within the allowed time frames without holding an operating room vacant. In addition, with the exception of CRMC and High Point Regional Medical Center (the State's only other Level III center), all the designated trauma centers in the state are large regional referral medical centers (see Attachment 1). These facilities,

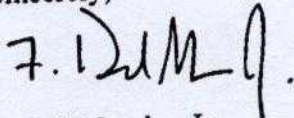
based on their roles in their service areas, have greater operating room capacity to accommodate the trauma rule in question. We believe as additional hospitals in North Carolina seek Level III designation these facilities will likely be similar in size to CRMC and not have the operating room capacity as the larger Level I and Level II centers. In light of our experience at CRMC and the likelihood that future Level III trauma centers will not have substantial operating room capacity, we recommend that an operating room not be subtracted from the operating room inventory of Level III trauma centers.

Tiered Operating Room Methodology

On page 80 of the Proposed 2009 SMFP you requested comments on the tiered operating room methodology. CHS attended the operating room work group meetings that resulted in the tiered methodology presented in Table 6D. Overall, we believe the tiered approach provides a more accurate view of operating room need in the State. The tiered approach also factors in actual reported data for case times and operating room hours of operation rather than statewide averages applied to a wide range of facility types. We support the tiered approach contained in the Proposed 2009 SMFP.

If we can be of any assistance to the Medical Facilities Planning Section in the coming months as the development of the final 2009 SMFP continues, please do not hesitate to contact us.

Sincerely,



F. Del Murphy, Jr.
Vice President

Attachment 1

North Carolina Designated Trauma Hospitals

<u>Trauma Centers</u>	<u>Location</u>
Level I	
UNC Health Care System	Chapel Hill
Duke University Medical Center	Durham
Wake Forest University Baptist Medical Center	Winston-Salem
University Health Systems of Eastern North Carolina	Greenville
Carolinas Medical Center	Charlotte
Wake Med	Raleigh
Level II	
New Hanover Health System	Wilmington
Mission St. Joseph's Health System	Asheville
Moses Cone Health System	Greensboro
Level III	
Cleveland Regional Medical Center	Shelby
High Point Regional Health System	High Point