

Minutes of Meeting
Health Services Council
Project Review Committee-II

DATE: 3 December 2009

TIME: 2:30 PM

LOCATION: Conference Room 401
Department of Health

ATTENDANCE:

Name	Present	Absent	Excused
Committee-II			
Victoria Almeida, Esq. (Vice Chair)	X		
Raymond C. Coia, Esq.			X
Joseph L. Dowling, MD	X		
Gary J. Gaube	X		
Maria R. Gil	X		
Catherine E. Graziano, RN, PhD	X		
Robert Hamel, RN	X		
Denise Panichas	X		
Robert Quigley, DC (Chairman)	X		
Reverend David Shire (Secretary)	X		
Committee I			
Steven Lonardo	X		

Staff: Valentina Adamova, MBA, Michael K. Dexter, MPA, Joseph G. Miller, Esq., Michael Varadian, JD, MBA

Public: (Attached)

1. Call to Order, Approval of Minutes, Conflict of Interest Forms and Extension for the Minutes Availability

The meeting was called to order at 2:35 PM. The Chair noted that conflict of interest forms are available to any member who may have a conflict. A motion was made, seconded and passed by a vote of six in favor and none opposed (6-0) that the availability of minutes for this meeting be extended beyond the time frame as provided for under the Open Meetings Act. Those members voting in favor were: Dowling, Gaube, Graziano, Hamel, Quigley, Shire.

2. General Order of Business

The first item on the agenda was the application of **Kent County Memorial Hospital** [Care New England Health Systems] for Certificate of Need to establish an ambulatory surgical center on the hospital campus and add a 10-bed short stay unit.

Mr. Zimmerman, consultant to the Department, made a presentation to the Committee regarding his analysis of need for operating rooms. He reviewed the capacity statewide and in the applicant's service area. He noted a statewide decrease in volume which pre-dated the recession and was inconsistent with the business cycle. There is a surplus of operating and endoscopy rooms at the statewide level. With regards to Kent, he projected a need for 3 to 4 endoscopy rooms, and 14 operating rooms. He noted that Kent is proposing 2 endoscopy rooms and 16 operating rooms. This will meet the need he projected, however, this may exceed the need. He noted that substituting 2 operating rooms for 2 endoscopy rooms may increase cost but not really increase amount of facilities that Kent needs.

The applicant noted that an additional endoscopy room was put into service in June at the East Greenwich Endoscopy Center. However, the applicant noted that surgery volume may increase as a result of cut in the reimbursement to outpatient centers.

Ms. Panichas questioned the quality and outcomes at outpatient centers. The applicant noted that private practice groups are not required to disclose that type of information. Staff questioned the cost difference between an endoscopy room and class C operating room.

There being no further business, the meeting was adjourned at 3:35 PM.

Respectfully submitted,

Valentina D. Adamova, MBA
Health Economics Specialist