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MEETING MINUTES

Acute Care Services Committee Meeting
September 15, 2020

****NOTE:** Due to COVID-19 this meeting was conducted via WebEx. Members of the public were allowed to attend by phone only. *ph: 415-655-0003 pw: 1716654015*

ATTENDEES

SHCC Members	**Staff**		**PDA, Inc.**
Rep. Gayle Adcock	Amy Craddock	Gloria Hale	Kelly Ivey
Allen Feezor	Tom Dickson	Martha Frisone	Nancy Lane
Brian Floyd	Andrea Emmanuel	Celia Inman	
Sandra Greene, PhD	Elizabeth Brown	Stephanie Burgeon (AG)	
Charul Haugan, MD	Melinda Boyette		
Rob McBride, MD	Trenesse Michael		
Mark Werner			
John Young			
Chris Ullrich, MD			

Issue	Discussion
Business Meeting Introduction	Dr. Greene called the meeting to order at 10:02am. Committee member introductions. Introductions of all Division of Health Service Regulation staff members in attendance. Review of Executive Order Nos. 46 and 122. • No recusals
Business Meeting – 2021 SMFP	Dr. H made a motion seconded by Dr. McB to approve of meeting minutes from May 19, 2020; AC called roll and the vote carried unopposed with no discussion. Dr. G explained that going forward in the meeting, because votes will be taken by roll call, instead of voting on each section, 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.
Agency Response to COVID for Planning Purposes	Dr. G explained the importance of having enough beds available in hospitals, especially in the beginning of the pandemic. The Agency responded by allowing temp beds at hosp DrG recog AC on Agency process and forward planning AC explained thoughts on how temp beds may affect planning in the future; how long to address COVID; in 2021 Plan, conservative approach – maybe not wise to make standard adjustments in the 21 plan because no data to guide towards what adjustments should be. Know that a lot of hosp beds approved – 5k – unknown how many in op or used; 48 dialysis stations, but unsure op and used as well no standard data is because data for 21 plan ends on 9/30/19 or 12/31/19.so no current data informs covid impact; interim data is unavailable because of staff resources

Issue	Discussion
	what to do? How to learn? Create addenda to LRAs for all health services and equip forms; that should help see data in those qtrs. Compared to annual. Looking at 22 plan, hoping wont need add'l data going forward. • SG: understand that historical data for 22 plan will be upended by covid; • JY: agency approved 5k add'l beds? o AC - Yes correct; most request in Mar/Apr; o JY - process to follow up for when and how? o AC - The addendum is 4 pages and that's included; o JY - rural hc perspective, more slump than surge o AC – agree, most that were requested were in early pandemic and likely response to NYC • AF: what is the process for giving back and does ACSC have role in that? o AC – really licensure, understand that it's a letter back to Licensure saying please and then we're done o MF – the law always allow hosp to request up to 10% of licensed capacity in emergency; what Roy did was waive the 10% limit, and duration is state of emer plus 30 days. Tech not licensed • BF: what impact will the extra beds have on the 22 plan o SG: planning is really based on utilization, not inventory o MF: again, none of the beds were LICENSED, only allowed to exceed capacity; so the decision is stick to the licensed bed capacity • JY: the layout is an event but also a watershed moment that will change the face of healthcare; does this warrant a work group? o Worth a thought, will talk to Dr.U
Chapter 5: Acute Care Hospital Beds	Two petitions were submitted. Dr. G recognized Andrea Emmanuel, planner to present a summary of the Agency report for each report. Duke requested 20 acute care beds in Wake County. The Agency recommended denial of this petition. See the full report here. Motion / second to accept the Agency recommendation to deny the petition. *[scribe unable to determine persons who made motion / second]* SG opened the floor for discussion o AF: petition presents some challenges that will need to be revisited post-covid with regard to systems and how they cross service area borders according to the plan; encourage further discussion o SG: the petition tried to deal with covid challenges in a creative way o BF: saw this as a different thing… just flipping beds and creating more access, unsure of why deny? o AE: arguments presented like ADC don't actually increase the need; the need in durham is valid; and there will be an expected actual need in Wake Co in 21; o BF: so if choose to move beds from Durham to Wake, worried would short Durham the beds they need? But duke didn't feel that way o AE: correct, but the data I see doesn't support dukes o AF: CON is really to control cost of services within the system, and need is secondary, and that is the issue if crossing county lines is more cost effective than there is a problem with the methodology o AC: can agree with you, and other methods allow county lines crossing; but we don't think that way because we don't have data to support that or find that

Issue	Discussion
	o MF: in LTCBH there are policies that allow cross county movement; that isn't presently allowed with acs beds… the problem I hear is that if you put 20 beds in plan, anyone can apply and no guarantee duke will get them; but there is a need in durham; need further discussion or work group for a policy? Long-term process to start in the spring. AC called roll and the vote carried unopposed. CFVMC requested removal of the acute care bed need in Cumberland County. The agency recommended approval of this petition. See the full report here. Motion by Rep. Adcock and seconded by Mr. Floyd to approve the petition. SG opened the floor for discussion o AF: struggling if there is need or not? Petition makes it sound like the hosp isn't financially ready to build the beds o SG: my assessment of data is more an anomaly AC called roll and the vote carried unopposed. AE reviewed updated data tables for this section. See the updated tables here. No discussion.
Chapter 6: Operating Rooms	SG recognized AE to review the Dental Single Specialty Ambulatory Surgical Facility Demonstration Project Evaluation Summaries • Three submitted reports to Agency. See reports here. • All three Demonstration Projects were found in compliance. AE reviewed updated data tables for this section. See the updated tables here, including new Table 9E. No discussion.

Issue	Discussion
Chapter 7: Other Acute Care Services	One petition was submitted. Dr. G recognized Andrea Emmanuel, planner to present a summary of the Agency report for the petition submitted by Mission Hospital requesting eight burn ICU beds in HSA I. The Agency recommended approval of the petition. See the full report here. Dr. McBride made a motion seconded by Mr. Floyd to accept agency recommendation to approve the petition. SG opened the floor for discussion: • GA: when look at changing a need determination, particularly those that border states, do we generally take into account other states impact? • SG: don't usually have that data to consider • GA: so we didn't have it, but it impacted this decision • AE: not use, but have to consider that other states to in migrate and the petitioners used it as support for their need • AF: as a liver in the border area, can't use the data, but all health systems do look at the numbers and recognize a significant volume of patients come from across state borders; concerned about this petition. Basis for approving/not; no doubt on the marginal impact on Winton Salem services, heard modest; concern of quality and staffing, less impressed by those against petition; be mindful of distance of Asheville to other places, about 120K ppl that live west of Asheville and those are least served. If this were before government and economic development issue, no doubt, not unmindful of that even though that isn't basis of SHCC reasons • JY: on exhibit 8, West NC had 102 burn patients in FY19, only 54 transferred, seems to me should consider the 54, not 102, is that enough to build a unit on? • AE: looked at the number of physicians needed to support beds, 2100-2900, that is more than what W-S has available • SG: additional unused capacity at W-S? • AE: yes but have of patients in west NC are going to GA • GA: not guaranteed that if approve need det that those GA patients will be redirected to Mission • AF: would think that HCA is making referrals to HCA so more control that you think • CH: feel conflicted, access is critical, have burn units operating at far less capacity, very difficult decision and precedent setting that need to be mindful of… any additional data that could inform the decisions or do we just have to vote? • SG: have to vote because have to reconcile this before Full SHCC • MF: to address issue of precedent, doesn't necessarily, has been done before AC called role for the vote: Nays: Gale Adcock, Mark Werner, John Young; Ayes: Allen Feezor, Brian Floyd, Charul Haugan, Robert McBride; Abstain: Sandra Green, Chris Ullrich The motion carried 4 to 3. AE reported no updated data tables for this section.
Chapter 8: Inpatient Rehabilitation	AE reported no updated data tables for this section. No materials, no data tables.
Chapter 9: ESRD	One petition was submitted.

Issue	Discussion
	Dr. G recognized Elizabeth Brown, planner to present a summary of the Agency report for the petition submitted by Solomon and Marissa Dunston for 10 in-center dialysis stations in Franklin County. The Agency recommended denial of the petition. See the full report here. Dr. McBride made a motion seconded by Mr. Floyd to accept agency recommendation to deny the petition. AC called roll and the vote carried unopposed with no discussion. EB reviewed updated data tables for this section. See the updated tables here. No discussion.
Recommendations for Chapters 5-9	Mr. Feezor made a motion seconded by Rep. Adcock to approve and accept all data and need determinations in Chapters 5-9, with ability for staff to keep editing SG asked if any member wanted to extract and topic for an extra vote. The committee declined. AC called roll and the vote carried unopposed with no discussion.
Other Business	No other business was discussed.
Business Meeting – 2021 SMFP	Adcock made a motion seconded by Floyd to adjourn the business meeting at 11:50a. AC conducted the vote by roll call, 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:

Kelly Ivey and Connor Boyd
PDA, Inc.