

August 12, 2015

Dr. Christopher Ullrich, Chair, SHCC  
c/o North Carolina Division of Health Service Regulation  
Healthcare Planning and Certificate of Need Section  
2714 Mail Service Center  
Raleigh, North Carolina 27699-2714

Dear Dr. Ullrich:

As Chairperson for the Ethics Committee at Wayne Memorial Hospital, I am familiar with the care provided at LifeCare Hospitals in Rocky Mount. I support the petition they filed recently to request the allocation of skilled nursing beds in Nash County to care for patients in need of specialized care. I know that patients who need tracheostomy care and hemodialysis are not typically accepted by most Skilled Nursing Facilities (SNF's) in the state.

Recently in our hospital, we have had three such patients whose lengths of stays ranged from 23 to 140 days, and whose hospital bills varied from \$124,652.00 to \$977,459.21. When such patients are stable enough to leave an acute care hospital, they need to be able to transition to an SNF that is qualified to provide supportive care going forward, and not too far from home. In the not too distant past, we have had to keep these patients in our hospital until they die, or transfer them to out-of-state SNF's. In the recent past, we have been able to transfer these patients to Long Term Care Hospitals (LTCH's) in Durham and Greensboro. Durham is about 1 and 1/2 hours drive from Goldsboro, while Greensboro is over 2 hours. Rocky Mount is about one hour north of Goldsboro.

For patients with particular conditions, such as those that are ventilator-dependent, those needing dialysis, bariatric patients, patients with tracheostomies, complex wounds or for those that receive Total Parenteral Nutrition (TPN), most skilled nursing facilities simply do not accept these patients. This prevents patients from receiving care in the most appropriate setting and adds unnecessary costs to the healthcare system.


It is important to understand that SNF's play an important role in the patient care continuum; however, it is understandable that most simply cannot care for patients with multiple special needs. For that reason I support the LifeCare petition and hope that they are eventually able to obtain a Certificate of Need (CON) so they can provide the services needed by a number of special needs patients.

While I recognize that the approval of their petition will not guarantee them a CON, I hope the State Health Coordinating Council will recognize that as an existing LTCH provider, their ability to develop a SNF on their campus to provide care to these patients with special needs would be a tremendous benefit to our patients in eastern North Carolina.

I believe that LifeCare's petition demonstrates a substantial special need for the allocation of these beds in Nash County, and we fully support the approval of its petition.

Please let me know if I can be of further assistance in your efforts.

Sincerely,

A handwritten signature in black ink that reads "David T. Tayloe, Jr." in a cursive style.

David T. Tayloe, Jr., MD, FAAP  
Chairperson, Ethics Committee, Wayne Memorial Hospital  
Past President, American Academy of Pediatrics

Wayne Memorial Hospital, Medical Staff

August 11, 2015

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c/o North Carolina Division of Health Service Regulation  
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Dear Dr. Ullrich:

I am in support of the petition filed by LifeCare Hospitals of North Carolina, which would allocate additional skilled nursing beds to care for patients with many conditions that are not typically accepted by most SNFs in the state. As an acute care hospital, we regularly discharge patients to LifeCare when they are in need of long term care that is most appropriately provided in an LTCH setting. Through the excellent care provided at LifeCare, the acute phase of their illness subsides for many of these patients, yet many still need care in a skilled nursing setting for many weeks or months. For patients with particular conditions, such as those that cannot be weaned from ventilators, those needing dialysis, bariatric patients, patients with tracheostomies, complex wounds or for those that receive TPN, most skilled nursing facilities simply do not accept these patients, and those that do are usually full. For patients that can be discharged from our hospital directly to a SNF, if they have one or more of these conditions, we are often unable to find a SNF able to care for them, and the patients must continue to be cared for in an acute setting. This prevents patients from receiving care in the most appropriate setting and adds unnecessary costs to the healthcare system.

It is important to understand that skilled nursing facilities play an important role in the patient care continuum; however, it is understandable that most simply cannot care for patients with such particular needs. For that reason I support the LifeCare petition and hope that they are eventually able to obtain a CON for this service. While I recognize that the approval of their petition will not guarantee them a CON, I hope the SHCC will recognize that as an existing LTCH provider, their ability to develop a SNF on their campus to provide care to these patients with special needs would be a tremendous benefit to our patients. LifeCare already has the expertise to care for these types of patients in its LTCH; this experience and the services already available on its campus will enable it to provide effective skilled nursing care to these patients.

We believe that LifeCare's petition demonstrates a substantial special need for the allocation of these beds in Nash County, and we fully support the approval of its petition.

Please let me know if I can be of further assistance in your efforts.

Sincerely, 

Shirley S. Harkey, RN, MN, DHA  
Vice President Patient Services & CNO

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Sincerely,

  
J. William Paugh  
President & CEO