

PUBLIC NOTICE

HEALTH

THE COMMISSIONER

Notice of Cancellation of Certificate of Need Call for Burn Center Programs or Units

Take notice that, in compliance with N.J.S.A. 26:2H-1 et seq., Cathleen D. Bennett, Commissioner, New Jersey Department of Health (Department), hereby publishes notice that the April 1, 2016, call for certificate of need applications for burn center programs or units in accordance with the provisions of N.J.S.A. 26:2H-1 et seq., and N.J.A.C. 8:43G, is hereby cancelled. In accordance with departmental procedures as set forth at N.J.A.C. 8:33-4.1(a), the Department has reviewed data from the Journal of the American Medical Association (JAMA) and the American College of Surgeons Health Policy Research Institute (ACS HPRI) and has determined that additional burn center programs or units are not needed at this time. An article in the JAMA found that in 2009 geographic access to burn centers varied nationally, but that 100 percent of New Jersey residents were within two hours of a burn center by ground or air transport. *Geographic Access to Burn Center Hospitals*, JAMA, October 28, 2009, Table 1. The authors also found that the number of burn center beds per 100,000 population nationally was 0.65, while number of burn center beds in New Jersey per 100,000 population in New Jersey was 0.36. *Id.* at Table 2.

An article published by ACS HPRI in November 2011, found that

[m]ore than 80 percent of the U.S. population lives within two hours (by ground transport) of a verified burn center. Most burn patients can safely be transported via ground to a specialized burn center for their care. For those patients who may be too unstable to travel long distances, referring facilities can work with the burn center to stabilize the patient and prepare them for a safe transfer.

Burn care: Are there sufficient providers and facilities?, ACS HPRI, November 2001, Issue 9 (Ortiz-Pujois et al.), p. 2.

The Department recognizes that burn care is costly, requires a large team of highly trained professionals and encompasses extensive treatment, rehabilitation, and social support post hospitalization. Further research is required, but one can liken it to the trauma care model: the regionalized system improved patient access and care quality, and lowered cost. While the New Jersey number of beds per 100,000 population is lower than the national average, one cannot ignore the availability of several Pennsylvania and New York facilities that help contribute to 100 percent access to burn center programs or units within two hours for all New Jersey residents. The Department has reviewed utilization data and has determined that there is not a sufficient need for additional burn center programs or units at this time. In accordance with N.J.A.C. 8:33-4.1(a), the next scheduled call for new burn center programs or units will be April 1, 2021. The Department will continue to monitor the utilization and availability of burn

center programs and units and, should the need arise, issue a future call for these services prior to April 1, 2021.