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MEETING MINUTES

Acute Care Services Committee Meeting
May 19, 2020

****NOTE:** Due to COVID-19 this meeting was conducted via WebEx. Members of the public were allowed to attend by phone only.

ATTENDEES

SHCC Members	**DHSR Staff**	**PDA, Inc.**
Sandra Greene, PhD	Martha Frisone	Connor Boyd
Allen Feezor	Amy Craddock, PhD	Monica Martinez
Charul Haugan, MD	Elizabeth Brown	
Hon. Gale Adcock	Trenesse Michael	
John Young	Tom Dixon	
Robert McBride, MD	Andrea Emmanuel, PhD	
Brian Floyd	Fatimah Wilson	
Christopher Ullrich, MD	Lisa Pittman	
Mark Warner	Bethany Burgeon (AG)	

Issue	Discussion
Business Meeting Introduction	Dr. Greene called the meeting to order at 10:00am. Committee member Introductions. Introductions of all Division of Health Service Regulation staff members in attendance. Review of Executive Order Nos. 122 & 46. • No recusals voting Dr. G recognized Amy Craddock, Asst. Chief of Healthcare Planning for housekeeping announcements: She reviewed Gov. Cooper's review of Senate Bill 704, which requires remote meetings of government bodies during a State of Emergency. As a result, SHCC meetings will occur via WebEx. Because the meetings are open to the public for attendance, the Agency will release instructions for connecting at least 7 days prior to the meeting date. For ease of communication, all SHCC members were asked to identify themselves before speaking and all votes will be taken by roll call. Members count in the quorum only if present on the call. If during the call the quorum lost, the committee can still vote on action items, but the public can question the decision. All comments by committee in the written chat function of WebEx during the meeting will be saved and considered part of public record. Questions have been asked about the June SHCC meeting and the July Public Hearings. SB704 would apply to these meetings. At this time, the Agency has determined that the June 10 Full SHCC meeting will occur via WebEx. However, no decision has been made regarding format for July public hearings. As soon as the Agency is able to determine best course of action, announcements will be made on the website and via interested parties email blast.

Issue	Discussion
Business Meeting – 2021 SMFP	Approval of meeting minutes from April 7, 2020; approval carried unopposed with no discussion. Mr. Young and Dr. McBride did not vote because they can't be heard. Dr. G explained that going forward in the meeting, because votes will be taken by roll call, instead of voting on each chapter, the committee will have one comprehensive vote to at the end of the meeting addressing all sections at once. At that time, committee members will have the opportunity to request a discussion or vote on a specific item if needed.
Chapter 5: Acute Care Hospital Beds	Dr. G recognized Andrea Emmanuel, PhD, Planner for the Healthcare Planning Section. <u>Discrepancy Report</u> Report compares DHSR acute care bed data vs acute bed data collected by IBM Watson Mr. Feezor, most pronounced discrepancies are critical access hospitals, surprised Columbus County having troubles, are they having data issues? Dr. E I have not heard, NC DHSR licensure reaches out to hospitals about discrepancies, will have updated data by Sept. meeting Dr. G No questions, but we look at discrepancies in counties, look to see how wide they are and if they show a need for acute care beds <u>Data Tables</u> Dr E. 2.7% increase in acute days of care, CaroMont was awarded CON for 64 acute care beds from 2020, any questions about Table 5A, no other questions about 5A Dr E. Table 5B shows need for 312 beds across 7 service areas, want to discuss Mecklenburg, 74 bed need in county, discrepancy w/ Atrium, if Atrium were to correct days of care, determination will change from 71 to 52, need to wait on refreshed data Dr E. Committee voted to remove Hoke need, received letter from Cape Fear Valley, looking to remove bed need Dr. G Growth rate in Hoke County is 40%, crazy and unrealistic, went from no beds to two new hospitals, continue practice of last year to move beds before setting need determination Dr. E. Cape Fear Valley utilization 28%, Utilization includes 28 undeveloped beds in Hoke County Mr. F Do we expect anomaly to go away for Hoke? Dr G. Rates are based on four years of data, if reasonable occupancy after 4 years, anomaly will go away Dr. E We are still taking into account 2016 data for the bed growth rates in methodology AC We have received several petitions to remove the needs in the 2021 SMFP

Issue	Discussion
	Technical Edits Dr. E Changes in Step 9, once we determine deficit, we subtract any prior need determinations, need triggered by more than 10% of inventory changed Mr. F Do we have good definition for common ownership? AC Hospitals under common ownership is under same or related entity in the same service area, all other hospitals are single hospitals. "Related legal entity" has a legal definition in AC section, will become general rule.
Chapter 6 – Operating Rooms	Data Tables Dr. E reviewed the policies and methodology applicable to this chapter. She reported no Agency recommended changes related to operating rooms. Dr E. Table 6A shows inventory and CON adj. 2.4% increase on ambulatory cases, 9% in inpatient cases, overall 2% increase in surgical cases, Table 6B shows need for Durham/Caswell(2?), Wake (2), orange (3), Brunswick (2), Mecklenburg. Dr. G I believe there are new CDC guidelines on cleaning ORs, will have impact on how many cases you can do in 1 OR over course of day, not sure if it will boost OR need or decrease, we will have to keep an eye on. People can petition to have these need determinations removed
Chapter 7 – Other Acute Care Services	Dr. E reviewed the policies and methodology applicable to this chapter. She reported no Agency recommended changes or petitions related to other acute care services. No need.
Chapter 8 – Inpatient Rehabilitation Services	Dr. E reviewed the policies and methodology applicable to this chapter. She reported no Agency recommended changes or petitions related to inpatient rehabilitation service. No need
Chapter 9 – End-Stage Renal Disease Dialysis Facilities	Dr. G recognized Elizabeth Brown, Planner for the Healthcare Planning Section. Elizabeth Brown reviewed the policies and methodology for ESRD. New Assumption Discussed Assumption #6, and addition to the ESRD methodology, seen here. AC Facilities that meet both the definition of "small" under Condition 1.a. in the Facility Need Determination Methodology and have been in operation for at least 21 months may apply for additional stations either under Condition 1.b. or 2. "Small" facilities may not apply under both Condition 1.b. and Condition 2 in the same year. EB Voted to remove current px origin table for ESRD, new table will be put out this summer online EB 16.84% increase, or 81 ESRD patient increase Total increase of 556 px statewide (2.97% increase) EB Draft data shows 5,409 stations) increase of 2.6%), that's a difference of 139 stations, 13 counties do not have certified dialysis stations EB CONs have been issued for 174 dialysis stations in 2019, pending licensure

Issue	Discussion
	115 centers at 80% utilization No need determination in 2021 draft, subject to change upon receipt of more data. EB CONs 287 out of state center patients, 2,765 total incenter dialysis EB 115 stations Dr U Under what Executive Orders, was there a way to request for ESRD stations based on COVID-19, how many patients have been authorized, have requests been matched to need determinations EB At least 7 or 8 requests for 31 patients to authorize care, requests are handled by acute or home care licensure, request authorized for 120 days, contingent on what's happening with COVID, 120 days can also be extended DR U Once you build stations, hard to go away Mr. F Would not be surprised if impact of COVID will dramatically affect dialysis station operational responses
Recommendations for Chapters 5-9	Mr. Feezor made a motion seconded by Ms. Adcock to accept the policies and methodology as written. The vote carried unopposed with no discussion, will remove bed need for Hoke County in next meeting
Other Business	Dr. G recognized Amy Craddock who explained that Gov. Cooper signed an amendment to Chapter 3 of the 2020 SMFP adjusting the CON application due date schedule in response to COVID-19. The updated schedule can be seen here.
Business Meeting – 2021 SMFP	Dr. Chaugan made a motion seconded by Mr. Feezor that the business meeting adjourn at 11:20a, which carried unopposed.

These minutes are believed to be an accurate account of the meeting held. If there is any understanding to the contrary, please contact the undersigned within seven (7) days of receipt of these minutes.

Submitted by:

Monica Martinez and Connor Boyd
PDA, Inc.