

Operating Rooms

Agency Report:

Trauma/Burn OR Exclusion

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Trauma/Burn Operating Room Exclusion

Overview

In the Proposed 2009 North Carolina State Medical Facilities Plan, the Acute Care Services Committee requested comments on Step 4 (j) of the Operating Room Need Determination Methodology and on the part of Sources of Data related to the trauma/burn center operating room exclusion shown below:

Step 4 – Inventory of Operating Rooms

(j) For each OR Service Area, exclude one OR for each Level I, II, and III Trauma Center and one additional operating room for each designated Burn Intensive Care Unit.

Sources of Data

(Note: While data are reported on the annual license renewal applications regarding dedicated C-Section rooms, data must be collected separately for the exclusions related to trauma centers and burn intensive care units. For purposes of the Plan, the trauma center and burn intensive care “rooms” are excluded in Table 6B. Additional data on “cases” referred to excluded operating rooms by trauma centers and burn intensive care units have not been collected. Excluding cases for Service Areas with projected surpluses would only increase the size of the projected surplus.)

Summary of the Comments Received During the Public Comment Period

During the public comment period, the Division of Health Service Regulation received comments from the following five commenters.

- Mary Beck with University of North Carolina Health Care
- Sue Collier with University Health Systems
- F. Del Murphy, Carolinas HealthCare System
- Barbara Freedy with Novant Health
- Michael Freeman with Wake Forest University Baptist Medical Center

Some salient points gleaned from the comments are shown below:

- Continue to exclude 1 OR for each Level I, II, and III Trauma Center and 1 additional OR for each designated Burn Intensive Care Unit.
- Continue to exclude 1 OR for each Level I and II trauma center – trauma center rules require Level I and II trauma centers to have an OR available immediately at all time with in-house staff availability. Rules for Level III trauma centers require an OR be available within 30 minutes.
- For each hospital with a designated Burn ICU exclude 1 OR and the associated cases if the hospital can document that the OR is used solely for burn patients.
- Annual data on number of trauma cases, including surgical OR cases treated at designated trauma centers, should be available as a result of participation in the trauma registry.

- It would be inconsistent to exclude from the inventory operating rooms related to trauma cases but not the number of trauma cases.
- Continue to count the cases for the methodology when need has been determined but there are significant issues isolating trauma cases for reporting purposes routinely.
- Consider not excluding the trauma **cases** if there is need for additional ORs in an OR service area with a designated Level I, II, or III Trauma Center.
- Use a standard definition for calculating excluded cases, such as:
 - “Patients that are defined as a “trauma patient” by the state Trauma Registry who are sent to a hospital operating room directly from the hospital’s Emergency Department for life or limb saving surgical intervention.”
- Use different case time assumptions for trauma cases.

Agency Recommendations

In consideration of the above comments, the Agency recommends the following:

Recommendations for the 2009 SMFP:

1. When determining need for additional operating rooms, exclude one OR at each Level I and Level II designated trauma center and one additional OR at each designated burn intensive care unit and also exclude the associated cases performed in these operating rooms.
2. Continue to request trauma/burn case data from the trauma/burn centers only when a need is determined in an operating room service area with a designated trauma/burn center.

Additional Recommendations for Consideration in the Future:

1. Develop a standard definition for the excluded trauma and burn cases.
 2. Explore sources of trauma/burn case data and if accurate readily accessible data is available, use that data to exclude trauma/burn cases at each designated Level I and Level II trauma center and at each designated burn intensive care unit. If accurate readily accessible data is **not** available, continue to request trauma/burn case data from the trauma/burn centers only when a need is determined in an operating room service area with a designated trauma/burn center.
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