

D R A F T

Meeting Notes

**The Acute Care/Ambulatory Surgery Subcommittee of the
State-Wide Health Care Facilities and Services Plan Advisory Body**

October 6, 2011 at 10:30 a.m.

Agenda Item	Discussion	Action/Results
I. Opening Remarks – Kim Martone	<p>The Statewide Health Care Facilities and Services Plan (the Plan) is the responsibility of the Department of Public Health (DPH) Division of Office of Health Care Access (OHCA) and differs from the State Health Plan overseen by DPH’s Planning Branch. The Advisory Body and its subcommittees are assisting OHCA with developing standards and guidelines for future Certificate of Need (CON) decisions, modifications and determinations; planning for the health care service needs of the state; and recommending policy measures to improve the health care delivery system. The Plan is governed by existing statute, and OHCA will develop regulations which incorporate these standards and guidelines. Providers, the public and members of this group will have (additional) opportunities to comment during the 18-month regulations process.</p> <p>The Plan’s primary focus with respect to beds is how to handle future requests for increasing licensed beds. The subcommittee is encouraged to make recommendations to be incorporated into the Plan that will discourage uninformed policy decisions with respect to bed need.</p> <p>OHCA has developed a standard format for each chapter of the plan, however not all sections will apply to each service. For example, there is a section on standards and guidelines which will apply to acute care and ambulatory surgery but not to primary or behavioral health care services. There will be a section on exceptions, which is very important for acute care and ambulatory surgery services.</p> <p>OHCA will review all materials received from members to date to identify any additional information needed from the group.</p> <p>Kim Martone will familiarize Deputy Commissioner Lisa Davis with Advisory Body and subcommittee activities and products. Kim will provide OHCA’s comments/feedback once Deputy Commissioner Davis is</p>	<p>Kaila will provide format of plan chapters for member review via email.</p> <p>Subcommittee to develop a list of exceptions for each service.</p> <p>OHCA staff to review materials and follow up via email.</p> <p>Kim Martone to provide feedback once Deputy Commissioner Davis’ feedback</p>

	brought up-to-date.	received.
II. Subcommittee Recommendations to OHCA on Operating Rooms (ORs)	<p>Jean Ahn put together feedback on ORs and hospital bed need methodology guidelines on behalf of the subcommittee.</p> <p>Concerns/comments raised by the subcommittee:</p> <ul style="list-style-type: none"> • The subcommittee recommends that OHCA utilize what the two national governing bodies provide since they regularly update their standards and guidelines. • With respect to ORs, focus specifically on OR square footage and use; volume and patient safety. • Use the cut and paste definitions of ORs Jean provided, pull in the North Carolina piece and reference the regulations. • In the case of bed need methodology, OHCA should use 65%/75% occupancy rate of licensed beds, but could go as high as 85% for some specialties. • It will be useful to hear feedback from Kim Martone on the issues of specialty and scope, payer mix, service area and transfers. • The CT Association of Ambulatory Surgery Centers (CAASC) submitted a written proposal to use the OR definition set forth in RCSA Section 19a-36-D19 (these regulations have yet to be adopted). 	Subcommittee to develop a list of exceptions for each acute care/ambulatory surgery service.
III. Presentation on Emergency Department Standards/ Guidelines – Laurie Greci	<p>OHCA’s current policies and procedures do not define EDs. The subcommittee has been asked to provide standards and guidelines for ED services and freestanding EDs for the Plan. Only Alaska and Florida provide any guideline information on ED services in their plans.</p> <p>Alaska allows expansion of an ED if the applicant demonstrates that it will maintain a stable, efficient emergency medical system. Applicant also has to prove it will have a minimum of 1,000 visits annually per treatment room. A minimum of two fast-track treatment rooms will be approved if demonstrated 3,000 visits per annum can be accommodated by the fifth year of operation.</p> <p>Florida processes applications for offsite ED facilities under the same rules as an onsite facility operated under a hospital’s license. To date FL has six offsite ED facilities.</p> <p>Concerns/comments raised by the subcommittee:</p> <ul style="list-style-type: none"> • It was recommended that hospitals other than Hartford and Yale handle the ED piece since the two have related standing CON applications at this time. • ED services have to be differentiated from urgent care centers. • Sometimes EDs are differentiated from other services because they receive ambulance service; some 	Lisa Winkler will be responsible for facilitating the ED presentation.

	<ul style="list-style-type: none"> • Some additional factors to take into consideration in developing the guidelines are: trauma levels; access and quality in terms of overcrowding and wait times; fast tracking; and special issues such as volume of primary care related visits; Emergency Medical Treatment and Active Labor Act (EMTALA) care; liability exposures; behavioral health related visits; special populations with particular needs; higher acuity; pressure points; patient safety issues and unavailability of specialists. • Some patients are held for long periods in the ED because of bed unavailability, e.g., behavioral health patients. Primary care and behavioral health subcommittees should be discussing this issue since it is a crossover. • Emergency care physicians should be involved in this process since they have a better understanding of the service. The group proposed inviting Len Jacob, an emergency care physician, to present. 	<p>Invite Dr. Len Jacob to present on emergency care services to the subcommittee.</p>
<p>IV. Discussion of Emergency Departments – Subcommittee Members only</p>		<p>Discussion to be held prior to the next meeting.</p>
<p>V: Next Steps</p>	<p>Facilitators/representatives of the three subcommittees will provide a 10-15 minute summary of general group activities to the Advisory Body at the Wednesday October 12th meeting.</p> <p>The subcommittee will caucus to determine how to handle ED and cardiology services, the two outstanding pieces.</p> <p>The new address for the OHCA website is www.ct.gov/dph/ohca. To access all information about the Plan, meeting presentations, materials, agenda and schedule, click on the CT State-Wide Health Care Facilities and Services Plan Advisory Body link.</p>	<p>Subcommittee facilitators/representatives to present.</p>

Attendees: Karen Goyette, Sarah Borgerding (for Jean Ahn), Louise Dechesser, Dennis McConville, Carl Scheissl, Beth Chaty, Betty Buzzuto, Lisa A. Winkler

Attendees from OHCA: Kaila Riggott, Steve Lazarus, Brian Carney, Laurie Greci, Olga Armah

Absentees: Sally Herlihy, Patrick Charmel