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DFS Health Planning
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Medical Facilities
PLANNING SECTION

To the State Health Coordinating Council,

I would like to comment of the proposed Operating Room "tiers" methodology addressed in the 2009 State Facilities Plan.

I think we can all agree that there are specific procedures that fall into a complex procedure category, such as organ transplants or open heart surgeries. However, with advances in technology, many procedures once considered complex have become, over time, less invasive and less complex such as Laparoscopic Cholecystectomies. With that said, it makes sense to look at specific procedures and categorize them within a weighted tier system. The weighted procedural tier should be available to every hospital within the state. Providing a carve out for an entire hospital provides an unfair advantage in acquiring future operating rooms. Hospitals ranked in lower numerical tiers (2 through 4) will be at a disadvantage, even though they are providing many of the same services as provided by larger hospitals which fall under tier one (1) classification.

Hospitals need to be on an even playing field and needs determination should address the actual needs of individual facilities, efficiencies or lack of efficiencies within these facilities and should demonstrate fairness. Rewarding larger hospitals for increased length of procedures seems to be in direct conflict with quality and cost containment.

Respectfully submitted,

A handwritten signature in cursive script that reads 'Randi L. Pisko'.

Randi L. Pisko
Chief Executive Officer
North Carolina Specialty Hospital