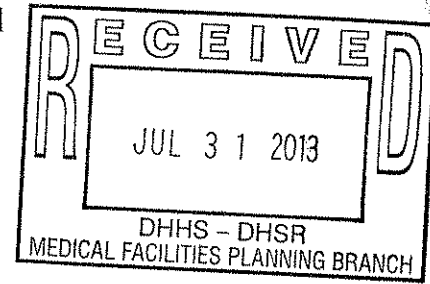


**Petition to the State Health Coordinating Council
Regarding Granville Vance Health Department
For the 2014 State Medical Facilities Plan**



July 31, 2013

Petitioner:

Granville Vance District Health Department
PO Box 367 101 Hunt Drive Oxford, NC 27565
(919) 693-2141 ext 144

Contact:

Lisa Macon Harrison, MPH
101 Hunt Drive Oxford, NC 27565
(919) 693-2141 ext 144

STATEMENT OF REQUESTED CHANGE

Granville Vance District Health Department requests the following special need adjustment to the *2014 State Medical Facilities Plan (Plan)*.

In Chapter 12, Table 12D should be revised to show a need for no new home health agency in Granville County.

**Table 12D Medicare-certified Home Health Agency or Office Need Determination
(Proposed for Certificate of Need Review Commencing in 2014)**

Based on information submitted in a Special Needs Petition, it is determined that there is no need for an office in Granville County and Table D should be revised as follows:

County	HSA	Home Health Agencies/Office Need Determination	CON Application* Due Date	CON Beginning Review Date
Granville	IV	0	N/A	N/A

REASONS FOR THE PROPOSED CHANGES

Overview

Granville Vance District Health Department is one of six rural health departments in the state of North Carolina that is organized as a District. The purpose of this structure is to assure that rural communities can enjoy economies of scale and operations that are otherwise available only in urban areas. As required by statute, the District has provided home health services and operated a licensed and certified home health agency for 39 years.

In 1997, the precursor to the Division of Health Service Regulation (Division of Facility Services) recognized the Granville-Vance District as a single geographic entity for purposes of location of the home health agency office. As show in in Attachment A, the Agency permitted GVDHD to relocate its home health agency office from Granville to Vance County without a Certificate of Need.

Policy HH-3 first appeared in the State Medical Facilities Plan in 2004 and the drafters were unaware of the impact of the 1997 Agency memo.

In 2007, GVDHD moved the home health agency office to Vance County to take advantage of a no-cost space lease. The move complied with the Agency's 1997 interpretation and GVDHD was not aware of Policy HH-3. However, it became aware of the Policy when the 2009 Plan indicated a need for another agency in Granville County.

Upon recognizing the apparent conflict between the Agency memo and Policy HH-3, in 2008, the Long Term Care Committee of the State Health Coordinating Council recommended that *the 2009 State Medical Facilities Plan* remove the need that was automatically generated by Policy HH-3 when GVDHD moved its office from Granville to Vance County to take advantage of free office space. The SHCC agreed, and the need was removed in the 2009 Plan. Documentation is included in Attachment B.

In 2013, DHSR Planning Staff prepared the *Proposed 2014 Plan*, carefully following the need methodology and the Home Health policies. The need methodology shows a surplus of patients served. However, because there is no Medicare Certified home health agency office physically within Granville County, the *Proposed 2014 Plan* shows a need for one in response to Policy HH-3. That policy generates a need in a county with more than 20,000 residents and no certified home health agency office located in the county. This is true.

However, the GVDHD home health agency office is only 3.5 miles from the Granville County line; and GVDHD has as many home health agency staff teams in Granville as in Vance County. The two-county district functions as one, giving it the economies of scale of an equivalent county with 110,000 residents. Granville has 58,000 and Vance has 52,000. Please see the maps in Attachments C and D.

As demonstrated in the Data Supplement to its Home Health Agency License Renewal application, GVDHD served more patients in Granville than Vance County in 2012. GVDHD retains an office in Oxford, in Granville County, North Carolina, which is only 15 miles, about 23 minutes away. This office functions as a home health agency way station under North Carolina rules.

This is a unique situation, not envisioned by State Medical Facilities Plan Policy HH-3. It was addressed once by the SHCC in 2008, but the problem will reoccur every year. This year, we are asking again in this special need petition to remove the need in Granville County. Thirteen agencies serve Granville County, according to Table 12A. Hence, it is not underserved.

In future plans, we would ask that the SHCC reconsider the concept of treating this district with population centers that are so close as a unique two county entity. Doing so would preserve the integrity and intent of Policy HH-3 and address the unique features of the Granville-Vance geography.

ADVERSE EFFECTS ON PROVIDERS AND CONSUMERS OF NOT MAKING THE REQUESTED CHANGE

Not making the change will add capacity in a county with a calculated surplus of service and cause unnecessary duplication of the services of 13 agencies that already serve it. It will have a negative impact on GVDHD and require GVDHD to spend its limited resources on a Certificate of Need competition, rather than on serving patients. However, if this body determines that a need in the plan should persist and is the only way to appropriately serve patients, GVDHD will comply with this determination and file a CON application if funds are available.

ALTERNATIVES TO THE REQUESTED CHANGE CONSIDERED AND REJECTED

Ignoring this is not an option. GVDHD will continue to appear before the SHCC every time it moves its office across a county line inside the district.

Removing the need generated by HH-3 and permitting a need for a new office to occur when the 13 agencies serving the county can no longer meet the predicted need is a better solution that treats this area more like other areas in the state.

Leaving the need and hoping that no one will apply is not prudent.

EVIDENCE OF NON-DUPLICATION OF SERVICES

Removing the need will reduce duplication. Leaving it in will cause duplication.

EVIDENCE OF NORTH CAROLINA MEDICAL FACILITIES PLAN BASIC GOVERNING PRINCIPLES

Safety and Quality

GVDHD scores high on CMS core measures for Home Health. Please see Attachment E for a copy of its scores. GVDHD is accredited by an external agency the Accreditation Commission for Home Care. ACHC is recognized by CMS and its accredited agencies are granted deemed status for Medicare certification. GVDHD is licensed by the State of North Carolina and has no licensure violations or safety certifications.

GVDHD has organized safety and quality committees that meet North Carolina and CMS standards.

Access

GVDHD has home health agency staff assigned to both Granville and Vance Counties, has a designated office in Vance and a way station in Granville. It maintains good relationships with both Maria Parham Hospital in Vance and Granville Medical Center in Granville. It participates actively in the Community Care of North Carolina Access programs for Medicaid and uninsured persons, and is active in the North Carolina hospital transitions program. Our payor mix is 91 percent Medicare and Medicaid patients and 14 percent are Medicaid patients. Another 7 percent are contract patients for whom we receive Medicaid rates. One percent are VA patients.

Value

With high quality, high access to underserved groups and an agency that provides employment in a rural area, GVDHD meets the basic principles of the Proposed 2014 State Medical Facilities Plan. We represent the type of collaboration between agencies (health department and home health) that is described in the value section of the Basic Principles of the *Proposed Plan*.

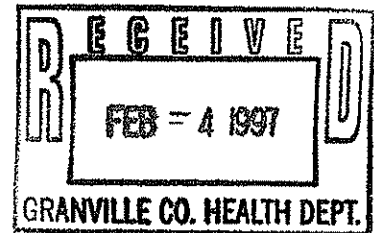
CONCLUSION

GVDHD meets the Quality Access and Value proposition for the 2014 State Medical Facilities Plan and respectfully requests positive consideration of this special need petition.

ATTACHMENTS

- A. 1997 Letter from Linda McDaniel
- B. Copy of May 28, 2008 Long Term Care Committee
- C. Location map GVDHD Offices
- D. Google map of distance from GVDHD office to Granville County
- E. Medicare Home Health Compare Scores

Attachment A



North Carolina Department of Human Resources
Division of Facility Services
701 Barbour Drive - Post Office Box 29530 - Raleigh, N.C.
27626-0530
Courier Number 56-20-05

James B. Hunt, Jr., Governor
McDaniel, Director
H. David Bruton, M.D., Secretary

Lynda D.

Phone: (919) 733-2342
Fax : (919) 733-2757

January 29, 1997

CERTIFIED

MAIL

W. Rodwell Drake, Jr., M.D.
Granville-Vance District Health Department
Post Office Box 367
Oxford, North Carolina 27565

RE: Declaratory Ruling Request by Granville-Vance District Health Department (Granville County)

Dear Dr. Drake:

I am enclosing a Declaratory Ruling which you requested in your letter received on December 9, 1996. If questions arise, do not hesitate to let me know.

Sincerely,

Lynda D. McDaniel

LDM:JRS:kv

Enclosure

cc: Bob Fitzgerald, Deputy Director
Jackie Sheppard, Assistant Director
Lee Hoffman, Chief, Certificate of Need Section
William Warren, Chief, Construction Section
Steve White, Chief, Licensure & Certification Section
DFS Attorney General Office

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF FACILITY SERVICES
RALEIGH, NORTH CAROLINA

IN RE: REQUEST FOR DECLARATORY)
RULING BY GRANVILLE-VANCE DISTRICT) DECLARATORY RULING
HEALTH DEPARTMENT)

I, Lynda D. McDaniel, Director of the Division of Facility Services (the "agency"), do hereby issue this declaratory ruling pursuant to N.C. Gen. Stat. § 150B-4, 10 N.C.A.C. 3B .0310, and the authority granted to me by the Secretary of the Department of Human Resources. The Granville-Vance District Health Department ("Petitioner") has asked the agency to issue a ruling as to the applicability of N.C. Gen. Stat. § 131E-176(16)q to the facts described below. For the reasons given below, I conclude that Petitioner is not required to obtain a certificate of need to relocate its home health agency office from the City of Oxford in Granville County to the City of Henderson in Vance County.

This ruling is binding on the agency only if the material facts stated in the request are accurate. The ruling applies only to this request. The agency reserves the right to prospectively change the conclusions which are contained in this ruling. Mr. W. Rodwell Drake, Jr., M.D. has requested this ruling on behalf of Petitioner and has provided the statement of facts on which this ruling is based. The material facts are set out below.

STATEMENT OF THE FACTS

Since 1974, Petitioner has owned and operated a home health agency serving Granville and Vance Counties. Petitioner's home health agency office is located in the City of Oxford in Granville County. Petitioner proposes to move the office to the City of Henderson in Vance County. I take administrative notice of the fact that Petitioner is a district health department that

was created pursuant to N.C. Gen. Stat. § 130A-36 to serve Granville and Vance Counties.

ANALYSIS

The certificate of need law provides that "[n]o person shall offer or develop a new institutional health service without first obtaining a certificate of need" N.C. Gen. Stat. § 131E-178(a). "The relocation of a health service facility from one service area to another" is a new institutional health service. N.C. Gen. Stat. § 131E-176(16)q. A home health agency office is a health service facility. N.C. Gen. Stat. § 131E-176(9b). Thus, a home health agency office may not be moved from one service area to another without a certificate of need. The issue presented by Petitioner is whether Vance County is a constituent part of the service area of Petitioner's home health agency office.

Ordinarily, for the purposes of N.C. Gen. Stat. § 131E-176(16)q, the service area of a home health agency office is the county in which the office is located. However, I conclude that this should not be the case for a home health agency owned and operated by a district health department. Every county is required to operate a health department, to provide public health services, and to provide home care services. N.C. Gen. Stat. § 130A-34 and N.C. Gen. Stat. § 131E-137. The General Assembly has provided that two or more counties may join together to form a district health department in lieu of separate county health departments "upon agreement of the county boards of commissioners and local boards of health having jurisdiction over each of the counties involved." N.C. Gen. Stat. § 130A-36(a). The certificate of need law should be applied in a manner that does not unnecessarily restrict the manner in which a district health department chooses to offer home health services in its district. Therefore, I conclude for the purposes of N.C. Gen. Stat. § 131E-176(16)q that the service area of a home health agency office

that is owned and operated by a district health department consists of the counties that comprise the district.

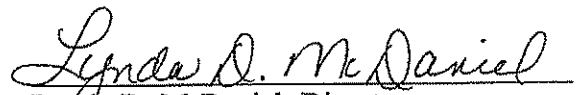
The county boards of commissioners and local boards of health of Granville and Vance Counties have elected to provide public health services through a multi-county health district composed of Granville and Vance Counties. Therefore, the service area of the home health agency office owned and operated by the Granville-Vance District Health Department consists of Granville and Vance Counties. Therefore, Petitioner is not required to obtain a certificate of need to relocate its home health agency office from the City of Oxford in Granville County to the City of Henderson in Vance County.

This ruling imposes no geographic limitation on the provision of services by a home health agency; a home health agency may offer home health services to any medically eligible person, regardless of that person's county of residence.

CONCLUSION

For the reasons given above, I conclude that the Granville-Vance District Health Department is not required to obtain a certificate of need to relocate its home health agency office from the City of Oxford in Granville County to the City of Henderson in Vance County.

This the 29th day of January, 1997.



Lynda D. McDaniel, Director
Division of Facility Services

CERTIFICATE OF SERVICE

I certify that I have served a copy of the foregoing Declaratory Ruling on the following person by depositing the copy in an official depository under the exclusive care and custody of the United States Postal Service in a properly addressed postage-paid wrapper.

W. Rodwell Drake, Jr., M.D.
Health Director
Granville-Vance District Health Department
115 Charles Rollins Road
Henderson, North Carolina 27536

This the 29th day of January, 1997.



Jackie Sheppard
Assistant Director

Attachment B

Long-Term & Behavioral Health Committee

May 28, 2008

Recommendations to the N. C. State Health Coordinating Council

The Long-Term & Behavioral Health Committee met on May 16, 2008. The Committee considered policies and methodologies for nursing care, adult care homes, home health, hospice services, dialysis facilities, psychiatric inpatient services, substance abuse inpatient and residential services, and intermediate care facilities for the mentally retarded from the 2008 State Medical Facilities Plan; recommendations of the Home Health Task Force; recommendations regarding the in-patient hospice bed need methodology; a petition proposing changes to the home health policy; a petition proposing changes to the hospice home care methodology; and, a proposal regarding Policy PSY-2. From its deliberations, the Long-Term & Behavioral Health Committee makes the following recommendations for consideration by the North Carolina State Health Coordinating Council in preparation of the Proposed 2009 State Medical Facilities Plan.

Recommendations Related to the Nursing Care Facilities Chapter:

Policies related to nursing care facilities begin on page 18 of the 2008 State Medical Facilities Plan and the Nursing Care Facilities Chapter begins on page 155 of the Plan.

The Committee recommends that the current nursing facility policies, assumptions and methodology be accepted for the Proposed 2009 Plan. Also, for the Proposed 2009 Plan, references to dates would be advanced one year.

Combined data from freestanding and hospital-based nursing care facilities were used for development of "use rates per 1000 population." In keeping with the current methodology, use rates were trended forward for thirty months. The resulting "Use rates per 1000 Population" are noted at the bottom of Draft Table 10B (Attachment A). It is noted that the population projections and estimates used in the development of the rates and need projections are subject to change by the Office of State Budget and Management prior to publication of the Proposed 2009 Plan.

The inventory of nursing care beds has been updated to reflect changes in licensure status and exclusions. Application of the draft "Use Rates" to draft population projections for 2012 using the standard methodology would result in one need determination in the State for review during 2009. The need determination would be for 10 beds in Camden County. Refer to Draft Table 10B (Attachment A) for the bed need analysis by county.

Recommendations Related to the Adult Care Homes Chapter:

The policies related to adult care homes are on pages 24-25 of the 2008 State Medical Facilities Plan and the Adult Care Homes Chapter begins on page 179 of the Plan.

The Committee recommends that the current adult care home policies, assumptions and methodology be accepted for the Proposed 2009 Plan. Also, references to dates would be advanced one year, as appropriate.

Five year combined data from freestanding adult care homes and nursing home/hospital-based adult care homes were used for development of "use rates per 1000 population." The resulting draft "Use rates per 1000 Population" are noted at the bottom of Draft Table 11B (Attachment B). It is noted that utilization data and population projections and estimates used in the development of the use rates are subject to change prior to publication of the proposed 2009 Plan.

The inventory of adult care home beds has been updated based on available information to reflect changes in licensure status and exclusions. It is noted that the inventory is subject to further changes. Application of the draft "Use Rates" to draft population projections for 2012 would result in need determinations in four counties for a total of 200 adult care home beds for review during 2009. The counties are: Camden – 20 beds; Cherokee – 80 beds; Dare – 60 beds; and, Gates – 40 beds. Refer to Draft Table 11B (Attachment B) for a bed need analysis by county. 200
]

Recommendations Related to the Home Health Services Chapter:

The policy related to Home Health Services is on page 26 of the 2008 SMFP and the Home Health Services Chapter begins on page 213.

On September 26, 2007, based on the recommendation of it's Long-Term and Behavioral Health Committee, the State Health Coordinating Council authorized the formation of a Home Health Task Force to make recommendations for the 2009 State Medical Facilities Plan. +

A seven member Task Force was formed and met twice. The group included Council member Charles Hauser as Chairman, and Council members Senator Tony Foriest and Jerry Parks. Also represented was Medicare-Certified Home Health, Licensed Home Care (not Medicare-Certified), and the medical community. Timothy Rogers, Council member and Chief Executive Officer of the Association for Home and Hospice Care of North Carolina served as a home health industry expert resource. Resource people were also available representing the Division of Aging and Adult Services, Division of Medical Assistance, and the Division of Health Service Regulation Certificate of Need and Acute and Home Care Licensure and Certification Sections. The meetings were open to and attended by members of the public.

The Task Force presented three recommendations to the Long-Term and Behavioral Health Committee. The recommendations are detailed in the Task Force's report

(Attachment C). Changes to the plan based on the Task Force recommendations are as follows:

1. Revise the methodology to lower the deficit threshold for a need determination and the "placeholder" adjustment for a new agency from 400 patients to 275; and,
- * 2. add an item "d" to item 8 of the Basic Assumptions of the Method to read, "address special needs populations." With the addition of item "d", item 8 would read as follows:

8. The North Carolina State Health Coordinating Council encourages home health applicants to:
 - a. provide an expanded scope of services (*including nursing, physical therapy, speech therapy, and home health aide services*);
 - b. provide the widest range of treatments within a given service;
 - c. have the ability to offer services on a seven days per week basis as required to meet patient needs; and,
 - d. address special needs populations.

The Committee recommends acceptance of these recommendations for inclusion in the Proposed 2009 Plan. The Task Force's third recommendation was that the need determination threshold be reviewed again in five years. The Committee recommends that the threshold be reviewed again in three years rather than five years.

* The Committee considered a petition from the Granville-Vance District Home Health Agency to amend Home Health Policy HH-3 to allow District Health Department home health agencies to be considered located in each county served regardless of physical location. The Committee recommends that the petition be denied. Attachment D contains the Agency Report and Petition. As noted in the Agency Report on the petition, there would be a need determination in Granville County in the Proposed 2009 Plan based on Policy HH-3. The Committee recommends that the need determination for Granville County be removed from the Proposed 2009 Plan. A statement would be included in the Proposed 2009 Plan indicating that while there would have been a need determination for Granville County based on Policy HH-3, there was an adjusted determination of no new need for a Medicare-Certified Home Health Agency for the Proposed 2009 Plan. It is noted that the Granville-Vance District Home Health Agency office was moved a relatively short distance from its former location, the new site in Vance County is only 3.5 miles from the Granville County line according to the petitioner, 14 Home Health Agencies reported serving patients in Granville County based on 2008 License Renewal Applications and the number of patients reported as having been served increased from last year based on 2007 and 2008 License Renewals.

The Committee recommends that the home health services policy, assumptions and methodology be accepted for the Proposed 2009 Plan with changes as recommend. Also, references to dates would be advanced one year, as appropriate.

Population estimates and projections used in development of rates are subject to change prior to publication of the Proposed 2009 Plan. Application of the standard methodology, as revised, to draft

population projections for 2010 would indicate no need for new Medicare-Certified home health agencies or offices for review during calendar year 2009 anywhere in the State, as shown on draft Table 12C (Attachment E).

Recommendations Related to the Hospice Services Chapter:

The Hospice Services Chapter begins on page 253 of the 2008 Plan.

The Committee considered a petition from the Carolinas Center for Hospice and End of Life requesting a modification of the hospice home care methodology and that a task force be convened to fully evaluate the hospice home care and inpatient bed need methodologies for the 2010 Plan. Attachment F contains for the Agency Report, Petition and Comment. The Committee recommends that the petition be approved in part. It is recommended that a Hospice Methodology Task Force be convened to fully evaluate the hospice home care and hospice inpatient methodologies for the 2010 Plan and that the statewide median be used to project the number of hospice deaths for each county. It is recommended that the proposed modification of the home care methodology regarding application of a three-year compound growth rate to the number of deaths served by existing hospices be denied. Included as a part of the Agency Report (Attachment F) is a modified "Table 13B: Year 2010 Hospice Home Care Office Need Projections for Proposed 2009 Plan," reflecting use of the statewide median rather than the average. With the change and using draft population projections there would be need determinations in six counties for hospice home care offices; namely, Cherokee, Davidson, Johnston, Union, Vance and Wilkes. Without the change in the methodology, there would be need determinations in 16 counties as noted in Attachment G.

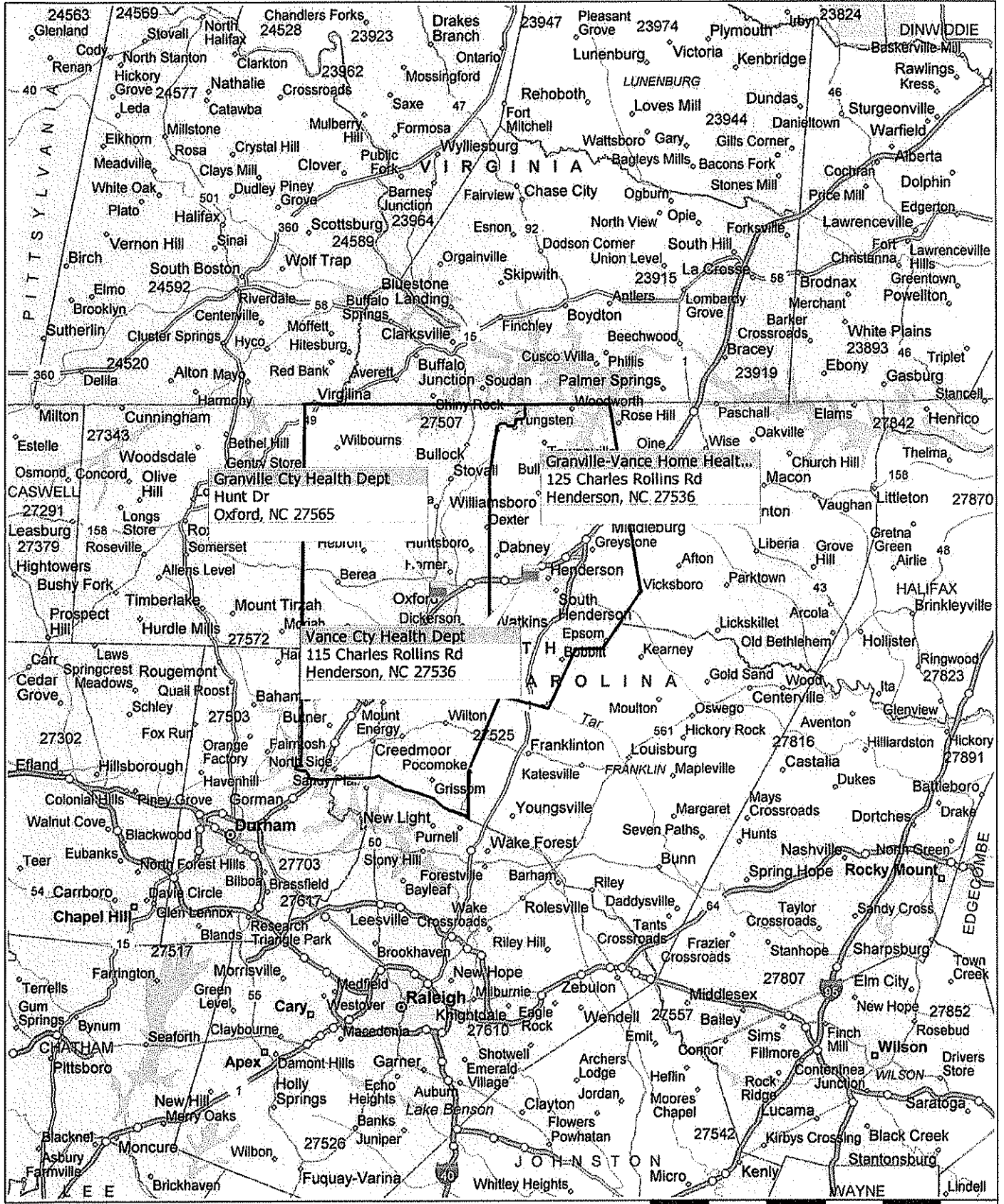
The Committee considered recommendations regarding changes in the hospice inpatient methodology for the Proposed 2009 Plan. The recommendations were made as follow-up to the recommendation that was made in 2007 that Agency staff work with the Carolinas Center for Hospice and End of Life Care and the Association for Home and Hospice Care to come up with recommendations for changes in the hospice inpatient methodology. Also, in 2005, the Hospice Methodology Task Force recommended that the use of 8% to estimate inpatient days of care be re-evaluated for the 2009 Plan. The Committee recommends adoption of the following: 1. Keep 8% of total estimated days of care to estimate inpatient days of care; and, 2. Adjust need determinations for counties that have high days of care per 1000 population as was done for the 2008 Plan. The adjustment would be made for counties that have 300% or greater days of care per 1000 population than the State average and also have an inpatient facility that has been licensed since January 1, 2006, or Certificate of Need approved beds, or need determinations in prior plans.

Application of the standard methodology to draft population projections for 2012 would indicate need determinations in eight counties (excluding Columbus County) as shown in the last column of Table 13C (Attachment H). The counties are: Cabarrus – 7 beds; Catawba – 6 beds; Craven – 6 beds; Lincoln – 6 beds; Polk – 6 beds; Randolph – 6 beds; Sampson – 10 beds; and, Stokes – 7 beds.

The Committee considered a comment (Attachment I) from Community Health, Inc. regarding Policy GEN-1 which is in Chapter 4 of the 2008 Plan. The Committee indicated the comment could be considered by the proposed Hospice Methodology Task Force.

Attachment C

Granville-Vance Health Dept & Home Health Agency Offices



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Attachment D



Directions to 125 Charles D Rollins Rd, Henderson, NC 27537
11.7 mi – about 16 mins










©2013 Google

Map data ©2013 Google



Granville, NC

-
1. Head **south** toward **US-15 S** go 0.2 mi
total 0.2 mi
 -  2. Take the 1st right onto **US-15 S**
About 2 mins go 0.7 mi
total 0.9 mi
 -  3. Sharp left to merge onto **I-85 N** toward **Henderson**
About 10 mins go 10.1 mi
total 11.0 mi
 -  4. Take exit **212** for **Ruin Creek Rd** go 0.2 mi
total 11.2 mi
 -  5. Turn left onto **Ruin Creek Rd**
About 1 min go 0.3 mi
total 11.5 mi
 -  6. Turn left onto **Charles D Rollins Rd** go 413 ft
total 11.6 mi
 -  7. Take the 1st right to stay on **Charles D Rollins Rd**
Destination will be on the left go 0.1 mi
total 11.7 mi
-  125 Charles D Rollins Rd, Henderson, NC 27537
-

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2013 Google

Directions weren't right? Please find your route on maps.google.com and click "Report a problem" at the bottom left.

Attachment E

Medicare.gov | Home Health Compare

The Official U.S. Government Site for Medicare

Agency Profile

KEY: Services Offered Services Not Offered

Quality of Patient Care

GRANVILLE VANCE HOME HEALTH AG

125 CHARLES ROLLINS ROAD
HENDERSON, NC 27536
(252) 492-5831

[Add to my favorites](#)

▼ Managing Daily Activities

[Why managing daily activity measures are important](#)

[More information about the data](#)

[Current data collection period](#)

	GRANVILLE VANCE HOME HEALTH AG	NORTH CAROLINA AVERAGE	NATIONAL AVERAGE
How often patients got better at walking or moving around.	48%	59%	59%
How often patients got better at getting in and out of bed.	56%	56%	55%
How often patients got better	53%	63%	66%

at bathing.

▼ **Managing Pain and Treating Symptoms**

Why managing pain and treating symptom measures are important

More information about the data

Current data collection period

	GRANVILLE VANCE HOME HEALTH AG	NORTH CAROLINA AVERAGE	NATIONAL AVERAGE
How often the home health team checked patients for pain.	99%	99%	99%
How often the home health team treated their patients' pain.	99%	97%	98%
How often patients had less pain when moving around	57%	65%	67%
How often the home health team treated heart failure (weakening of the heart) patients' symptoms.	Not Available ⁴	97%	98%
How often patients' breathing improved.	76%	67%	64%

▼ **Treating Wounds and Preventing Pressure**

Why treating wounds and preventing sores (bed sores) measures are important

More information about the data

Current data collection period

	GRANVILLE	NORTH	NATIONAL
--	------------------	--------------	-----------------

	VANCE HOME HEALTH AG	CAROLINA AVERAGE	AVERAGE
How often patients' wounds improved or healed after an operation.	97%	89%	89%
How often the home health team checked patients for the risk of developing pressure sores (bed sores).	100%	99%	98%
How often the home health team included treatments to prevent pressure sores (bed sores) in the plan of care.	96%	95%	97%
How often the home health team took doctor-ordered action to prevent pressure sores (bed sores).	94%	94%	96%

▼ **Preventing Harm**

Why preventing harm measures are important

More information about the data

Current data collection period

	GRANVILLE VANCE HOME HEALTH AG	NORTH CAROLINA AVERAGE	NATIONAL AVERAGE
How often the home health team began their patients' care in a timely manner.	94%	90%	91%
How often the home health team taught patients (or their family caregivers) about their drugs.	89%	89%	92%
How often patients got better at taking their drugs correctly by mouth.	41%	47%	50%

How often the home health team checked patients' risk of falling.	92%	94%	96%
How often the home health team checked patients for depression.	100%	97%	98%
How often the home health team determined whether patients received a flu shot for the current flu season.	83%	72%	70%
How often the home health team determined whether their patients received a pneumococcal vaccine (pneumonia shot).	81%	71%	69%
For patients with diabetes, how often the home health team got doctor's orders, gave foot care, and taught patients about foot care.	89%	92%	93%

▼ **Preventing Unplanned Hospital Care**

Why preventing unplanned hospital care measures are important

More information about the data

Current data collection period

	GRANVILLE VANCE HOME HEALTH AG	NORTH CAROLINA AVERAGE	NATIONAL AVERAGE
How often patients receiving home health care needed any urgent, unplanned care in the hospital emergency room – without being admitted to the hospital.	10%	13%	12%
How often home health patients had to be admitted to the hospital	15%	17%	17%

⁴ Not Available – The number of patient episodes for this measure is too small to report.

Medicare.gov

A federal government website managed by the
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Baltimore, MD 21244

