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MEETING MINUTES

Acute Care
May 13, 2025

ATTENDEES

SHCC Members
John Young
Mary Braithwaite
Brian Floyd
Sandra Greene
Charul Haugan
Jessie L. Tucker

Staff: Planning
Lauren Barton
Elizabeth Brown
Amy Craddock
Andrea Emmanuel
Nirali Patel
Kimberly Torres

Staff: Other
Cynthia Bradford
Gloria Hales
Yolanda Jackson
Crystal Kearney
Mike McKillip
Emery Milliken
Micheala Mitchell
Chalice Moore
Lisa Pittman

Other
Julie Faenza, AG

PDA, Inc.
Nancy Lane
Fanuel Andemariam

Issue	Discussion
Business Meeting Introduction	John Young called the meeting to order at 10:01 am. 2026 SMFP will be available July (6?) July 2025 will be accepting petitions and comments on SMFP. Committee member Introductions. Introductions of all Division of Health Service Regulation staff members in attendance. Review of Executive Order Nos. 46 and 331. • No recusals Minutes of April 8, 2025 approved. MB-m & CH-s; approval carried unopposed with no discussion. LB: Notes data used is preliminary and subject to change until approval of SMFP.
Chapter 5: Acute Care Beds	LB: Chapters 5 & 6 service areas are updated every 3 years. This year is the update for both. SMFP contains inconsistent language on using DOC vs patient origin to determine service areas. "Historically, acute care service areas were calculated using the most recent three years of DOC data. However, the Delineation of Service Areas sets forth a methodology that uses patient origin data." LB presented both models, regardless of model western NC service areas remain the same. Caswell, Warren, Tyrell, Hyde, Beaufort, Chowan are grouped differently based on model.

Issue	Discussion
	Staff recommends using patient origin model. Chapter 5 has proposed edits that removes DOC language and replaces it with patient origin language. This is consistent with chapter 6 which already uses patient origin model to determine service areas. JY, SG, MB, CH concur that patient origin data is the right method for service areas. LB presents on facility data: 30 facilities have a greater than 5% difference between HIDI and LRA data. 5 facilities have a greater than 20% difference between HIDI and LRA data. Critical access hospitals make up most of the facilities with a greater than 20% difference, likely due to how swing beds are reported. Pender is the only county that has a draft need determination and greater than 20% discrepancy. If corrected (within 5% margin) need determination could decrease by about 500 beds. Hender county could generate a new determination if data discrepancy is corrected within 5% margin. If all counties with a draft need determination correct their data discrepancies, the total need determination could decrease by approximately 700 beds. SHCC returned to pre-covid methodologies using growth multiplier. Draft need determination currently is about 2,500 beds. Corrections to data discrepancies would drop this need determination by about 700 beds. Wake county shows a need for 252 beds.
Chapter 6: Operating Rooms	Patient Origin Data has been used consistently to determine service areas. The language in the SMFP has been unclear so narrative edits will be updated. Graham County now only grouped with Jackson & Swain County. Warren previously grouped with Vance now grouped with Durham. New service area for Forsyth & Yadkin County. BF: How exactly are service area groupings determined? LB: If a majority of patients in a county receive care in a different county or counties, that county is grouped with these county(s). Service areas based on the most recent 3 years of patient origin data. Updates to SMFP to reflect language and updates approved in April meeting. OR need determinations for counties with greater than 125k population are for information only. However, summer petitions may be accepted to generate a need determination for counties greater than 125k population. No change in methodology for counties with less than 125k population. Current OR methodology shows one need determination for 5 ORs in Henderson County. SG: Not surprised there's little OR need, rural counties have been showing low utilization.

Issue	Discussion
	BF: Committee must prepare and track data on cost differences since QASF law changes.
Chapter 7: Burns and Transplants	Utilization of burn services is now at 63%. Decrease of 25% from previous SMFP. Very small decrease in bone marrow transplants from previous year. No need generated. Very small decrease in solid organ transplants from previous year. No need generated.
Chapter 8: Inpatient Rehabilitation Services	1,008 licensed inpatient rehab beds. Utilization increased by about 3% from previous year. No additional need generated.
Chapter 9: ESRD	EB: 6,134 certified dialysis stations. Decrease of 5 dialysis stations from 2025 SMFP. 186 stations in CON process.
Recommendations	LB: No pattern in data discrepancies from hospitals that weren't critical access. Swing beds may need to be clarified. SG: Each year we see about 20-25 hospitals that have data discrepancies between HIDI and LRA data so not shocked by the current discrepancies. JY: Are you concerned about the 5 OR need in Henderson County LB: We've seen in rural counties that sometimes facilities will not apply for ORs even if the SMFP methodology determines a need. LB 5 & 6 Review: • Chapter 5 voting on narrative edits regarding delineation service areas, service areas themselves, the data in 5A, 5B, 5C. • Chapter 6 voting on proposed narrative edits regarding delineation of services areas, methodology narrative, updated service areas, draft tables for 6A, 6B, 6C, 6E. CH-m & BF-s for approval of draft changes and data. no discussion on the motion. vote carried unopposed.
Other Business	JY: Public hearings can be found on the DHSR website and will all be electronic. Also posted in chapter 2 of SMFP. SB: Encourages members to attend in person meeting.
Business Meeting – 2026 SMFP	Floyd motion and second Tucker to adjourn meeting at 11:04 am. vote carried unopposed Sept 9 next Acute meeting, next SHCC June 4 at Dorthea Dix Campus

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:

Fanuel Andemariam
PDA, Inc.