

MEETING MINUTES**Acute Care**

September 9, 2025

ATTENDEES**SHCC Members**

John Young
Denise Mihal
Charul Haugan
Sandra Greene
Brian Floyd
Jesse Tucker
Mary Braithwaite

Staff: Planning

Andrea Emmanuel
Lauren Barton
Nirali Patel
Kimberly Torres
Elizabeth Brown

Staff: Other

Micheala Mitchell
Crystal Kearney
Greg Yakaboski
Chalise Moore
Gloria Hale
Lisa Pittman

Other

Julie Faenza, AG

PDA, Inc.

Kelly Ivey

Issue	Discussion
Business Meeting Introduction	<p>John Young called the meeting to order at 10:01 am.</p> <p>Committee member Introductions. Introductions of all Division of Health Service Regulation staff members in attendance.</p> <p>Review of Executive Order Nos. 46 and 331.</p> <ul style="list-style-type: none"> Denise Mihal recusal for Novant Petition Pender Bed Need Haugan and Tucker recused for UNC Orange Heart Lung Bypass All votes will be by roll call bc Teams meeting <p>Minutes of May 13, 2025, approved. M-Mihal / s-Haugan to approve minutes; approval carried unopposed with no discussion.</p>
Chapter 5: Acute Care Beds	<p>Petition 1: Remove Pender Bed Need</p> <ul style="list-style-type: none"> Agency report summary by LB: denial of petition bc updated data removed need determination M-Floyd S-Haugan to deny the petition Discussion - none Vote carried no opposition <p>LB reviewed updated tables; Novant and other NC hospitals submitted update and revised data after the original need tables were published. Five counties decreased need, three increased need. All needs remain high but are correct. See Table 5B</p> <ul style="list-style-type: none"> SG: acknowledged comments. Open discussion re: comments and how it relates to the high number of beds needed and the existing methodology. CH: from a hospital behind the scenes perspective anecdotally / gut check wise these numbers seem accurate. DM: again, from hospital / ED perspective agree about the need for acute care. Question why the same / proportional bump didn't occur in post-acute and skilled nursing beds. BF: post-COVID has changed the patient base bc of delayed care/diagnostics and driving higher acuity patients. That is feeding the growth. ED is boarding 50+ patients a day in a 100 bed ED bc not enough acute care beds in a 1000 bed hospital.

Issue	Discussion
	<ul style="list-style-type: none"> • JT: agrees, the holding patients in ED are enough to support the need for more acute care beds.
Chapter 6: Operating Rooms	LB reviewed data tables. No changes to report.
Chapter 7: Burns and Transplants	<p>Petition 2: Heart Lung Bypass Mecklenburg</p> <ul style="list-style-type: none"> • Agency report summary by LB: approval of petition bc existing equipment has high utilization • M-Haugan S-Floyd to deny the petition • Discussion - none • Vote carried no opposition <p>Petition 3: Heart Lung Bypass Orange</p> <ul style="list-style-type: none"> • Agency report summary by LB: approval of petition bc patient care needs better access under emergency; denial of limitation to Academic Medical Center applicants; denial of lowering the performance standard. • M-Floyd S-Braithwaite to approve and deny the petition • Discussion <ul style="list-style-type: none"> ○ JY asked for clarification re: denial of applicant and performance standard restrictions ○ LB clarified that neither portions of that request had sufficient to support that request ○ MM clarified that policy AC-6 confirms performance standards do not apply to ACMs. However, this piece of equipment will not be acquired bc of policy AC-6, but bc of a need determination. Therefore, the performance standard must apply – the CON staff cannot ignore that rule. ○ LB clarification of the motion to vote on: yes to need determination, no to restrictions on applicants or performance standards. ○ CHC precedence for other types of back up technology? It seems as though UNC does not expect to be able to meet the volumes bc it will be used as back up only. ○ LB unfortunately while that may make sense, the Agency cannot write around the statutes. ○ AE no memory of precedence. ○ BF points out that if we continue to discuss and vote the way the Agency recommends, then we are essentially approving a moot point. ○ Both MM and JF agree that ○ CH put into record that cannot remove the performance standard bc it is outside of the SHCC's purview. • Vote carried no opposition <p>LB reviewed data tables. No changes to report. Depending on the results of the two petitions, there will be two need determinations for heart lung bypass machines.</p>
Chapter 8: Inpatient Rehabilitation Services	LB reviewed data tables. No changes to report.
Chapter 9: ESRD	EB reviewed updated tables. A 2025 CON removed the need for dialysis stations in Wilkes County, leaving no need in the state.
Recommendations for C5 - C9	<p>Motion to accept data as presented and recommend inclusion in the 2026 SMFP with the understanding that the Agency may continue to make edits as appropriate.</p> <ul style="list-style-type: none"> • M-Tucker S-Braithwaite. • Not additional discussion. • Vote carried unopposed.

SHCC Committee Meeting Minutes

May 13, 2025

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Issue	Discussion
Other Business	Next Full SHCC Wednesday October 1 2025 at 10a at the Dix Chapel.
Business Meeting – 2026 SMFP	JY called for motion to adjourn at 11:06a <ul style="list-style-type: none"><li data-bbox="592 346 820 378">• M-Tucker S-Floyd<li data-bbox="592 378 901 407">• Vote 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
PDA, Inc.