

# Sub-Committee on Acute Care and Ambulatory Services

Update to the State-wide Health Care  
Facilities and Services Plan Advisory Body

November 7, 2011

# Acute Care / Ambulatory Care Sub-Committee

## Charge:

- Review and recommend service standards, guidelines and methodologies the services identified below
- Identify data limitations and suggested resources
- Recommend additional subject matter experts

## Scope:

- **Bed Need**
- **Definition of Regions**
- **Ambulatory Surgery**
- Cardiac Services
- Operating Rooms
- New Technology Standards
- Emergency Department

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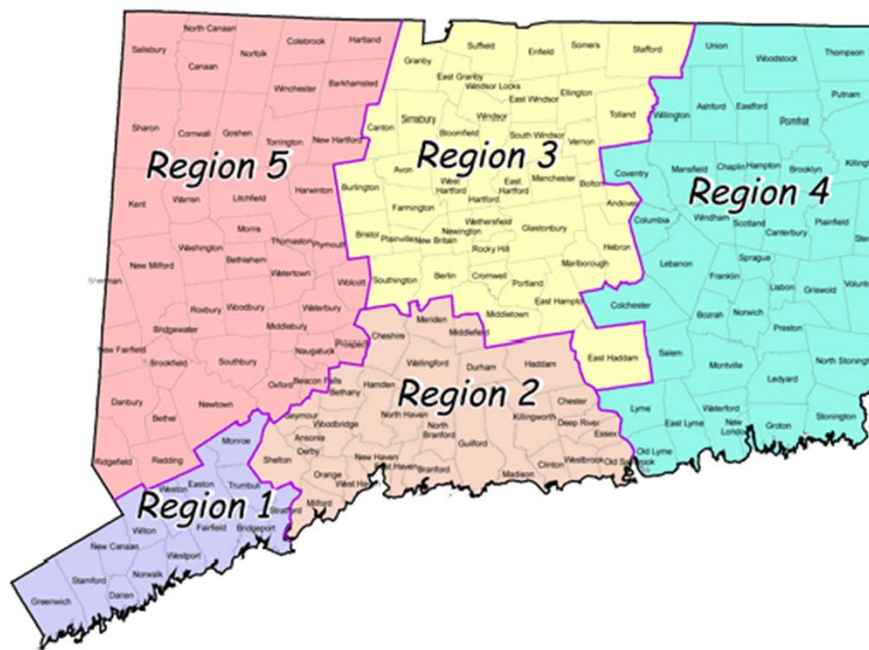
## Status:

- Initial feedback to OHCA on all sections except: Cardiology and Emergency Department
  
- OHCA has issued feedback on:
  - Bed Need
  - Regions
  - New Technology
  - Ambulatory Surgery
  - Operating Rooms

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## Regions:

- Mutually agree that DEMHS regions would be most appropriate for planning purposes
- Five Planning Regions
- Consistent with DPH and Emergency Management and Homeland Security



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## Bed Need Methodology

- Target Occupancy: 80%
  - Exceptions for:
    - Service Line
    - Size of Facility
    - Complexity of Patients (Service specific)
- Evaluation of Utilization to include a three year historical and five year projected minimum
- Baseline should be evaluated every five years at a minimum
- Exclusions for:
  - Newborn/Bassinets
  - Observation beds
  - Same day surgery less than 24 hours

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## Primary Service Area

- Definition of a providers Primary Service Area recommendation: 80%
  - Exceptions for:
    - Service Line
    - Outpatient Services
- Consistent with Stark Definition
  - Incoming “physicians” must come from the outside of the hospital’s service area, which is defined as the lowest number of contiguous postal zip codes from which the hospital draws 80% of its inpatients
- Reference and consideration of In-migration and Out-migration must be supported by providing documentation to OHCA

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## Ambulatory Surgery Centers

- Mutually agree that indicators should be consistent with nationally accredited governing bodies for ASC:
  - CAASC
- Mutually agree that standards should address and focus on providing clear quality indicators
- Need to determine occupancy, procedures, service area,
- Exceptions need to be considered for:
  - Specialty centers
  - Physician preference

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## Next Steps:

- Schedule Sub-Committee meeting to review:
  - Emergency Department and Cardiology feedback
  - Feedback issued from OHCA
- Coordinate required responses in format consistent with Draft Standards template
- Gain additional feedback from OHCA on Cardiology and Emergency Department